

Sun Life Assurance Company of Canada

Long Term Disability Claim Packet – Attending Physician



Attending Physician's Statement – Behavioral health conditions only

1 Patient Information

Please print clearly

The patient is responsible for any costs associated with the completion of this form.

Name of Patient (first, middle initial, last)	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Date of birth (m/d/y)
Do you believe this patient is competent to endorse checks?			<input type="checkbox"/> Yes <input type="checkbox"/> No

In order to evaluate a claim for Disability Benefits submitted by your patient, we need more detailed information about his/her medical condition. Please respond to the following questions. Thank you.

Axis I	_____	DSM IV TR Code	_____
Axis II	_____	DSM IV TR Code	_____
Axis III	_____	No Code	_____
Axis IV	_____	No Code	_____
Axis V	_____		

GAF: Current:	Baseline:	Highest in past year:
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2 Treatment Information

When did the patient first experience psychiatric symptoms?
What was the first date you treated the patient for symptoms?
Name of first treating physician for symptoms (first, middle initial, last)
Please list facilities and dates of any hospitalization, intensive outpatient program, or partial hospitalization program.
What was the diagnosis at that time?
Current diagnosis
Describe the patient's current psychiatric symptoms and mental status evaluation.
Is the patient's current condition related to chemical dependency? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please describe

Continued on next page

2007

2 Treatment Information continued

Has there been any psychological testing? If available, provide results.	1
If not, why?	0
Are there any plans in the future to perform testing?	1
Current treatment methods/treatment plan, please describe.	3
List medications with dosages. Please note any recent changes.	0
Please describe patient's response to treatment to date. (Include any past treatments and additional methods of treatment being considered.)	
Please describe if the patient's psychiatric condition is limiting the patient's functional capacity.	

3 Prognosis

How long will those limitations apply? (estimated)

6 weeks
 8 weeks
 12 weeks
 longer

4 Certification and Signature

Remember to provide your full address and Tax ID number.

A stamp or signature of a person other than the examining physician is not acceptable.

I certify that the above statements are true and complete. I have read and understand the Fraud Warning on page 2 of this packet.

Name of Attending Physician (first, middle initial, last)		Degree/Specialty	
Street address		City	State Zip Code
Tax ID number		Telephone number	Fax number
Attending Physician Signature			Date
X			

Please be sure to return the completed Attending Physician's Statement to:

Sun Life Assurance Company of Canada
 Group Long Term Disability Claims
 P.O. Box 81830
 Wellesley Hills, MA 02481
 Fax: (781) 304-5537

Personally Prepped By: Carol W.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:

- Certified Document:

- No Raised Seals
- No Certified Documents
- EMSI Best Copy available
(Please Index)
- Original Policy
- Prepaid Envelope For:
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Returned Post Office Mail:

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Notes:

Adjustments
<input type="checkbox"/> COLA
<input type="checkbox"/> FICA
<input type="checkbox"/> General Cal Worksheet
<input type="checkbox"/> Other (Activities/Financial Check/Bill)
<input type="checkbox"/> Overpayment Worksheet
<input type="checkbox"/> Partial Cal Worksheet
<input type="checkbox"/> Pension
<input type="checkbox"/> Personal Check
<input type="checkbox"/> Rehab Earnings
<input type="checkbox"/> Salary Adjustment
<input type="checkbox"/> SLF Check
<input type="checkbox"/> SLF Check Undeliverable
<input type="checkbox"/> Social Security
<input type="checkbox"/> SS Award
<input type="checkbox"/> SS Calc Worksheet
<input type="checkbox"/> SS Reimbursement
<input type="checkbox"/> WCB

General Docs
<input type="checkbox"/> Authorizations
<input type="checkbox"/> Change of Address
<input type="checkbox"/> Complaints
<input type="checkbox"/> Correspondence
<input type="checkbox"/> EFT Forms
<input type="checkbox"/> E-Mail
<input type="checkbox"/> FML
<input type="checkbox"/> Job Description
<input type="checkbox"/> Notice of Return to Work
<input type="checkbox"/> Notice of Death
<input type="checkbox"/> Other Adjustments
<input type="checkbox"/> Other
<input type="checkbox"/> Police / Accident Report
<input type="checkbox"/> Proof of Age
<input type="checkbox"/> Surveillance
<input type="checkbox"/> Surveillance Bill
<input type="checkbox"/> Unassigned Doc Type (Personal Profiles)

General Worksheet
<input type="checkbox"/> Telephone Template

Legal Docs
<input type="checkbox"/> Appeal
<input type="checkbox"/> Court Order
<input type="checkbox"/> Demand
<input type="checkbox"/> Full and Final Release
<input type="checkbox"/> Other
<input type="checkbox"/> POA / Guardianship
<input type="checkbox"/> Subrogation

Medical Docs
<input type="checkbox"/> APS Behavioral Health Condition
<input type="checkbox"/> APS Supplementary
<input type="checkbox"/> Clinical Notes
<input type="checkbox"/> FCE
<input type="checkbox"/> IME
<input type="checkbox"/> Internal Medical Opinion
<input type="checkbox"/> Internal Psychiatric Opinion
<input type="checkbox"/> List of Providers
<input type="checkbox"/> Medical Bills
<input type="checkbox"/> Other Medical
<input type="checkbox"/> Surveillance

New Claim Docs
<input checked="" type="checkbox"/> Attending Physician Statement
<input type="checkbox"/> Complete Claim Package
<input type="checkbox"/> Employee Statement
<input type="checkbox"/> Enrollment Card
<input type="checkbox"/> Employer Statement
<input type="checkbox"/> Notice of Claim
<input type="checkbox"/> Other New Claim Documents
<input type="checkbox"/> Partial Claim Package
<input type="checkbox"/> Sun Advisor
<input type="checkbox"/> Telephonic
<input type="checkbox"/> Transitional Claim Form
<input type="checkbox"/> Unassigned Doc Type

Rehab Docs
<input type="checkbox"/> Rehab Bills
<input type="checkbox"/> External Vendor Corresp
<input type="checkbox"/> FCE Report
<input type="checkbox"/> Other
<input type="checkbox"/> Rehab Correspondence
<input type="checkbox"/> TSA / LMS

Sun Life Assurance Company of Canada

Authorization



1. Authorization for Release and Disclosure of Health Related Information

This Authorization complies with the HIPAA Privacy Rule.

It is important for you to read and sign all three Authorizations. Incomplete information could delay your application.

I HEREBY AUTHORIZE any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, therapist, pharmacy or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) benefit plan administrator; (c) employer; (d) insurance company; (e) insurance support organization; or the Medical Information Bureau, Inc., to disclose my entire medical record and any other protected health information concerning me to Sun Life Assurance Company of Canada ("The Company") its subsidiaries, affiliates, third party administrators and reinsurers.

I understand that such information may include records relating to my physical or mental condition such as diagnostic tests, physical examination notes and treatment histories, which may include information regarding the diagnosis and treatment of human immunodeficiency virus (HIV) infection, sexually transmitted diseases and mental illness, and the use of alcohol, drugs and tobacco, but shall not include psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any entity named above to release and disclose my entire medical record without restriction.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

If this Authorization is signed in connection with a claim for insurance benefits, I hereby authorize The Company to disclose any information it obtains about me to any: (a) insurance company; (b) third party administrator; (c) rehabilitation or vocational professional; and (d) treating physician, psychologist or therapist/counselor of mine, for the purpose of verifying, evaluating, negotiating, determining and/or adjudicating my claim. I further authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc.

I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents where applicable.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Group Compliance Department, Sun Life Financial, SC 2260, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

Print Name of Employee or Authorized Representative <i>Ted Baxter</i>	Group Policy Number <i>067534</i>
Signature of Employee or Authorized Representative <i>X [Signature]</i>	Date (m/d/y) <i>10-7-07</i>

2007

2. Authorization for Release and Disclosure of Psychotherapy Notes

This Authorization complies with the HIPAA Privacy Rule.

It is important for you to read and sign all three Authorizations. Incomplete information could delay your application.

I HEREBY AUTHORIZE any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, therapist or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) insurance company; and (c) insurance support organization to disclose any psychotherapy notes relating to me to Sun Life Assurance Company of Canada ("The Company") its subsidiaries, affiliates, third party administrators and reinsurers.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization, and I instruct any entity named above to release and disclose all psychotherapy notes relating to me without restriction.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

If this Authorization is signed in connection with a claim for insurance benefits, I hereby authorize The Company to disclose any information it obtains about me to any: (a) insurance company; (b) third party administrator; (c) rehabilitation or vocational professional; and (d) treating physician, psychologist or therapist/counselor of mine, for the purpose of verifying, evaluating, negotiating, determining, and/or adjudicating my claim.

I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents where applicable.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Group Compliance Department, Sun Life Financial, SC 2260, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

Print Name of Employee or Authorized Representative <i>Ted Baxter</i>	Group Policy Number <i>067534</i>
Signature of Employee or Authorized Representative <i>[Signature]</i>	Date (m/d/y) <i>10-7-07</i>

2007

3. Authorization for Release and Disclosure of Non-Health Related Information

This Authorization complies with the HIPAA Privacy Rule.

