Baxter v. Sun Life Assurance Company of Canada Doc. 29 Att. 5

14. List the name and address of all persons (other than yourself and persons heretofore listed) who have knowledge of the facts of the care and treatment complained of in the complaint filed herein and/or of the injuries claimed to have resulted therefrom.

ANSWER:

David R. Barry, Jr.

CORBOY & DEMETRIO, P.C
Attorneys for Plaintiffs
33 North Dearborn Street
Suite 2100
Chicago, Illinois 60602
(312) 346-3191
Firm I.D. No. 02329

Dockets.Justia.com

Attestation

STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

_____, being first duly sworn on oath, deposes and states that he/she is the _____ of defendant in the above-captioned matter, that he/she has read the foregoing document, and the answers made herein are true, correct and complete to the best of his/her knowledge and belief.

_____
SIGNATURE

_____
TITLE

SUBSCRIBED and SWORN to
before me this _____ day
of _____, 2007.

DRB/kjs 2006S-0356 2/15/07 #02329

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.	)	

FILED-2 2007 FEB 16 PM 3:58 CLERK MARGARET BRIGMAN CIRCUIT COURT OF COOK COUNTY, ILLINOIS LAW DIVISION

A SH

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' Interrogatories to Defendant, Evanston Northwestern Corporation, d/b/a Evanston Hospital; and**
- **Plaintiffs' Interrogatories to Defendants, Daniel Homer, M.D., Jennifer Stern, M.D. and Sivaraja Kuppuswami, M.D.**

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, P.C.
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 enclosing true and correct copies thereof in a duly-addressed, postage prepaid envelope and depositing them in the U.S. Mail Chute at 33 North Dearborn Street, Chicago, Illinois, before the hour of 4:30 p.m. on the 16th 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.*

D. .1/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.	)	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.	)	

3116
3004

PLAINTIFFS' ANSWERS TO 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., INTERROGATORIES

NOW COME the plaintiffs, Ted Baxter and Kelly Baxter, by and through their attorneys, Corboy & Demetrio, P.C., and in answer to the interrogatories propounded by 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., state as follows:

1. State the plaintiff's present residence address, date of birth and social security number.

ANSWER: 55 E. Erie Street, #2305
Chicago, Illinois 60611
DOB: 11
SSN: 084-

2. With respect to loss of income, if any, claimed to have been sustained as a result of the occurrence set forth in the Complaint provide the following:

(a) state where plaintiff was employed on the date of the occurrence;
(b) state the name and address of plaintiff's employer or employers at that time;
(c) describe in what capacity plaintiff was employed;
(d) state plaintiff's rate of pay immediately before said occurrence complained of; and
(e) state the total amount of loss of income, if any, claimed to have been sustained as a result of the occurrence complained of, together with the manner or method of computing the same.

ANSWER:
(a) Citadel
(b) 131 South Dearborn Street
Chicago, Illinois 60603
(c) Managing Director, Global Controller
(d) $1,300,000.00, yearly
(e) We are having an economist determine this for us.

3. Other than the employer(s) set forth in the answer to the preceding interrogatory, provide the following information with respect to plaintiff's employment history during the tem (10) year period immediately preceding the occurrence complained or an any employment thereafter.

(a) state the name and address of each employer during that period of time; and
(b) describe the capacity in which plaintiff was employed by each employer set forth in the answer to 3(a).

ANSWER:
(a) Credit Suisse First Boston
11 Madison Avenue
New York, NY 10010
(b) Managing Director in charge of Global and Financial Control

(a) Price Waterhouse Coopers
1301 Avenue of the Americas
New York, NY 10019
(b) Partner in the financial consulting group

4. State the first date following the occurrence complained of when on which plaintiff was employed, stating the name and address of plaintiff's employer, the period of employment and compensation.

ANSWER: Ted has not been able to return to work. He is on long term disability.

SUN BAXTER 001091

5. List in detail any other expenses or monies claimed to have been lost due to the occurrence set forth in the Complaint.

ANSWER: Residential Aphasia Program
Ann Arbor, Michigan
This is an intensive speech therapy program.
1/11/06 - 1/25/06
Hotel, food and miscellaneous expenses: $4,113.00
Program cost: $24,573.25
Ted will likely attend three (3) to four (4) more times.

VA Hospital in Tampa
3/01/06 - 4/13/06
Speech study
Hotel, airfare, food and miscellaneous expenses $5,688.35.

Rehab Institute of Chicago
345 E. Superior Street
Chicago, Illinois 60611
Physical therapy, speech therapy and occupational therapy
Attached are copies of the bills.

Rehab Institute of Chicago - Northbrook
755 Skokie Boulevard
Northbrook, Illinois 60062
Ted attended many weeks of out-patient therapy here.