It is important for you to read and sign all three Authorizations. Incomplete information could delay your application.

I HEREBY AUTHORIZE any: (a) physician, health care provider, health plan, medical professional, hospital, clinic, laboratory, therapist, pharmacy or other medical or health care facility that has provided payment, treatment or services to me or on my behalf; (b) benefit plan administrator; (c) employer; (d) insurance company; (e) insurance support organization; (f) state department of motor vehicles; (g) consumer reporting agency; (h) financial institution; (i) government agency, or the Medical Information Bureau, Inc., Social Security Administration, Internal Revenue Service or the Veteran's Administration, to disclose to Sun Life Assurance Company of Canada ("The Company") its subsidiaries, affiliates, third party administrators, and reinsurers, any and all non-health information relating to me, including, but not limited to, (a) my employment earnings; (b) my occupational duties; (c) my credit history, (d) insurance benefits I may be receiving or have received; (e) Social Security benefits I, or my dependents, may be receiving or have received; (f) insurance claims I may have filed or insurance coverage I may have; (g) traffic accident reports relating to me; and (h) any other financial information relating to me.

I understand that The Company will use the information it obtains to: (a) underwrite my application for coverage, (b) make eligibility, risk rating, policy issuance and enrollment determinations; (c) obtain reinsurance; (d) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (e) administer coverage; and/or (f) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

If this Authorization is signed in connection with a claim for insurance benefits, I hereby authorize The Company to disclose any information it obtains about me to any: (a) insurance company; (b) third party administrator; (c) rehabilitation or vocational professional; and (d) treating physician, psychologist or therapist/counselor of mine, for the purpose of verifying, evaluating, negotiating, determining, and/or adjudicating my claim. I further authorize The Company to disclose any information it obtains about me to the Medical Information Bureau, Inc.

I understand that The Company will not disclose information it obtains about me except as authorized by this Authorization; as may be required or permitted by law; or as I may further authorize. I understand that if information is redisclosed as permitted by this Authorization, it may no longer be protected by applicable federal privacy law.

This Authorization shall apply to information relating to my dependents where applicable.

I understand that: (a) this Authorization shall be valid for 24 months from the date I sign it; (b) I may revoke it at any time by providing written notice to the Group Compliance Department, Sun Life Financial, SC 2260, One Sun Life Executive Park, Wellesley Hills, Massachusetts, 02481, subject to the rights of any person who acted in reliance on it prior to receiving notice of its revocation; and (c) my authorized representative and I are entitled to receive a copy of the Authorization upon request.

A copy of this Authorization shall be as valid as the original.

Print Name of Employee or Authorized Representative <i>Ted Baxter</i>	Group Policy Number <i>067534</i>
Signature of Employee or Authorized Representative <i>X Ted Baxter</i>	Date (m/d/y) <i>10-7-07</i>

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Personally Prepped By: Jeanette C.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:

- Certified Document:

- No Raised Seals
- No Certified Documents
- EMSI Best Copy available
(Please Index)
- Original Policy
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Rehab Docs

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Updated: September 24, 2007

SUPPLEMENTAL INFORMATION QUESTIONNAIRE

Insured's Name: Ted Baxter Policy No.: 067534

Please provide full and complete responses, indicating "none" where applicable. If more space is needed, please feel free to use the back of this form.

1. Name(s) and complete address(es) of any medical care provider you consulted for any condition between 8/1/06 and current 10/7/07

Name of Doctor	Complete Address
<u>Dr. Terence Sullivan</u>	<u>200 S. Michigan Ave, Chicago IL 60604</u>
<u>Dr. Jesse Taber</u>	<u>2650 Ridge Ave Evanston IL 60201</u>

2. Indicate the name(s) and complete address of any hospital/clinic where you received medical treatment, consultation, care or services (including diagnostic measures) Between 8/1/06 and 10/7/07.

Name of Hospital/Clinic	Complete Address	Date Treated
<u>Northwestern Hospital</u>	<u>251 E. Huron Chicago IL 60611</u>	<u>3/18/07</u>
<u>Dr. Taber</u>	<u>2650 Ridge Ave Evanston IL 60201</u>	<u>6/11/07</u>
<u>Dr. Sullivan</u>	<u>200 S. Michigan Ave Chicago IL</u>	<u>9/07</u>

3. List any medications or prescribed drugs taken for any reason between 8/1/06 and 10/7/07

Name of drug or medicine	Prescription No.	Pharmacy	Date	Physician
<u>Lamictal</u>	<u>03293276</u>	<u>Prime Therapeutics</u>	<u>8/1/06 - current</u>	<u>Dr. Taber</u>
<u>Lipitor</u>	<u>02504484</u>	<u>Prime</u>	<u>8/1/06 - 10/7/07</u>	<u>Dr. Sullivan</u>
<u>Aricept</u>	<u>03293283</u>	<u>Prime Therapeutics</u>	<u>8/1/06 - 10/7/07</u>	<u>Dr. Taber</u>
<u>Picacetam</u>	<u>3319836</u>	<u>Pharmacy solutions</u>	<u>7/07 - current</u>	<u>Dr. Taber</u>

2007

4. Please provide the complete address of any pharmacy listed in question #3.

Name of Pharmacy	Complete Address (include Street/City/State/Zip)
Prime Therapeutics	2901 Kinwest Pkwy bld B Irving TX 75063-3134
Pharmacy Solutions	5204 Jackson Ave - C Ann Arbor MI 48103

Sa. Who is your current medical carrier? Complete Address (include Street/City/State/Zip)

BlueCross/Blue Shield medicare 300 E. Randolph Chicago IL 60601

Sb. Have you changed medical carriers in the last two years? Medicare was added

If yes, please provide the name of your prior medical carrier _____
and their complete address _____

FRAUD NOTICE

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. This includes the Employer and Attending Physician's portion of the claim form.

X Edw [Signature] _____ 10-7-07 _____
Signature Date

5/27/2005

Personally Prepped By: Jeanette C.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:

- Certified Document:

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- No Certified Documents
- EMSI Best Copy available
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- SLF Check Undeliverable
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Updated: September 24, 2007

SUN BAXTER 000982

LAW OFFICES

Daley, DeBofsky & Bryant

October 11, 2007

Robert Goodall
SunLife
P.O. Box 81830
Wellesley Hills, MA 02481

RE: Ted Baxter

Dear Mr. Goodall:

Enclosed please find the completed Supplemental Information Questionnaire, Disability Information Update, and authorization forms from our client, Ted Baxter. If you have any questions, please contact us. Thank you for your attention to this matter.

Very truly yours,



Mark D. DeBofsky
MDD/ms

Enclosures
cc: Kelly/Ted Baxter

55 W Monroe St
Ste 2440
Chicago, Illinois 60603

VOICE (312) 372-5200
FAX (312) 372-2778
WEB ddbchicago.com

Frederick J. Daley Jr.
Mark D. DeBofsky
David A. Bryant
Marcie E. Goldbloom
James R. Comerford
Violet H. Borowski
Sandra M. Dye
Gregory A. Benker

Of Counsel
Heather F. Aloe

Sun Life Assurance Company of Canada

Disability Information Update



To be completed by the disability claimant. Please print clearly.

1 Information about the claimant

Your name (first, middle initial, last) Ted W Baxter		Social Security Number 08141
Street address 55 E Erie St #2305		Phone number 312 654 9949
City Chicago	State IL	Zip code 60611
Name of your employer Previous employer Citadel		Group policy number 067534

1. Since you became disabled, have you acquired (or do you plan to acquire) any additional education or training? Yes No
2. Are you currently working or have you worked at any time since the inception of your disability for any employer or in your own business? Yes No

If Yes, please describe below:

2 Income Information

These questions should be answered to reflect your current income status. Please answer "yes" or "no" to each source of income other than Sun Life Assurance Company of Canada Long Term Disability Benefits. For every "yes" answer, indicate the current amount of each periodic benefit (per week or per month).

Have you received, or are you receiving, income from any of the following sources?

	Yes	No	Current Amount	Per Week	Per Month
1. Social Security or Railroad Retirement Act					
a) Primary (amount for person disabled)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$2130⁰⁰	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Dependent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
2. Workers' Compensation or similar legislation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
3. Group, Franchise or Wholesale Income Replacement Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
4. Veteran's Administration or Welfare Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
5. Monthly Income Disability Benefit from any Group Life policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$12951⁰⁰	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Federal, State, Provincial, Municipal or other Government Agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
7. Pension or Retirement Allowance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
8. Wages, Salary, Commissions and fees for Personal Services Rendered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
9. Other sources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>

2007

3 Additional Information

For any "Yes" answer in Section 2, provide the following information.

Name and address of income source	Policy or Claim No., if any	Exact date benefits commenced or will commence
social security disability	084-50-325HA	7/05
1500 Woodtown Dr Baltimore, MD	21241	1
Sun Life	R30605	00981 7/05
PO Box 9106 Wellesley Hills, MA	02481	

4 Certification and Signature

I certify that the above statements are true and complete and I authorize physicians, hospitals and my employer to release information with respect to this claim. I understand that some states require Sun Life Assurance Company of Canada to notify me that any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of claimant	Date signed
x <i>Ed W B...</i>	10-7-07

Personally Prepped By: Jeanette C.

This Document Was Received With:

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(Please Index)
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Sun Life Assurance
Company of Canada
SC 3208
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699

1-800-247-6875

October 18, 2007

Mark D. DeBofsky
Law Offices of Daley, DeBofsky & Bryant
55 W Monroe St., Ste 2440
Chicago, IL 60603

Re: Policy No. 067534-GD-Long Term Disability
Control # 230605-00981-00
Claimant: Ted Baxter

Dear Mr. DeBofsky:

This is in response to your letter of October 11 which included a copy of the recent settlement agreement between the Baxter's and Evanston Hospital and previously requested completed claim documents.

Since we have not made a formal determination at this time whether the proceeds of the settlement would be considered an offset as an Other Income Benefit under the policy, we will continue to provide Mr. Baxter the net monthly benefit while we continue to assess his this matter, pending a final determination. The benefit payments are made as a good faith effort to avoid any financial hardship during this continuing review process. We do reserve the right to decline benefits if our further determination fails to support the claim within the terms of the policy.

Mr. Baxter's policy contains the following terms and provisions:

Total Disability Benefit

If an Employee is Totally Disabled, the Net Monthly Benefit will be calculated based on the Total Disability Benefit formula. An Employee qualifies for this benefit if:

- the Employee is not working or is earning less than 20% of his Indexed Total Monthly Earnings; and
- during the Elimination Period and the next 36 months, the Employee, because of Injury or Sickness, is unable to perform the Material and Substantial Duties of his Own Occupation.

After Total or Partial Disability benefits combined have been paid for 36 months, the Employee will continue to qualify for this benefit if he is unable to perform with reasonable continuity any Gainful Occupation for which he is, or becomes, reasonably qualified for by education, training or experience.

To determine the Total Disability Benefit:

1. Take the lesser of:
 - a. the Employee's Total Monthly Earnings multiplied by the Benefit Percentage (shown in Section I, Schedule of Benefits); or
 - b. the Maximum Monthly Benefit (shown in Section I, Schedule of Benefits); then

2. Subtract Other Income Benefits from the amount determined in Step 1.

Page 2

Ted Baxter

Other Income Benefits

Other Income Benefits are those benefits provided or available to the Employee while a Long Term Disability Benefit is payable. These Other Income Benefits, other than retirement benefits, must be provided as a result of the same Total or Partial Disability payable under this Policy.

Other Income Benefits include:

9. Any amount due to income replacement or lost wages the Employee receives by compromise, settlement or other method as a result of a claim for any Other Income Benefit.

Lump Sum Payment

If an Employee receives a lump sum payment for any Other Income Benefits, Sun Life will prorate the lump sum on a monthly basis over the time period specified for the lump sum payment. If no time period is stated, the lump sum payment will be prorated on a monthly basis over a reasonable period of time as determined by Sun Life.

Adjustment of Benefits

The Employee must notify Sun Life in writing, within 31 days of receipt of notice, of the amount of Other Income Benefits when it is approved or if the amount is adjusted (other than for cost of living increases). Sun Life will make an adjustment to the Net Monthly Benefit payment when Sun Life receives written notice of the amount of the Other Income Benefit.

If after Sun Life makes an adjustment to the Net Monthly Benefit the Employee has been underpaid, Sun Life will immediately make a lump sum refund of the amount that has been underpaid to the Employee.

If after Sun Life makes an adjustment to the Net Monthly Benefit the Employee has been overpaid, the Employee must reimburse Sun Life the amount of the overpayment within 31 days of the award. Sun Life has the right to reduce or eliminate future LTD benefit payments until the amount of the overpayment has been repaid. During the overpayment reimbursement period, the Minimum Monthly Benefit will not apply.

As discussed, we received the report of the September 26, 2007 visit with Mr. Baxter. In follow up, we are requesting that Mr. Baxter provide us with a complete copy of the March 2007 Settlement Agreement with Evanston Hospital. We are requesting this documentation to determine whether the additional income received, as a result of the settlement, would fall under the above referenced Other Income Benefit provision.

Page 3

Ted Baxter

Additionally, we are still awaiting the Authorization forms and Attending Physician's Statement as previously requested and forwarded to Mrs. Baxter on August 28, 2007.

Should you have any questions regarding this matter, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Goodall". The signature is fluid and cursive, with the first name "Robert" being more prominent than the last name "Goodall".

Robert Goodall
Claim Consultant
Group Long Term Disability
SC 3208

LAW OFFICES

Daley, DeBofsky & Bryant

55 West Monroe
Suite 2440
Chicago, Illinois 60603

VOICE (312) 372-5200
FAX (312) 372-2778
WEB ddbchicago.com

Frederick J. Daley Jr.
Mark D. DeBofsky
David A. Bryant
Marcie E. Goldbloom
James R. Comerford
Violet H. Borowski
Sandra M. Dye
Gregory A. Benker

Of Counsel
Heather F. Aloe

October 19, 2007

Robert Goodall
SunLife
P.O. Box 81830
Wellesley Hills, MA 02481
Sent by fax to 781.304.5537

RE: Ted Baxter

Dear Mr. Goodall:

With respect to our client Tex Baxter, in response to your inquiry, please be advised that he has not undergone formal cognitive testing because his diminished cognition is so grossly evident that such testing is unnecessary. I would hope that your field investigator who met with Mr. and Mrs. Baxter made note of that fact. Although we have not seen the report, we expect it indicated that Mrs. Baxter had to answer most of the questions due to Mr. Baxter's obvious cognitive impairments in all spheres. Since Sun Life is implying a threat to cut off Mr. Baxter's benefits I have recommended that Mr. Baxter undergo such testing and we will provide the results.

If you have any questions, please contact our office. Thank you for your attention to this matter.

Very truly yours,



Mark D. DeBofsky

MDD/ccm

cc: Kelly & Ted Baxter

Indexing Cover Sheet

NOON 10:31:00

Claim #	230605-00981-00
First Name	TED
Last Name	BAXTER
Instructions	Please index to the following :
Category	INVESTIGATION
Type	OTHER
Additional Comments	
Requestor	JAS for Robert Goodall

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER

Plaintiffs,

v.

EVANSTON NORTHWESTERN HEALTHCARE CORPORATION
d/b/a EVANSTON HOSPITAL.; THE MCGAW MEDICAL CENTER
OF NORTHWESTERN UNIVERSITY; ENH MEDICAL GROUP, INC.;
DANIEL HOMER, M.D.; JENNIFER STERN, M.D, and
SIVARAJA KUPPUSWAMI, M.D.

Defendants

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.

Respondents in Discovery

NOTICE OF FILING

To: Corboy & Demetrio, David R. Barry, Jr., 33 North Dearborn Street, 21st Floor
Chicago, Illinois 60602

PLEASE TAKE NOTICE THAT ON ⁹March 8, 2007, we filed with the Clerk of the
Circuit Court, Cook County, in the Richard J. Daley Center, Chicago, Illinois, Defendants'
Answer to Complaint at Law, a copy of which is attached hereto.

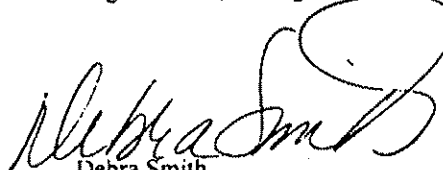
Name: Cunningham, Meyer & Vedrine, P.C.
Address: 111 W. Washington Street - 937
Telephone: (312) 578-0049

Attorney for: Certain Defendants/RID's
City/State: Chicago, Illinois 60602
Atty No. 39107

PROOF OF SERVICE

The undersigned, a non-attorney, certify that I served this notice by mailing a copy to the above attorneys at
their respective addresses and depositing the same in the U.S. Mail at 111 West Washington Street, Chicago, Illinois
before the hour of 5:00 p.m. on March 8, 2007, with proper postage prepaid.

(x) Under penalties as provided by law pursuant to
735 ILCS 5/1-109, I certify that the statements
set forth herein are true and correct.


Debra Smith



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2876

COOK COUNTY CLERK
11-099
MAY 18 2007

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER

Plaintiffs,

v.

EVANSTON NORTHWESTERN HEALTHCARE CORPORATION
d/b/a EVANSTON HOSPITAL; THE MCGAW MEDICAL CENTER
OF NORTHWESTERN UNIVERSITY; ENH MEDICAL GROUP, INC.;
DANIEL HOMER, M.D.; JENNIFER STERN, M.D, and
SIVARAJA KUPPUSWAMI, M.D.

Defendants

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.