Out of pocket prescription medication $1,661.69
Ted continues to take several medications.
See attached spread sheet.

6. Had plaintiff consulted professionally, been examined by, or been treated by any doctors on or since the occurrence set out in the Complaint. If so, state as to each:

(a) their names and addresses;
(b) their medical specialties, if any;
(c) the condition for which each was consulted or for which plaintiff was examined or treated by them;
(d) whether they were only consulted, whether they examined plaintiff, or whether they rendered any care to plaintiff; and
(e) if there was treatment or examination, describe in layman's terms the nature of the examination and treatment and the dates on which each was done.

SUN BAXTER 001092

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.	)	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' ANSWERS TO 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., INTERROGATORIES

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New York, NY 10010
(b) Managing Director in charge of Global and Financial Control

(a) Price Waterhouse Coopers
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New York, NY 10019
(b) Partner in the financial consulting group

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Ann Arbor, Michigan
This is an intensive speech therapy program.
1/11/06 - 1/25/06
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Hotel, airfare, food and miscellaneous expenses $5,688.35.

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(a) their names and addresses;
(b) their medical specialties, if any;
(c) the condition for which each was consulted or for which plaintiff was examined or treated by them;
(d) whether they were only consulted, whether they examined plaintiff, or whether they rendered any care to plaintiff; and
(e) if there was treatment or examination, describe in layman's terms the nature of the examination and treatment and the dates on which each was done.

SUN BAXTER 001095

ANSWER: (a - e) Dr. Scott Cooper
777 Park Avenue West
Highland Park, Illinois 60035
(847) 480-3751
Emergency room doctor at Evanston Hospital
Treated Ted the night of the stroke (4/21/05)

Dr. Jennifer Stern
2650 Ridge Avenue
Evanston, Illinois 60201
(847) 570-2000
Resident neurologist treated Ted in the emergency room on 4/21/05

Dr. Ian Katznelson
444 N. Northwest Highway, Suite 200
Park Ridge, Illinois 60068
(847) 825-2366
Neurologist
He treated Ted at Evanston Hospital on 4/22/05.

Dr. Jesse Taber
2650 Ridge Avenue
Evanston, Illinois 60201
(847) 570-2570
Neurologist
He treated Ted at Evanston Hospital and continues to see Ted for seizures. Ted Sees Dr. Taber about every six (6) months.

Dr. John Oh
1000 Central Street, Suite 725
Evanston, Illinois 60201
(847) 475-2500
Internal Medicine
He treated Ted when he was at Evanston Hospital 4/22/05 - 4/29/05

Dr. Richard Harvey
345 E. Superior Street
Chicago, Illinois 60611
Treated Ted while he was at Rehab Institute of Chicago from 4/29/05 - 5/27/05. Ted also had 2 - 3 additional appointments with Dr. Harvey for follow up exams.

SUN BAXTER 001096

Dr. Terrence Sullivan
200 S. Michigan Avenue, Suite 830
Chicago, Illinois 60604
General Medicine
Dr. Sullivan has been treating Ted since the stroke. Ted continuos to see Dr. Sullivan every 6 months for follow up exams and prescription refills.

Dr. Ted Feldman
9977 Wood Drive, 3rd Floor
Skokie, Illinois
(847) 570-2142
Cardiologist
He corrected Ted's PFO (hole in the heart) on 7/21/05.

Dr. Andrew Hamilton
Director of Cardiac Imaging
Cardiology
1000 Central, Suite 800
Evanston, Illinois 60201
(847) 570-2250
Dr. Hamilton treated Ted while in Evanston Hospital. He was the doctor who found the PFO. He advised Ted to have the PFO closed. Dr. Hamilton did all preliminary and follow up testing.

Dr. Allen Burke
Northwestern Neurology Associates
150 E. Huron, Suite 803
Chicago, Illinois 60611
Neurologist
(312) 944-0063

University of Michigan Hospitals
1500 E. Medical Center Drive
Ann Arbor, Michigan 48109
2/18/06
Ted had his first seizure and was taken to this hospital via ambulance. Was examined and released.

SUN BAXTER 001097

Mayo Clinic Scottsdale
Dr. Bob Dietrich
5777 E. Mayo Boulevard
Scottsdale, Arizona 85054
10/01/06
Ted had his second seizure and was taken to Mayo Clinic by ambulance. He was examined and released.

Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois 60201
Inpatient from 4/21/05 - 4/29/05
PFO closure 7/12/05 - 7/13/05

Rehab Institute of Chicago
345 E. Superior Street
Chicago, Illinois 60611
4/29/05 -5/27/05
Ted did inpatient therapy at RIC immediately following his stroke. He continued doing out-patient therapy at RIC throughout 2006. He now attends RIC for research studies and group clubs (ie., book club).

Northwestern University Hospital
251 E. Huron Street
Chicago, Illinois 60611
(312) 926-2000
Ted had outpatient surgery at Northwestern while he was an in-patient at RIC. He had a green field filter inserted on 5/12/05.

7. Has plaintiff been admitted to any hospital, medical clinic, or other medical institution since the occurrence set out in the complaint, either as an in-patient or as an out-patient? If so, state as to each:

(a) their names and addresses;
(b) the condition for which plaintiff was admitted;
(c) the dates you were there;
(d) whether admitted as an in-patient or as an out-patient; and
(e) if there was treatment or examination, describe in layman's terms the nature of the examination and treatment and the dates on which each was done.

ANSWER: (a - e) See answer to number 6.

SUN BAXTER 001098

8. Did plaintiff consult professionally or was plaintiff examined or treated by any doctors or medical practitioners during the ten (10) year period immediately prior to the occurrence set forth in the complaint. If so, state as to each:

(a) their names and addresses;
(b) their medical specialties, if any;
(c) the condition which each was consulted by plaintiff or for which plaintiff was were examined or treated by them;
(d) whether they were only consulted, whether they examined plaintiff, or whether they rendered any care to plaintiff; and
(e) if there was treatment or examination, describe in layman's terms the nature of the examination and treatment and the dates on which each was done.

ANSWER: (a - e) Ted does not remember all of his doctors. This is what we remember to the best of our recollection.

Dr. Randy Levine
4 East 76th Street
New York, New York
General Medicine
Dr. Levine was Ted's primary doctor when we lived in New Jersey. He went to her for his annual check ups.

9. Was plaintiff admitted to any hospital, medical clinic, or other medical institution during the ten(10) year period immediately prior to the occurrence set forth in the complaint, either as an in-patient or as an out-patient? If so, state as to each:

(a) their names and addresses;
(b) the condition for which plaintiff was admitted or seen as an outpatient;
(c) the dates plaintiff was there;
(d) whether admitted as an in-patient or as an out-patient; and
(e) if there was treatment or examination, describe in layman's terms the nature of ;the examination and treatment and the dates on which each was done.

ANSWER: (a - e) No. Not that I recall.

10. State whether plaintiff was ever injured in any manner either before or after the occurrence described in the Complaint. If so, describe each such injury and state the date and the place where it occurred, as well as how it occurred. If so, state the names and present or last known addresses of all persons involved in the occurrence or present at the time of or immediately after or before the occurrence, and the identity and address of all physicians, specialist, clinics, hospitals, sanitariums, or similar institutions where the plaintiff was examined or treated as a result of any such injury.

ANSWER: No.

11. State whether plaintiff has ever made a claim or any kind for any injury claimed to have been sustained either before or after the occurrence alleged in the Complaint. If so, describe each such claim stating the names and addresses of the party against whom each claim was made, and the name of the plaintiff's attorney, if any.

ANSWER: None.

12. State whether plaintiff has ever filed a suit or action at law for any injury that the plaintiff claims to have been sustained either before or after the occurrence complained of herein. If so, state the name and address of each party sued, the court in which it was filed, and the court number thereof.

ANSWER: None.

13. Does it have or is plaintiff aware of ay statements obtained from any witness regarding the occurrence described in the Complaint? If so, give the name and address of each such witness, the date of said statement, state whether such statement was written or oral, and the name and address of the person or entity having possession of the statement.

ANSWER: None other than those notes appearing in the medical records that might be considered statements.

14. State the name and address of all persons known to the plaintiff or plaintiff's attorney with relevant knowledge of the occurrence of which the plaintiff complains.

ANSWER: Christine Davis
1272 Village Run
Atlanta, Georgia 30319

Doug Butler
22 Colony
Summit, New Jersey 07901

Gerald Beesen
14005 Bunratty Drive
Orland Park, Illinois 60467

Ken Griffin
Citadel
131 S. Dearborn Street
Chicago, Illinois 60603

Andrew Robinson
Little Bedwyn
Ridgeway
Pyrford
Surrey, GU22 8PN England

Adam Cooper
Citadel
131 S. Dearborn Street
Chicago, Illinois 60603

15. State the names, addresses and identities of all persons known to the plaintiff and/or plaintiff's attorneys who witnessed the occurrence of which the plaintiff complains.

ANSWER: Parties to this lawsuit and those individuals who treated Ted at Evanston Hospital. Investigation continues.

SUN BAXTER 001101

2007-10-31 11:01

16. State the names, addresses and identities of all physicians, surgeons, technicians, professional nurses or experts in any scientific field who have been consulted for expert opinion by the plaintiff, plaintiff's attorneys or agents regarding the occurrence complained or, or the alleged injuries and as to each listed, state the following:

(a) name and address;
(b) the area of expertise;
(c) does his opinion relate to liability opinion or injury opinion;
(d) identification of all statements, reports, letters or documents furnished by him; and
(e) does plaintiff expect to call the expert as witness at trial?