Respondents in Discovery

39107
C.C. FML
No. 06 L. 12259
JAN 08 09
3109

ANSWER TO COMPLAINT AT LAW

NOW COME defendants, EVANSTON NORTHWESTERN HEALTHCARE CORPORATION d/b/a EVANSTON HOSPITAL; ENH MEDICAL GROUP, INC.; DANIEL HOMER, M.D.; JENNIFER STERN, M.D, and SIVARAJA KUPPUSWAMI, M.D., by and through their attorneys, in answer to Plaintiff's Complaint at Law, states as follows:

1. These defendants admit the allegations contained in paragraph one.
2. These defendants admit the allegations contained in paragraph two.
3. These defendants admit the allegations contained in paragraph three.
4. These defendants admit the allegations contained in paragraph four.
5. These defendants admit the allegations contained in paragraph five.
6. These defendants deny the allegations contained in paragraph six.
7. Objection. The allegations contained in paragraph seven call for a legal

DRB/kjs

2006S-0356

3/27/07

#02329

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

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TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

No. 06 L 12259

EVANSTON NORTHWESTERN HEALTHCARE
CORPORATION, d/b/a EVANSTON HOSPITAL and
ENH MEDICAL GROUP, INC.

Defendants.

DISMISSAL ORDER

This cause coming on to be heard on oral motion of the Plaintiffs to dismiss this matter pursuant to an agreement entered into between the defendants, EVANSTON NORTHWESTERN HEALTHCARE CORPORATION, d/b/a EVANSTON HOSPITAL and ENH MEDICAL GROUP, INC., and the Plaintiffs:

IT IS HEREBY ORDERED that this cause is dismissed with prejudice, all costs paid;

4011
4361

IT IS FURTHER ORDERED that this Court retains jurisdiction for the purpose of entering a Distribution Order in this cause.

[Handwritten Signature]
JUDGE
ENTER

David R. Barry, Jr.
CORBOY & DEMETRIO, P.C.
Attorney for Plaintiffs
33 North Dearborn Street
Suite 2100
Chicago, Illinois 60602
(312) 346-3191

ENTERED
JUDGE CHERYL A. STARKS-1710
MAR 28 2007
DOROTHY BROWN
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, IL
DEPUTY CLERK

- conclusion; therefore, no answer is made.
8. Objection. The allegations contained in paragraph eight call for a legal conclusion; therefore, no answer is made.
9. Objection. The allegations contained in paragraph nine call for a legal conclusion; therefore, no answer is made.
10. These defendants admit the allegations contained in paragraph ten.
11. These defendants admit that Drs. Homer, Stern, Kuppuswami and others were involved in this patient's care as reflected in the records, but object and make no answer to the allegations regarding agency and employment as they are legal conclusions.
12. These defendants admit that treatment was rendered to plaintiff on April 21, 2005, while in the emergency room, as reflected in the medical records.
13. These defendants admit that a CT scan was taken and interpreted by Dr. Kuppuswami as reflected in the medical records.
14. These defendants admit the allegations contained in paragraph fourteen.
15. These defendants admit the allegations contained in paragraph fifteen.
16. These defendants can neither admit nor deny the allegations contained in paragraph sixteen, but demand strict proof thereof.
17. These defendants admit the allegations contained in paragraph seventeen.
18. These defendants admit the allegations contained in paragraph eighteen.
19. These defendants admit the allegations contained in paragraph nineteen.
20. These defendants can neither admit nor deny but demand strict proof thereof.
21. These defendants admit the allegations contained in paragraph twenty-one.

22. These defendants deny the allegations contained in paragraph twenty-two.
23. These defendants admit the allegations contained in paragraph twenty-three.
24. These defendants deny the allegations contained in paragraph twenty-four.
25. These defendants deny the allegations contained in paragraph twenty-five.
26. These defendants deny the allegations contained in paragraph twenty-six.
27. These defendants deny the allegations contained in paragraph twenty-seven.
28. These defendants can neither admit nor deny the allegations contained in paragraph twenty-eight, but demand strict proof thereof.
29. These defendants can neither admit nor deny the allegations contained in paragraph twenty-nine, but demand strict proof thereof.
30. These defendants deny the allegations contained in paragraph thirty.
31. These defendants can neither admit nor deny the allegations contained in paragraph thirty-one, but demand strict proof thereof.
32. These defendants can neither admit nor deny the allegations contained in paragraph thirty-two, but demand strict proof thereof.
33. These defendants admit all duties imposed by law, and deny that the allegations contained in paragraph thirty-three are complete restatements of such duty.
34. These defendants admit all duties imposed by law, and deny that the allegations contained in paragraph thirty-three are complete restatements of such duty.
35. These defendants deny the allegations (a) through (g) contained in paragraph thirty-five.
36. These defendants deny the allegations contained in paragraph thirty-six.

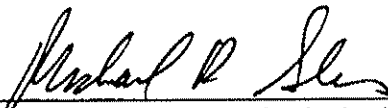
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WHEREFORE, EVANSTON NORTHWESTERN HEALTHCARE CORPORATION
d/b/a EVANSTON HOSPITAL; ENH MEDICAL GROUP, INC.; DANIEL HOMER, M.D.;
JENNIFER STERN, M.D, and SIVARAJA KUPPUSWAMI, M.D., pray for judgment in their
favor and against the plaintiff.

COUNT II

These defendants restate their answers to paragraphs one through thirty-six to Count I as
their answers to paragraphs one through thirty-six of Count II.

Respectfully Submitted By,

By: 
One of the Attorneys for Defendants

Michael R. Slovis
CUNNINGHAM, MEYER & VEDRINE, P.C.
111 West Washington Street - Suite 937
Chicago, Illinois 60602
(312) 578-0049
I.D. No. 39107

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

EVANSTON NORTHWESTERN HEALTHCARE CORPORATION, d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.;
DANIEL HOMER, M.D.; JENNIFER STERN, M.D.
and SIVARAJA KUPPUSWAMI, M.D.,

Defendants,

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.,

Respondents in Discovery.

FILED-2
2007 FEB 16 PM 3:58
CIRCUIT COURT OF COOK COUNTY, ILLINOIS
LAW DIVISION
PROF. T. BROWN
CLERK

06L 12259



**PLAINTIFFS' INTERROGATORIES TO DEFENDANTS, DANIEL HOMER, M.D.;
JENNIFER STERN, M.D., and SIVARAJA KUPPUSWAMI, M.D.**

NOW COME the Plaintiffs, Ted Baxter and Kelly Baxter, through their attorneys, Corboy & Demetrio, P.C., and request that defendants, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppusswami, M.D., answer the following interrogatories, in writing and under oath, within twenty-eight (28) days, pursuant to Illinois Supreme Court Rule 213:

- 1. State the full name, professional, and residential address of the physician answering these interrogatories.

ANSWER:

- 2. Have you ever been named a defendant in a lawsuit arising from a malpractice or professional negligence? If so, state the title of the case, the number, and jurisdiction where filed.

ANSWER:

3. Since the institution of this action have you been asked to appear before or attend any medical committee or official board of any medical specialty or hospital for the purpose of discussing this case? If so, on what date or dates and before which committee or board?

ANSWER:

4. State the names, addresses, and specialties of each and every physician with whom you discussed the care and treatment of the patient complained of or consulted with pertinent to the patient's condition and the purpose of each discussion or consultation from the time you began treatment of the patient until the date of answering these interrogatories.

ANSWER:

5. List the names and addresses and medical capacity, if any, of all other persons who have knowledge of the facts of the medical treatment rendered to the patient complained of or of the injuries, conditions, or damages following therefrom.

ANSWER:

6. Please state the name, title, and date of publication of all medical texts, books, journals, or other written memoranda or documents which defendant or his attorneys plan to use as authority or reference in defending any of the allegations set forth in the complaint.

ANSWER:

7. Please state whether defendant, his/her attorneys, or any agents, representatives, or employees of this defendant have obtained a written or oral statement from the patient complained of or his/her relatives in this case; and, if so, state the name of the person giving the statement, the date of said statement, whether said statement was written or oral; and, if said statement was written, please attach a copy to your answers; or, if oral, please attach a detailed summary of said statement.

ANSWER:

8. Has your license to practice ever been suspended or any disciplinary action ever taken against you in reference to your license to practice medicine? If so, give the dates and details thereof.

ANSWER:

2008-11-11 10:31 AM

9. Have you ever been asked to appear or attend before any medical committee or official board of any medical society or hospital for the purpose of discussing this case? If so, on what date or dates and before which committee or board?

ANSWER:

10. Please state the names and addresses of all persons who observed the care and treatment of Ted Baxter between 9:23 p.m. on 4/21/05 and his admission to the hospital as an inpatient on 4/22/05 and/or have knowledge of the circumstances surrounding said events.

ANSWER:

11. Have you ever testified in court in a medical malpractice case? If so, state the court and case number of such case, the approximate date of such testimony, the names and addresses of the parties involved, and the names and addresses of the respective attorneys involved.

ANSWER:

12. Please state the date, place, and time of each and every conversation between Ted or Kelly Baxter and the answering doctor, and please give a detailed summary of the nature and content of said conversation.

ANSWER:

13. Please state the name and medical specialty of any person with whom defendant consulted pertinent to the condition of care of plaintiff from the time of the inception of your care and treatment of said plaintiff to the present date.

ANSWER:

14. Do you have statements from any witnesses? If so, give the name and address of each such witness, the date of said statement, and state whether such statement was written or oral.