ANSWER: (a - e) Our experts will be disclosed when we reach that stage of the litigation and we have determined who will be used at trial.

17. Were any photographs taken of the injuries described in the Complaint? If so, state the date or dates on which said photographs were taken, the subject thereof and who now has custody of them.

ANSWER: None to our knowledge.

18. State the following regarding each conversation at which the defendants were present:

(a) the name and address of each person present;
(b) what was said by each person? If the exact words are not remembered, state the gist of what was said;
(c) the place and time of the conversation;
(d) how the conversation happened to take place; and

ANSWER: (a - d) Objection. There were many, many conversations with doctors at Evanston Hospital. It would be unduly burdensome to write them all out. These can be appropriately addressed at deposition.

19. Have any funds been expended by Medicare on plaintiff's behalf in connection with any of the injuries alleged in the Complaint? If the answer is in the affirmative, please identify such amounts.

ANSWER: None to my knowledge

SUN BAXTER 001103

20. State the name, author, publisher and date of publishing of all texts, articles, journals or medical literature of which plaintiff is are advised in any way indicates that the defendant's were negligent in their treatment of plaintiff.

ANSWER: Not determined as yet.

21. Please list all special damages claimed as a result of the allegations raised in plaintiffs' Complaint.

ANSWER: Physical pain, mental suffering, disability, disfigurement, loss of a normal life, loss of society and consortium.

22. In accordance with Section 2-604 of the Illinois Code of Civil Procedure, please state the amount of damages which will be sought in this matter at the time of trial.

ANSWER: An amount in excess of the jurisdictional limit that a jury would find appropriate based on the evidence.

SUN BAXTER 001104

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

The undersigned, being first duly sworn on oath, depose and state that they are the plaintiffs in the above cause; that they have read the answers to interrogatories set forth herein above, and to the best of their knowledge and belief, the same is true and correct.

TED BAXTER

KELLY BAXTER

Subscribed and Sworn to before me
this 26th day of February, 2007.

NOTARY PUBLIC

"OFFICIAL SEAL"
KATHLEEN SCHULTZ
Notary Public, State of Illinois
My Commission Expires 2-26-2009

CORBOY & DEMETRIO
Attorneys for Plaintiff
33 North Dearborn Street
21st Floor
Chicago, Illinois 60602
(312) 346-3191

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

2007.10.31 11:01

September 7, 2005

Ted Baxter
Apt 2305
55 E Erie St
Chicago IL 60611-2250

Patient:	BAXTER TED
Account #:	V00016192723-0007
Service Date:	07-26-2005
Reference #:	230915
Balance Due:	**$1531.02**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services
800-770-7925

Pd Amex
$1531.02
9/6/05

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

002104-PAPCVRI1195C55CFC

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

August 30, 2005

Ted Baxter
Apt 2305
55 E Erie St
Chicago IL 60611-2250

Patient:	BAXTER TED
Account #:	V00016192723-0005
Service Date:	07-01-2005
Reference #:	228194
Balance Due:	**$2666.41**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services
800-770-7925

Pd Amex
$2666.41
9/6/05

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

2007 0 3 1 11:01

June 27, 2005

Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Patient:	BAXTERTED
Account #:	V00016192723-0002
Service Date:	06-02-2005
Reference #:	213165
Balance Due:	**$460.47**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

0 balance 7/12/05

Patient Financial Services
800-770-7925

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

000199-PAPCVRI11851096CE

*** Please detach And Return Bottom Portion With Payment ***

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK CARD USED FOR PAYMENT

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT PAID

Rehabilitation Institute of Chicago
Patient Financial Services
PO Box 129
Lombard, IL 60148
RETURN SERVICE REQUESTED

Patient: BAXTERTED
Account#: V00016192723-0002
Balance Due: $460.47

213165 - VRIC1 - 000199
Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Send All Payments To:

Rehabilitation Institute of Chicago
PO Box 6084
Chicago IL 60678-6084

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

June 27, 2005

Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Patient:	BAXTERTED
Account #:	V00016192723-0001
Service Date:	05-31-2005
Reference #:	213164
Balance Due:	**$32.46**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services
800-770-7925

D Balance 7/12/05

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

000450-PAPCVRI11851097CB

*** Please detach And Return Bottom Portion With Payment ***

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK CARD USED FOR PAYMENT

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT PAID

Rehabilitation Institute of Chicago
Patient Financial Services
PO Box 129
Lombard, IL 60148
RETURN SERVICE REQUESTED

Patient: BAXTERTED
Account#: V00016192723-0001
Balance Due: $32.46

213164 - VRICI - 000450
Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Send All Payments To:

Rehabilitation Institute of Chicago
PO Box 6084
Chicago IL 60678-6084

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

June 21, 2005

Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Patient:	BAXTERTED
Account #:	V00016190337-0003
Service Date:	06-15-2005
Reference #:	212298
Balance Due:	**$180.00**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services
800-770-7925

Pd ck # 5312
6/28/05
$180-

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

2007.10.31 11:01

June 14, 2005

Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Patient:	BAXTERTED
Account #:	V00016190337-0001
Service Date:	06-01-2005
Reference #:	208446
Balance Due:	**$264.00**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services
800-770-7925

Pd ck # 5314
$264.00
6/28/05

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

001800-PAPCVRI11844C350E

•0/8 - 0/10

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

June 15, 2005

Ted Baxter
166 Abingdon Ave
Kenilworth IL 60043-1202

Patient:	BAXTERTED
Account #:	V00016190337-0002
Service Date:	06-08-2005
Reference #:	209905
Balance Due:	**$388.00**

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services
800-770-7925

Pd CL 5313
6/28/05
388-

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

003230-PAPCVRI11845CF8495

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP, L.L.C.
01-30-06

Customer Service: 1-800-458-6024

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

TED BAXTER
55 E ERIE ST
APT 2305
CHICAGO IL 60611-2250

Claim Information

Member Name:	TED BAXTER
Group No.:	**8374**
Identification No.:	**XOF847627261**
Claim No.:	603039800010C
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	**$3714.50**
Total Benefits Approved:	**$3714.50**
Amount You May Owe Provider:	**$0.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV.CTR FOR DEVELOPMENT OF				
Speech Therapy	01-16-06	161.50		161.50
Speech Therapy	01-16-06	161.50		161.50
Speech Therapy	01-16-06	161.50		161.50
Speech Therapy	01-16-06	161.50		161.50
Speech Therapy	01-17-06	161.50		161.50
Speech Therapy	01-17-06	161.50		161.50
Speech Therapy	01-17-06	161.50		161.50
Speech Therapy	01-17-06	161.50		161.50
Speech Therapy	01-17-06	161.50		161.50
Speech Therapy	01-18-06	161.50		161.50
Speech Therapy	01-18-06	161.50		161.50
Speech Therapy	01-18-06	161.50		161.50
Speech Therapy	01-18-06	161.50		161.50
Speech Therapy	01-18-06	161.50		161.50
Speech Therapy	01-19-06	161.50		161.50
Speech Therapy	01-19-06	161.50		161.50
Speech Therapy	01-19-06	161.50		161.50
Speech Therapy	01-19-06	161.50		161.50
Speech Therapy	01-20-06	161.50		161.50
Speech Therapy	01-20-06	161.50		161.50
Speech Therapy	01-20-06	161.50		161.50
Speech Therapy	01-20-06	161.50		161.50
Speech Therapy	01-20-06	161.50		161.50
Totals		**$3714.50**	**$0.00**	**$3714.50**

COVERAGE INFORMATION

Totals	**$3714.50**	**$0.00**	**$3714.50**
Total Benefits Approved			**$3714.50**

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

313 635 002573
00063 0304

BlueCross BlueShield
of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Claim No.: 602339800020C
Patient Name: TED BAXTER

SUMMARY

Total Billed:	$1615.00
Total Benefits Approved:	$1615.00
Amount You May Owe Provider:	$0.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR DEVELOPMENT OF				
Speech Therapy	01-12-06	161.50		161.50
Speech Therapy	01-12-06	161.50		161.50
Speech Therapy	01-12-06	161.50		161.50
Speech Therapy	01-12-06	161.50		161.50
Speech Therapy	01-12-06	161.50		161.50
Speech Therapy	01-13-06	161.50		161.50
Speech Therapy	01-13-06	161.50		161.50
Speech Therapy	01-13-06	161.50		161.50
Speech Therapy	01-13-06	161.50		161.50
Speech Therapy	01-13-06	161.50		161.50
Totals		$1615.00	$0.00	$1615.00

COVERAGE INFORMATION

Totals	$1615.00	$0.00	$1615.00
Total Benefits Approved			$1615.00
Amount You May Owe Provider			$0.00

Total covered benefits approved for this claim: $1,615.00 to UNIV CTR FOR DEVELOPMENT OF LANGUAGE AND LITERACY on 01-26-06.

Information About Amounts Not Covered

(1) Your health care plan covers eligible services up to an allowed amount for services ordered or provided by a participating provider. Since this amount has been paid, no further payment can be made. You are not responsible for the charges over the allowed amount.
(2) Our records show that the charges for services received from this provider have been submitted on a prior claim and disposition of this claim was sent to you at that time.