ANSWER::

15. State the name, address, title, and specialty of any expert witness or any witness who will be called upon to render any opinion evidence at trial.

ANSWER:

16. Were you covered under any policy of liability insurance effective on the date of the occurrence alleged in the complaint? If the answer is in the affirmative, please state:

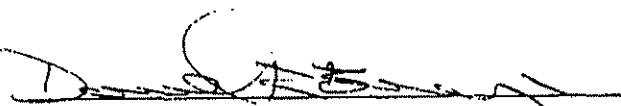
- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence; and
- e. The named insured under the policy.

ANSWER:

17. Were you covered under any policy of liability insurance effective on the date of the occurrence alleged in the complaint that provided coverage other than the basic limits disclosed as the primary insurance policy? This inquiry includes, but is not limited to, any other basic limit or primary policy that possibly applied, could have applied, probably applied, or did apply to the occurrence alleged in the complaint. This inquiry also includes, but is not limited to, any corporate excess, personal excess, umbrella or back-up policy that possibly applied, could have applied, probably applied, or did apply to the occurrence alleged in the complaint. If your answer is in the affirmative, please state:

- a. The name of the insurance company;
- b. The policy number;
- c. The effective policy period;
- d. The maximum liability limits for each person and each occurrence; and
- e. The named insured under the policy.

ANSWER:


David R. Barry, Jr.

CORBOY & DEMETRIO, P.C.
Attorneys for Plaintiffs
33 North Dearborn Street, 21st Floor
Chicago, Illinois 60602
(312) 346-3191
Firm I.D. No. 02329

DRB/kjs

2006S-0356

2/26/07

#02329

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

EVANSTON NORTHWESTERN HEALTHCARE CORPORATION, d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.;
DANIEL HOMER, M.D.; JENNIFER STERN, M.D.
and SIVARAJA KUPPUSWAMI, M.D.,

Defendants,

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.,

Respondents in Discovery.

No. 06 L 12259



3331
2871
2870

NOTICE OF FILING

TO: Mr. Michael R. Slovis, Cunningham Meyer & Vedrine, PC, 111 W. Washington Street, Suite 937, Chicago, Illinois 60602.

PLEASE TAKE NOTICE that I have this date filed with the Clerk of the Circuit Court of Cook County, County Department, Law Division, the attached:

- **Plaintiffs' Answers to Defendants, Evanston Northwestern Corporation, d/b/a Evanston Hospital, ENH Medical Group, Inc., Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D., Interrogatories**

Name: Corboy & Demetrio, P.C.
Address: 33 North Dearborn Street
Telephone: 312/346-3191

Attorney for: Plaintiff
City: Chicago, Illinois 60602
Atty No. 02329

Corboy & Demetrio
CORBOY & DEMETRIO, P.C.

Kathi Schultz, being first duly sworn on oath, deposes and says that she served a copy of the above Notice, together with the above-mentioned documents to the above named attorney(s) by messenger via hand delivery on the 27th day of February, 2007.

Kathi Schultz

[X] Under penalties as provided by law pursuant to 735 Illinois Compiled Statutes 5/1-109 (1993), I certify that the statements set forth herein are true and correct.

DRB/kjs

2006S-0356

3/20/07

#02329

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

FILED
MAR 23 2007
DOROTHY BROWN
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, IL

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

No. 06 L 12259

EVANSTON NORTHWESTERN HEALTHCARE CORPORATION, d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.;
DANIEL HOMER, M.D.; JENNIFER STERN, M.D.
and SIVARAJA KUPPUSWAMI, M.D.,

Defendants,

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.,

Respondents in Discovery.

NOTICE OF ROUTINE MOTION

TO: Mr. Michael R. Slovis, Cunningham Meyer & Vedrine, PC, 111 W. Washington Street, Suite 937, Chicago, Illinois 60602.

PLEASE TAKE NOTICE that on the 23rd day of March 2007 at 8:45 a.m. or as soon thereafter as counsel may be heard, I shall appear before the Honorable Judge Robert Lopez Cepero presiding in Room 2205 of the Richard J. Daley Center, Chicago, Illinois, and present Plaintiffs' Routine Motion to Voluntarily Dismiss Cause of Action Against Defendants, The McGaw Medical Center of Northwestern University, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D., and Respondents in Discovery, Jill Lehrmann, M.D. and Ian Katznelson, M.D., a copy of which is attached hereto.

Corboy & Demetrio

Name: Corboy & Demetrio, P.C.
Address: 33 North Dearborn Street
Telephone: 312/346-3191

Attorney for: Plaintiff
City: Chicago, Illinois 60602
Atty No. 02329

PROOF OF SERVICE

Kathi Schultz, being first duly sworn on oath, deposes and says that she served a copy of the above Notice, together with the above-mentioned documents to the above named attorney(s) by hand delivery, before the hour of 5:00p.m. on the 21st day of March, 2007.

Kathi Schultz

[X] Under penalties as provided by law pursuant to 735 Illinois Compiled Statutes 5/1-109 (1993) I certify that the statements set forth herein are true and correct.

DRB/kjs

2006S-0356

3/20/07

#02329

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

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TED BAXTER and KELLY BAXTER,)

Plaintiffs,)

v.)

No. 06 L 12259

EVANSTON NORTHWESTERN HEALTHCARE)
CORPORATION, d/b/a EVANSTON HOSPITAL;)

THE MCGAW MEDICAL CENTER OF)
NORTHWESTERN UNIVERSITY;)

ENH MEDICAL GROUP, INC.;)

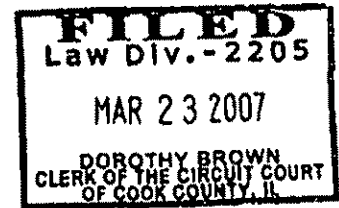
DANIEL HOMER, M.D.; JENNIFER STERN, M.D.)

and SIVARAJA KUPPUSWAMI, M.D.,)

Defendants,)

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.,)

Respondents in Discovery.)



**PLAINTIFFS' ROUTINE MOTION TO VOLUNTARILY DISMISS
CAUSE OF ACTION AGAINST DEFENDANTS, DANIEL HOMER, M.D.,
JENNIFER STERN, M.D., SIVARAJA KUPPUSWAMI, M.D., AND RESPONDENTS
IN DISCOVERY, JILL LEHRMANN, M.D. AND IAN KATZNELSON, M.D.**

Plaintiffs, TED BAXTER and KELLY BAXTER, by their attorneys, Corboy & Demetrio, move this Honorable Court for entry of an order voluntarily dismissing defendants, The McGaw Medical Center of Northwestern University, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D., and respondents in discovery, Jill Lehrmann, M.D. and Ian Katznelson, M.D., only, with prejudice and without costs pursuant to 735 ILCS 5/2-1009 of the Illinois Code of Civil Procedure.

This matter shall continue as to defendants, Evanston Northwestern Healthcare Corporation, d/b/a Evanston Hospital and ENH Medical Group, Inc.

WHEREFORE, plaintiffs, TED BAXTER and KELLY BAXTER, request an order voluntarily dismissing defendants, The McGaw Medical Center of Northwestern University, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppaswami, M.D., and respondents in discovery, Jill Lehrmann, M.D. and Ian Katznelson, M.D., only, with the case to continue against defendants, Evanston Northwestern Healthcare Corporation, d/b/a Evanston Hospital and ENH Medical Group, Inc.



Attorney for Plaintiff

David R. Barry, Jr.
CORBOY & DEMETRIO
33 North Dearborn Street
Suite 2100
Chicago, Illinois 60602
312/346-3191
Firm I.D. No. 02329

2007
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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER,)

Plaintiffs,)

v.)

No. 06 L 12259)

EVANSTON NORTHWESTERN HEALTHCARE)
CORPORATION, d/b/a EVANSTON HOSPITAL;)
THE MCGAW MEDICAL CENTER OF)
NORTHWESTERN UNIVERSITY;)
ENH MEDICAL GROUP, INC.;)
DANIEL HOMER, M.D.; JENNIFER STERN, M.D.)
and SIVARAJA KUPPUSWAMI, M.D.,)

Defendants,)

JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.,)

Respondents in Discovery.)

ORDER

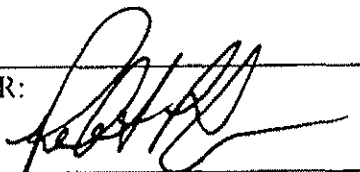
THIS CAUSE COMING ON TO BE HEARD on Plaintiffs' request to voluntarily dismiss defendants, The McGaw Medical Center of Northwestern University, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D., and respondents in discovery, Jill Lehrmann, M.D. and Ian Katznelson, M.D., only, with prejudice and without costs pursuant to 735 ILCS 5/2-1009 of the Illinois Code of Civil Procedure, due notice having been given, and the Court being fully advised in the premises;

IT IS HEREBY ORDERED that defendants, The McGaw Medical Center of Northwestern University, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D., and respondents in discovery, Jill Lehrmann, M.D. and Ian Katznelson, M.D., only, are voluntarily dismissed with prejudice and without costs pursuant to 735 ILCS 5/2-1009 of the

Illinois Code of Civil Procedure. This matter shall continue against defendants. Evanston
Northwestern Healthcare Corporation, d/b/a Evanston Hospital and ENH Medical Group, Inc.