Ideas To Help Keep Health Care Affordable

Should you ever submit a medical claim for treatment of an injury sustained at work or in an auto accident, you may receive a Reimbursement/Subrogation questionnaire in the mail from Blue Cross. Please promptly fill out and return the questionnaire, or call the 800 number listed on the questionnaire. The information being requested is important and may help to recover money on medical bills that should be paid by another insurance carrier or your employer, and not by Blue Cross and Blue Shield - all in an effort to help control the rising cost of health care.

(turn over)

265 773 002573
00003-0304

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP, L.L.C.
02-06-06

Customer Service: 1-800-458-6024

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

TED BAXTER
55 E ERIE ST
APT 2305
CHICAGO IL 60611-2250

Claim Information

Member Name:	TED BAXTER
Group No.:	**8374**
Identification No.:	**XOF847627261**
Claim No.:	603739800010C
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	**$3876.00**
Total Benefits Approved:	**$3876.00**
Amount You May Owe Provider:	**$0.00**

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR THE DEVELOPMENT OF				
Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy	01-26-06	161.50		161.50
Speech Therapy	01-26-06	161.50		161.50
Speech Therapy	01-26-06	161.50		161.50
Speech Therapy	01-26-06	161.50		161.50
Speech Therapy	01-26-06	161.50		161.50
Speech Therapy	01-27-06	161.50		161.50
Speech Therapy	01-27-06	161.50		161.50
Speech Therapy	01-27-06	161.50		161.50
Speech Therapy	01-27-06	161.50		161.50
Totals		**$3876.00**	**$0.00**	**$3876.00**

COVERAGE INFORMATION

Totals	**$3876.00**	**$0.00**	**$3876.00**
Total Benefits Approved			**$3876.00**

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

285 641 002573

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP, L.L.C.
02-21-06

Customer Service: 1-800-458-6024

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

TED BAXTER
55 E ERIE ST
APT 2305
CHICAGO IL 60611-2250

Claim Information

Member Name:	TED BAXTER
Group No.:	8374
Identification No.:	XOF847627261
Claim No.:	605239800010C
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	$4037.50
Total Benefits Approved:	$4037.50
Amount You May Owe Provider:	$0.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV. CTR. FOR THE DEVELOPMENT OF				
Speech Therapy	01-30-06	161.50		161.50
Speech Therapy	01-30-06	161.50		161.50
Speech Therapy	01-30-06	161.50		161.50
Speech Therapy	01-30-06	161.50		161.50
Speech Therapy	01-31-06	161.50		161.50
Speech Therapy	01-31-06	161.50		161.50
Speech Therapy	01-31-06	161.50		161.50
Speech Therapy	01-31-06	161.50		161.50
Speech Therapy	01-31-06	161.50		161.50
Speech Therapy	02-01-06	161.50		161.50
Speech Therapy	02-01-06	161.50		161.50
Speech Therapy	02-01-06	161.50		161.50
Speech Therapy	02-01-06	161.50		161.50
Speech Therapy	02-01-06	161.50		161.50
Speech Therapy	02-01-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-03-06	161.50		161.50
Speech Therapy	02-03-06	161.50		161.50
Speech Therapy	02-03-06	161.50		161.50
Speech Therapy	02-03-06	161.50		161.50
Totals		**$4037.50**	**$0.00**	**$4037.50**

COVERAGE INFORMATION

Totals	**$4037.50**	**$0.00**	**$4037.50**

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

274,775 002573
00003 0304

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP, L.L.C.
02-23-06

Customer Service: 1-800-458-6024

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

TED BAXTER
55 E ERIE ST
APT 2305
CHICAGO IL 60611-2250

Claim Information

Member Name:	TED BAXTER
Group No.:	8374
Identification No.:	XOF847627261
Claim No.:	605439800010C
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	$3633.75
Total Benefits Approved:	$3633.75
Amount You May Owe Provider:	$0.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR THE DEVELOPMENT OF				
Speech Therapy	02-06-06	161.50		161.50
Speech Therapy	02-06-06	161.50		161.50
Speech Therapy	02-06-06	161.50		161.50
Speech Therapy	02-06-06	161.50		161.50
Speech Therapy	02-06-06	161.50		161.50
Speech Therapy	02-07-06	161.50		161.50
Speech Therapy	02-07-06	161.50		161.50
Speech Therapy	02-07-06	161.50		161.50
Speech Therapy	02-07-06	161.50		161.50
Speech Therapy	02-07-06	161.50		161.50
Speech Therapy	02-08-06	161.50		161.50
Speech Therapy	02-08-06	161.50		161.50
Speech Therapy	02-08-06	161.50		161.50
Speech Therapy	02-08-06	161.50		161.50
Speech Therapy	02-08-06	80.75		80.75
Speech Therapy	02-09-06	161.50		161.50
Speech Therapy	02-09-06	161.50		161.50
Speech Therapy	02-09-06	161.50		161.50
Speech Therapy	02-09-06	161.50		161.50
Speech Therapy	02-09-06	161.50		161.50
Speech Therapy	02-10-06	161.50		161.50
Speech Therapy	02-10-06	161.50		161.50
Speech Therapy	02-10-06	161.50		161.50
Totals		$3633.75	$0.00	$3633.75