IT IS FURTHER ORDERED that plaintiffs may commence a new cause of action within
one (1) year from the date of the entry of this order pursuant to 735 ILCS 5/13-217 of the Illinois
Code of Civil Procedure.

ENTER:



JUDGE:

Judge Robert Lopez Cepero

MAR 23 2007

Circuit Court - 1627

David R. Barry, Jr.
CORBOY & DEMETRIO
33 North Dearborn Street
Suite 2100
Chicago, Illinois 60602
312/346-3191
Firm I.D. No. 02329

2007-10-18

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION.

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

EVANSTON NORTHWESTERN
HEALTHCARE CORPORATION,
d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF
NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.; DANIEL
HOMER, M.D.; JENNIFER STERN, M.D.
and SIVARAJA KUPPUSWAMI, M.D.;

Defendants,

JILL LEHRMANN, M.D. and
IAN KATZNEILSON, M.D.;

Respondents in Discovery.

No.

Plaintiffs Demand A Jury Trial
Physician Certificate Attached
Attorney Affidavit Attached

COMPLAINT AT LAW

COUNT I

Plaintiffs, TED BAXTER and KELLY BAXTER, through their attorneys, CORBOY & DEMETRIO, P.C., complaining of the defendants, EVANSTON NORTHWESTERN HEALTHCARE CORPORATION, d/b/a EVANSTON HOSPITAL (hereinafter "HEALTHCARE"), THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY (hereinafter "MCGAW"), ENH MEDICAL GROUP, INC. (hereinafter "ENH"), DANIEL HOMER, M.D. (hereinafter "HOMER"), JENNIFER STERN, M.D. (hereinafter "STERN") and SIVARAJA KUPPUSWAMI, M.D. (hereinafter "KUPPUSWAMI") and in support of their complaint state as follows:

1. On April 21, 2005, defendant, HEALTHCARE, was an Illinois corporation that operated, managed, maintained and controlled Evanston Hospital, a duly licensed healthcare institution providing services as a hospital for patients.

2. On April 21, 2005, defendant, MCGAW, was an Illinois corporation serving as a consortium of general hospitals in Northwestern University employing various residents at Evanston Hospital, including but not limited to JENNIFER STERN, M.D.

3. On April 21, 2005, defendant, ENH, was an Illinois corporation employing various physicians at Evanston Hospital including, but not limited to DANIEL HOMER, M.D. and SIVARAJA KUPPUSWAMI, M.D.

4. On April 21, 2005, defendant, HOMER, was a physician licensed to practice medicine in the state of Illinois and was engaged in the practice of medicine specializing in neurology.

5. On April 21, 2005, defendant, STERN, was a resident physician at Evanston Hospital employed by defendant, MCGAW.

6. On April 21, 2005, defendant, KUPPUSWAMI, was a physician licensed to practice medicine in the state of Illinois, practicing at Evanston Hospital in the specialty of diagnostic radiology and employed by defendant, ENH.

7. On April 21, 2005 and thereafter, the resident physicians, nurses and staff who were involved in the care and treatment of plaintiff, TED BAXTER, were duly authorized agents, actual and apparent, of defendant, HEALTHCARE, and Evanston Hospital.

8. In the alternative, on April 21, 2005 and thereafter, the residents who attended plaintiff, TED BAXTER, were employees and agents, actual and apparent, of defendant, MCGAW.

9. On April 21, 2005 and thereafter, the resident physicians, nurses and staff who attended to plaintiff, TED BAXTER, were acting within the scope of their agency and employment.

10. On April 21, 2005, plaintiff, TED BAXTER, presented by ambulance to the emergency department at Evanston Hospital.

11. Plaintiff, TED BAXTER, was thereafter examined, monitored or treated by defendants HOMER, STERN and KUPPUSWAMI, as well as by various other agents and employees of defendants, ENH, MCGAW and HEALTHCARE.

12. On April 21, 2005, while in the emergency department, plaintiff, TED BAXTER, was evaluated by Jill Lehrmann, M.D. and a non-contrast CT scan of the brain was ordered at 9:32 p.m. and interpreted at 9:49 p.m.

13. The CT scan taken at 9:32 p.m. was interpreted by the radiology resident on call who was an employee and agent of defendant, MCGAW.

14. The CT scan taken at 9:32 p.m. and interpreted at 9:49 p.m. was interpreted by defendant, KUPPUSWAMI.

15. The CT scan taken at 9:32 p.m. and interpreted at 9:49 p.m. was reported as normal.

16. The CT scan taken at 9:32 p.m. and reported at 9:49 p.m. was, in fact, abnormal and showed a hyperdensity in the left middle cerebral artery consistent with a thrombus within the vessel.

17. On April 21, 2005, an MRI was ordered for plaintiff, TED BAXTER, at 10:03 p.m. and performed at 10:15 p.m.

18. The MRI ordered at 10:03 p.m. and performed at 10:15 p.m. was interpreted by the radiology resident on call as showing no evidence of stroke.

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19. The MRI ordered at 10:03 p.m. and performed at 10:15 p.m. was interpreted by defendant, KUPPUSWAMI, as showing no evidence of stroke.

20. The MRI ordered at 10:03 p.m. and performed at 10:15 p.m., in fact, showed focal regions of restricted diffusion in the left caudate and insular region compatible with acute infarction.

21. On April 21, 2005 and thereafter, defendant, STERN, evaluated the plaintiff, TED BAXTER.

22. On April 21, 2005, defendant, STERN, misinterpreted the CT and MRI scans aforementioned as showing no evidence of acute stroke.

23. On April 21, 2005 and thereafter, defendant, STERN, advised that the patient should not receive tPA.

24. On April 21, 2005, defendant, HOMER, had the capability of viewing the CT and MRI scans if he had chosen to do so.

25. On April 21, 2005, defendant, HOMER, failed to view the CT and MRI scans of plaintiff, TED BAXTER.

26. In the alternative, on April 21, 2005, defendant, HOMER, misinterpreted the CT and MRI scans aforementioned as showing no evidence of acute stroke.

27. On April 21, 2005 and thereafter, defendant, HOMER, advised that the patient should not receive tPA.

28. On April 21, 2005, Jill Lehrmann, M.D. and the other physicians and staff in the emergency department were capable of administering tPA to the patient.

29. On April 21, 2005, Jill Lehrmann, M.D. and the other physicians and staff in the emergency department were preparing to administer tPA to the patient until told not to do so by defendant, STERN.

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30. On April 21, 2005, Jill Lehrmann, M.D. and the other physicians and staff in the emergency department were preparing to administer tPA to the patient until they were advised by the radiology service, through the resident on call and defendant, KUPPUSWAMI, that the CT and MRI scans showed no evidence of acute stroke.

31. On April 21, 2005, the plaintiff, TED BAXTER, was, in fact, an appropriate candidate to receive tPA.

32. On April 21, 2005 and thereafter, a patient like plaintiff, TED BAXTER, would have been more likely to have minimal to no disability from his stroke if tPA had been administered.

33. On April 21, 2005 and thereafter, defendants, HEALTHCARE, MCGAW and ENH, acting through their employees, staff, physicians and agents, apparent and actual, had a duty to exercise that degree of care that other healthcare organizations would exercise in the same or similar circumstances.

34. On April 21, 2005 and thereafter, defendants, HOMER, STERN and KUPPUSWAMI, had a duty to exercise that degree of skill and care of reasonably well-qualified physicians acting under the same or similar circumstances in their treatment of plaintiff, TED BAXTER.

35. On April 21, 2005 and thereafter, defendants, HEALTHCARE, MCGAW and ENH, by their duly authorized agents and employees including, but not limited to, HOMER, STERN and KUPPUSWAMI, and each of them, were careless and negligent in one or more of the following respects:

- a. Failing to timely diagnose his left Middle Cerebral Artery stroke;
- b. Failing to accurately assess the patient;
- c. Offering advice that the patient should not receive tPA;
- d. Failing to recognize evidence of acute ischemic stroke on the CT and MRI scans while the patient was in the emergency department;;

- c. Failing to have a system in place to ensure that a qualified physician interpreted the films while the patient was in the emergency department;
- f. Failing to give the patient the tPA when he met inclusion criteria for administration of the medication;
- g. Were otherwise careless and negligent.

36. As a direct and proximate result of one or more of the aforesaid negligent acts or omissions of the defendants, plaintiff, TED BAXTER, sustained injuries of a personal and pecuniary nature.

Attached to this complaint at law is the affidavit of one of the plaintiffs' attorneys as well as the written physician's report required by 735ILCS5-2/622 of the Illinois Code of Civil Procedure.

WHEREFORE, plaintiff, TED BAXTER, demands judgment against the defendants, HEALTHCARE, MCGAW, ENH, HOMER, STERN and KUPPUSWAMI, and each of them in an amount in excess of the jurisdictional minimum.