COVERAGE INFORMATION

Totals	$3633.75	$0.00	$3633.75
Total Benefits Approved			$3633.75

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company. An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

00003630029 002573

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP, L.L.C.
03-01-06

Customer Service: 1-800-458-6024

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

TED BAXTER
55 E ERIE ST
APT 2305
CHICAGO IL 60611-2250

Claim Information

Member Name:	TED BAXTER
Group No.:	8374
Identification No.:	XOF847627261
Claim No.:	606039800030C
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	$3391.50
Total Benefits Approved:	$3391.50
Amount You May Owe Provider:	$0.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR THE DEVELOPMENT OF				
Speech Therapy	02-13-06	161.50		161.50
Speech Therapy	02-13-06	161.50		161.50
Speech Therapy	02-13-06	161.50		161.50
Speech Therapy	02-13-06	161.50		161.50
Speech Therapy	02-13-06	161.50		161.50
Speech Therapy	02-14-06	161.50		161.50
Speech Therapy	02-14-06	161.50		161.50
Speech Therapy	02-14-06	161.50		161.50
Speech Therapy	02-14-06	161.50		161.50
Speech Therapy	02-14-06	161.50		161.50
Speech Therapy	02-15-06	161.50		161.50
Speech Therapy	02-15-06	161.50		161.50
Speech Therapy	02-15-06	161.50		161.50
Speech Therapy	02-16-06	161.50		161.50
Speech Therapy	02-16-06	161.50		161.50
Speech Therapy	02-16-06	161.50		161.50
Speech Therapy	02-16-06	161.50		161.50
Speech Therapy	02-17-06	161.50		161.50
Speech Therapy	02-17-06	161.50		161.50
Speech Therapy	02-17-06	161.50		161.50
Speech Therapy	02-17-06	161.50		161.50
Totals		$3391.50	$0.00	$3391.50

COVERAGE INFORMATION

Totals	$3391.50	$0.00	$3391.50
Total Benefits Approved			$3391.50
Amount You May Owe Provider			$0.00

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP, L.L.C.
03-09-06

Customer Service: 1-800-458-6024

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

TED BAXTER
55 E ERIE ST
APT 2305
CHICAGO IL 60611-2250

Claim Information

Member Name:	TED BAXTER
Group No.:	8374
Identification No.:	XOF847627261
Claim No.:	606839800040C
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	$3876.00
Total Benefits Approved:	$3876.00
Amount You May Owe Provider:	$0.00

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR THE DEVELOPMENT OF				
Speech Therapy	02-20-06	161.50		161.50
Speech Therapy	02-20-06	161.50		161.50
Speech Therapy	02-20-06	161.50		161.50
Speech Therapy	02-20-06	161.50		161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-22-06	161.50		161.50
Speech Therapy	02-22-06	161.50		161.50
Speech Therapy	02-22-06	161.50		161.50
Speech Therapy	02-22-06	161.50		161.50
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-24-06	161.50		161.50
Speech Therapy	02-24-06	161.50		161.50
Speech Therapy	02-24-06	161.50		161.50
Speech Therapy	02-24-06	161.50		161.50
Totals		$3876.00	$0.00	$3876.00

COVERAGE INFORMATION

Totals	$3876.00	$0.00	$3876.00
Total Benefits Approved			$3876.00

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company. An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

271 937 002573
00063.0304

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5999

Explanation of Benefits (EOB). **This is not a bill.**
CITADEL INVESTMENT GROUP LLC
07-15-05

Customer Service: 1-800-458-6024

TED BAXTER
166 ABINGDON AVENUE
KENILWORTH IL 60043-1202

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at www.bcbsil.com.