COUNT II - LOSS OF CONSORTIUM

Plaintiff, KELLY BAXTER, through her attorneys, CORBOY & DEMETRIO, P.C., complaining of the defendants, EVANSTON NORTHWESTERN HEALTHCARE CORPORATION, d/b/a EVANSTON HOSPITAL (hereinafter "HEALTHCARE"), THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY (hereinafter "MCGAW"), ENH MEDICAL GROUP, INC. (hereinafter "ENH"), DANIEL HOMER, M.D. (hereinafter "HOMER"), JENNIFER STERN, M.D. (hereinafter "STERN") and SIVARAJA KUPPUSWAMI, M.D. (hereinafter "KUPPUSWAMI") and in support of her complaint states as follows:

1. On April 21, 2005, defendant, HEALTHCARE, was an Illinois corporation that operated,

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managed, maintained and controlled Evanston Hospital, a duly licensed healthcare institution providing services as a hospital for patients.

2. On April 21, 2005, defendant, MCGAW, was an Illinois corporation serving as a consortium of general hospitals in Northwestern University employing various residents at Evanston Hospital, including but not limited to JENNIFER STERN, M.D.

3. On April 21, 2005, defendant, ENH, was an Illinois corporation employing various physicians at Evanston Hospital including, but not limited to DANIEL HOMER, M.D. and SIVARAJA KUPPUSWAMI, M.D.

4. On April 21, 2005, defendant, HOMER, was a physician licensed to practice medicine in the state of Illinois and was engaged in the practice of medicine specializing in neurology.

5. On April 21, 2005, defendant, STERN, was a resident physician at Evanston Hospital employed by defendant, MCGAW.

6. On April 21, 2005, defendant, KUPPUSWAMI, was a physician licensed to practice medicine in the state of Illinois, practicing at Evanston Hospital in the specialty of diagnostic radiology and employed by defendant, ENH.

7. On April 21, 2005 and thereafter, the resident physicians, nurses and staff who were involved in the care and treatment of plaintiff, TED BAXTER, were duly authorized agents, actual and apparent, of defendant, HEALTHCARE, and Evanston Hospital.

8. In the alternative, on April 21, 2005 and thereafter, the residents who attended plaintiff, TED BAXTER, were employees and agents, actual and apparent, of defendant, MCGAW.

9. On April 21, 2005 and thereafter, the resident physicians, nurses and staff who attended to plaintiff, TED BAXTER, were acting within the scope of their agency and employment.

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10. On April 21, 2005, plaintiff, TED BAXTER, presented by ambulance to the emergency department at Evanston Hospital.

11. Plaintiff, TED BAXTER, was thereafter examined, monitored or treated by defendants, HOMER, STERN and KUPPUSWAMI, as well as by various other agents and employees of defendants, ENH, MCGAW and HEALTHCARE.

12. On April 21, 2005, while in the emergency department, plaintiff, TED BAXTER, was evaluated by Jill Lehrmann, M.D. and a non-contrast CT scan of the brain was ordered at 9:32 p.m and interpreted at 9:49 p.m.

13. The CT scan taken at 9:32 p.m. was interpreted by the radiology resident on call who was an employce and agent of defendant, MCGAW.

14. The CT scan taken at 9:32 p.m. and interpreted at 9:49 p.m. was interpreted by defendant, KUPPUSWAMI.

15. The CT scan taken at 9:32 p.m. and interpreted at 9:49 p.m. was reported as normal.

16. The CT scan taken at 9:32 p.m. and reported at 9:49 p.m. was, in fact, abnormal and showed a hyperdensity in the left middle cerebral artery consistent with a thrombus within the vessel.

17. On April 21, 2005, an MRI was ordered for plaintiff, TED BAXTER, at 10:03 p.m. and performed at 10:15 p.m.

18. The MRI ordered at 10:03 p.m. and performed at 10:15 p.m. was interpreted by the radiology resident on call as showing no evidence of stroke.

19. The MRI ordered at 10:03 p.m. and performed at 10:15 p.m. was interpreted by defendant, KUPPUSWAMI, as showing no evidence of stroke.

20. The MRI ordered at 10:03 p.m. and performed at 10:15 p.m., in fact, showed focal regions of restricted diffusion in the left caudate and insular region compatible with acute infarction.

21. On April 21, 2005 and thereafter, defendant, STERN, evaluated the plaintiff, TED BAXTER.

22. On April 21, 2005, defendant, STERN, misinterpreted the CT and MRI scans aforementioned as showing no evidence of acute stroke.

23. On April 21, 2005 and thereafter, defendant, STERN, advised that the patient should not receive tPA.

24. On April 21, 2005, defendant, HOMER, had the capability of viewing the CT and MRI scans if he had chosen to do so.

25. On April 21, 2005, defendant, HOMER, failed to view the CT and MRI scans of plaintiff, TED BAXTER.

26. In the alternative, on April 21, 2005, defendant, HOMER, misinterpreted the CT and MRI scans aforementioned as showing no evidence of acute stroke.

27. On April 21, 2005 and thereafter, defendant, HOMER, advised that the patient should not receive tPA.

28. On April 21, 2005, Jill Lehrmann, M.D. and the other physicians and staff in the emergency department were capable of administering tPA to the patient.

29. On April 21, 2005, Jill Lehrmann, M.D. and the other physicians and staff in the emergency department were preparing to administer tPA to the patient until told not to do so by defendant, STERN.

30. On April 21, 2005, Jill Lehrmann, M.D. and the other physicians and staff in the emergency department were preparing to administer tPA to the patient until they were advised by the radiology service, through the resident on call and defendant, KUPPUSWAMI, that the CT and MRI scans showed no evidence of acute stroke.

31. On April 21, 2005, the plaintiff, TED BAXTER, was, in fact, an appropriate candidate to receive tPA.

32. On April 21, 2005 and thereafter, a patient like plaintiff, TED BAXTER, would have been more likely to have minimal to no disability from his stroke if tPA had been administered.

33. On April 21, 2005 and thereafter, defendants, HEALTHCARE, MCGAW and ENH, acting through their employees, staff, physicians and agents, apparent and actual, had a duty to exercise that degree of care that other healthcare organizations would exercise in the same or similar circumstances.

34. On April 21, 2005 and thereafter, defendants, HOMER, STERN and KUPPUSWAMI, had a duty to exercise that degree of skill and care of reasonably well-qualified physicians acting under the same or similar circumstances in their treatment of plaintiff, TED BAXTER.

35. On April 21, 2005 and thereafter, defendants, HEALTHCARE, MCGAW and ENH, by their duly authorized agents and employees including, but not limited to, HOMER, STERN and KUPPUSWAMI, and each of them, were careless and negligent in one or more of the following respects:

- a. Failing to timely diagnose his left Middle Cerebral Artery stroke;
- b. Failing to accurately assess the patient;
- c. Offering advice that the patient should not receive tPA;
- d. Failing to recognize evidence of acute ischemic stroke on the CT and MRI scans while the patient was in the emergency department;

- e. Failing to have a system in place to ensure that a qualified physician interpreted the films while the patient was in the emergency department;
- f. Failing to give the patient the tPA when he met inclusion criteria for administration of the medication;
- g. Were otherwise careless and negligent.

36. As a direct and proximate result of one or more of the aforesaid negligent acts or omissions of the defendants, plaintiff, KELLY BAXTER, suffered the loss of consortium of her husband, TED BAXTER.

Attached to this complaint at law is the affidavit of one of the plaintiffs' attorneys as well as the written physician's report required by 735ILCS5-2/622 of the Illinois Code of Civil Procedure.

WHEREFORE, plaintiff, KELLY BAXTER, demands judgment against the defendants, HEALTHCARE, MCGAW, ENH, HOMER, STERN and KUPPUSWAMI, and each of them in an amount in excess of the jurisdictional minimum.

COUNT III - RESPONDENTS IN DISCOVERY

It is believed that Jill Lehrmann, M.D. and Ian Katznelson, M.D. have information necessary to determine who, if anyone, should be named as additional defendants in this case.


David R. Barry, Jr.

David R. Barry, Jr.
CORBOY & DEMETRIO, P.C.
Attorney for Plaintiffs
33 North Dearborn Street, 21st Floor
Chicago, Illinois 60602
(312) 346-3191
Firm I.D. No. 02329

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

EVANSTON NORTHWESTERN
HEALTHCARE CORPORATION,
d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF
NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.; DANIEL
HOMER, M.D.; JENNIFER STERN, M.D.
and SIVARAJA KUPPUSWAMI, M.D.;

Defendants,

JILL LEHRMANN, M.D. and
IAN KATZ NELSON, M.D.;

Respondents in Discovery.

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JURY DEMAND

The undersigned hereby demands trial by jury.



David R. Barry, Jr.

David R. Barry, Jr.
Corboy & Demetrio, P.C.
Attorney for Plaintiff(s)
33 North Dearborn Street, 21st Floor
Chicago, Illinois 60602
(312) 346-3191
Firm I.D. No. 02329

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

EVANSTON NORTHWESTERN
HEALTHCARE CORPORATION,
d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF
NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.; DANIEL
HOMER, M.D.; JENNIFER STERN, M.D. and
SIVARAJA KUPPUSWAMI, M.D.;

Defendants,

JILL LEHRMANN, M.D. and
IAN KATZ NELSON, M.D.;

Respondents in Discovery.

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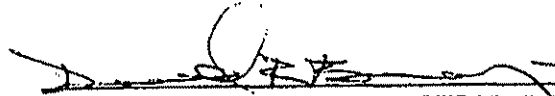
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AFFIDAVIT

I, **DAVID R. BARRY, JR.**, state under oath:

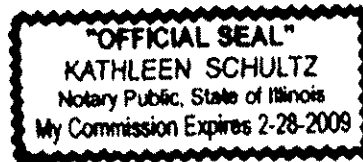
1. I am an attorney associated with Corboy & Demetrio, P.C. and am responsible for filing of the Complaint at Law in this matter.

2. The total of money damages sought by plaintiff does exceed \$50,000.00, exclusive of interest and costs.


CORBOY & DEMETRIO, P.C.
By: David R. Barry, Jr.

SUBSCRIBED and SWORN to before me
this 21st day of November, 2006.


NOTARY PUBLIC



David R. Barry, Jr.
CORBOY & DEMETRIO, P.C.
Attorneys for Plaintiff
33 North Dearborn Street, 20th Floor
Chicago, Illinois 60602
(312) 346-3191
Firm I.D. No. 02329

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Report Prepared Pursuant to Illinois Revised Statute 735ILCS5-2/622

I am a physician licensed to practice medicine in all its branches, board certified and specializing in neurology and vascular neurology. I have reviewed medical records and other relevant data and films from Evanston Hospital for inpatient admissions of April 21 - April 29, 2005 and July 12 - July 13, 2005 as well as outpatient records of August 6, 2005 pertaining to Ted Baxter.

It is my professional opinion that there exists a reasonable and meritorious cause of action for the filing of a professional negligence lawsuit against Evanston Northwestern Healthcare Corporation, d/b/a Evanston Hospital and acting through its employees and agents, ENH Medical Group, Inc., operating through its physician employees, The McGaw Medical Center of Northwestern University operating, through its employees, staff, resident physicians and agents, as well as Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D. Additionally, Dr. Jill Lehmann and Dr. Ian Katz Nelson and the emergency department physicians, nurses and staff who attended to Mr. Baxter on April 21, 2005 and thereafter, are believed to have additional information essential to determine who, if anyone, should be properly named as additional defendants in this action.

The reasons for my determinations are as follows:

On April 21, 2005, Ted Baxter, a 41 year-old white male with varicose veins but no other significant medical history, presented by ambulance to the emergency department at Evanston Hospital with expressive aphasia and right-sided weakness at 9:30 p.m. His wife reported that her husband had returned from London that afternoon and became confused while watching T.V. after dinner. His wife noticed him staring at the T.V. and when she questioned him, he was unable to respond verbally. He was also clamping his right hand and began drooling. She immediately summoned paramedics and he was brought to the emergency room at Evanston Hospital within 30 minutes.

The patient was evaluated in the emergency department by resident Jill Lehmann, M.D. and others. A non-contrast CT scan of the brain was immediately ordered at 9:32 p.m. The CT was interpreted, incorrectly, at 9:49 p.m. by the radiology resident on call and/or Dr. Kuppuswami as normal when, in fact, it showed a hyperdensity in the left Middle Cerebral Artery consistent with a thrombus within the vessel. Additionally, an MRI/MRA was ordered at 10:03 p.m. and performed at 10:15 p.m. It was also misinterpreted by the radiology resident on call and/or Dr. Kuppuswami as showing no evidence of stroke.

Dr. Lehmann and the emergency department personnel should have been preparing to administer tPA to Mr. Baxter as he was an ideal candidate for the medication. However, the neurology service, through Dr. Jennifer Stern and Dr. Daniel Homer, whom she consulted, evaluated the patient and misinterpreted the CT and MRI scans as showing no evidence of acute stroke. They advised that the patient should not receive tPA.

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2220 - Not Served
2320 - Served By Mail
2420 - Served By Publication

2121 - Served
2221 - Not Served
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2421 - Served By Publication

SUMMONS

ALIAS SUMMONS

CCG-14

#02329 11/21/2006 DRBwj

2005N-0236

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION**

TED BAXTER and KELLY BAXTER,

Plaintiffs,
v.

EVANSTON NORTHWESTERN HEALTHCARE
CORPORATION,
d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF
NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.; DANIEL HOMER,
M.D.; JENNIFER STERN, M.D. and SIVARAJA
KUPPUSWAMI, M.D.;

Defendants,

JILL LEHRMANN, M.D. and
IAN KATZNELSON, M.D.;

Respondents in Discovery.

No.

PLEASE SERVE:

SEE ATTACHED SERVICE LIST

SUMMONS

To each defendant:

YOU ARE SUMMONED and required to file an answer in this case, or otherwise file your appearance in the office of the clerk of this court (located in the Richard J. Daley Center, Room * 801, Chicago, Illinois 60602) within 30 days after service of this summons, not counting the day of service. IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT, A COPY OF WHICH IS HERETO ATTACHED.

To the officer:

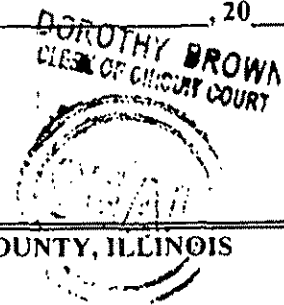
This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed. This summons may not be served later than 30 days after its date. NOV. 22 2005

WITNESS, _____, 20____

DOROTHY BROWN, Clerk of Court

Date of service: _____, 20____

Name: David R. Barry, Jr./Corboy & Demetrio, P.C.
Attorney for: Plaintiff(s)
Address: 33 North Dearborn Street, 20th Floor
City: Chicago, Illinois 60602
Telephone: (312) 346-3191
Atty. No.: 02329



DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

*Law Division Room 801
Chancery-Divorce Division Room 802
County Division Room 801
Probate Division Room 1202

SUN BAXTER 001026

SERVICE LIST:

Evanston Northwestern Healthcare Corporation
R/A Jeffery H. Hillerbrand
1301 Central Street
Evanston, IL 60201

The McGaw Medical Center of Northwestern University
c/o Registered Agent: Robert P. Christopher
645 North Michigan Avenue
Suite 1058
Chicago, IL 60611

Daniel Homer, M.D.
Evanston Hospital
Division of Neurology
2650 Ridge Avenue
Evanston, IL 60201

Sivaraja Kumaran Kuppaswami, M.D.
Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201

Jill Frances Lehrmann, M.D.
The McGaw Medical Center of Northwestern University
c/o Registered Agent: Robert P. Christopher
645 North Michigan Avenue
Suite 1058
Chicago, IL 60611

Jennifer Stern, M.D.
Evanston Hospital
2650 North Ridge
Evanston, IL 60201

ENH Medical Group, Inc.
R/A Jeffrey H. Hillebrand
1301 Central Street
Evanston, IL 60201

Ian S. Katznelson, M.D.
ENH Medical Group Inc.
1000 Central Street
Suite 800
Evanston, IL 60201

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2220 - Not Served
2320 - Served By Mail
2420 - Served By Publication
SUMMONS

2121 - Served
2221 - Not Served
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2421 - Served By Publication
ALIAS SUMMONS

2005N-0236

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2005N-0236

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

TED BAXTER and KELLY BAXTER,

Plaintiffs,

v.

EVANSTON NORTHWESTERN HEALTHCARE CORPORATION,
d/b/a EVANSTON HOSPITAL;
THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY;
ENH MEDICAL GROUP, INC.; DANIEL HOMER, M.D.; JENNIFER STERN, M.D. and SIVARAJA KUPPUSWAMI, M.D.;

Defendants,

JILL LEHRMANN, M.D. and
IAN KATZNELSON, M.D.;

Respondents in Discovery.

No.

PLEASE SERVE:

SEE ATTACHED SERVICE LIST

SUMMONS

To each defendant:

YOU ARE SUMMONED and required to file an answer in this case, or otherwise file your appearance in the office of the clerk of this court (located in the Richard J. Daley Center, Room * 801, Chicago, Illinois 60602) within 30 days after service of this summons, not counting the day of service. IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT, A COPY OF WHICH IS HERETO ATTACHED.

To the officer:

This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed. This summons may not be served later than 30 days after its date.

WITNESS, NOV 22 2006, 20

DOROTHY BROWN
DOROTHY BROWN

Date of service: _____, 20

Name: David R. Barry, Jr./Corboy & Demetrio, P.C.
Attorney for: Plaintiff(s)
Address: 33 North Dearborn Street, 20th Floor
City: Chicago, Illinois 60602
Telephone: (312) 346-3191
Atty. No.: 02329

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

*Law Division Room 801
Chancery-Divorce Division Room 802
County Division Room 801
Probate Division Room 1202

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SERVICE LIST:

Evanston Northwestern Healthcare Corporation
R/A Jeffery H. Hillerbrand
1301 Central Street
Evanston, IL 60201

The McGaw Medical Center of Northwestern University
c/o Registered Agent: Robert P. Christopher
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