Claim Information

Member Name:	TED BAXTER
Group No.:	**8374**
Identification No.:	**XOF847627261**
Claim No.:	519451368430X
Patient Name:	TED BAXTER

SUMMARY

Total Billed:	**$6102.00**
Total Benefits Approved:	**$1017.06**
Amount You May Owe Provider:	**$4098.93**

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
REHABILITATION INST OF CHICAGO				
Physio/Mech Therapy	06-21-05	364.00		364.00
Therapy	06-21-05	260.00	260.00 (1)	0.00
Therapy	06-21-05	204.00	204.00 (1)	0.00
Speech Therapy	06-21-05	164.00	164.00 (1)	0.00
Speech Therapy	06-21-05	128.00	128.00 (1)	0.00
Physio/Mech Therapy	06-22-05	198.00		198.00
Physio/Mech Therapy	06-22-05	176.00		176.00
Physio/Mech Therapy	06-22-05	58.00		58.00
Speech Therapy	06-22-05	128.00	128.00 (1)	0.00
Physio/Mech Therapy	06-23-05	352.00		352.00
Therapy	06-23-05	352.00	352.00 (1)	0.00
Speech Therapy	06-23-05	240.00	240.00 (1)	0.00
Speech Therapy	06-23-05	128.00	128.00 (1)	0.00
Physio/Mech Therapy	06-24-05	264.00		264.00
Therapy	06-24-05	488.00	488.00 (1)	0.00
Speech Therapy	06-24-05	720.00	720.00 (1)	0.00
Physio/Mech Therapy	06-28-05	264.00		264.00
Therapy	06-28-05	260.00	260.00 (1)	0.00
Speech Therapy	06-28-05	120.00	120.00 (1)	0.00
Speech Therapy	06-28-05	82.00	82.00 (1)	0.00
Physio/Mech Therapy	06-29-05	264.00		264.00
Therapy	06-29-05	244.00	244.00 (1)	0.00
Speech Therapy	06-29-05	164.00	164.00 (1)	0.00
Physio/Mech Therapy	06-30-05	176.00		176.00
Therapy	06-30-05	176.00	176.00 (1)	0.00
Speech Therapy	06-30-05	128.00	128.00 (1)	0.00
Totals		**$6102.00**	**$3986.00**	**$2116.00**

BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

2007.10.31

Claim No.: 51945136844 0X
Patient Name: TED BAXTER

SUMMARY

Total Billed:	$4868.00
Total Benefits Approved:	$597.90
Amount You May Owe Provider:	$3701.98

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
REHABILITATION INST OF CHICAGO				
Physio/Mech Therapy	07-01-05	264.00		264.00
Therapy	07-01-05	244.00	167.57 (1)	76.43
Therapy	07-01-05	88.00	88.00 (1)	0.00
Speech Therapy	07-01-05	480.00	480.00 (1)	0.00
Speech Therapy	07-01-05	192.00	192.00 (1)	0.00
Physio/Mech Therapy	07-05-05	408.00		408.00
Therapy	07-05-05	260.00	260.00 (1)	0.00
Therapy	07-05-05	208.00	208.00 (1)	0.00
Speech Therapy	07-05-05	240.00	240.00 (1)	0.00
Speech Therapy	07-05-05	164.00	164.00 (1)	0.00
Physio/Mech Therapy	07-06-05	176.00		176.00
Physio/Mech Therapy	07-06-05	132.00		132.00
Therapy	07-06-05	88.00	88.00 (1)	0.00
Speech Therapy	07-06-05	240.00	240.00 (1)	0.00
Therapy	07-07-05	408.00	408.00 (1)	0.00
Speech Therapy	07-07-05	164.00	164.00 (1)	0.00
Physio/Mech Therapy	07-08-05	176.00		176.00
Therapy	07-08-05	244.00	244.00 (1)	0.00
Speech Therapy	07-08-05	240.00	240.00 (1)	0.00
Speech Therapy	07-08-05	288.00	288.00 (1)	0.00
Speech Therapy	07-08-05	164.00	164.00 (1)	0.00
Totals		$4868.00	$3635.57	$1232.43

COVERAGE INFORMATION

Totals	$4868.00	$3635.57	$1232.43
Discount (ADP)			-$568.12
Deductions			
Your Coinsurance Amount		$66.41	
Total Deductions			-$66.41
Total Benefits Approved			$597.90
Amount You May Owe Provider			$3701.98

Total covered benefits approved for this claim: $597.90 to REHABILITATION INST OF CHICAGO on 07-15-05.

(turn over)

93,053 002573

Patient Financial Services
PO Box 129
Lombard, IL 60148
(312) 238-7555

Total due from Oct - Dec
should give me a 25% discount
for paying all up today
Rd Amex 2/7/05
Clnt 285752
approval code
Pd Amex $447.25

Rehabilitation Institute *of* Chicago

February 2, 2006

Ted Baxter
55 E Erie St
Apt 2305
Chicago IL 60611-2250

Patient:	BAXTER TED
Account #:	V00016190337-0010
Service Date:	11-09-2005
Reference #:	267099
Balance Due:	**$1080.00**

Dear Ted Baxter:

The account for services 11-09-2005 through 11-30-2005 is now due in the amount of $1080.00. We would appreciate payment in the next 10 days.

Your charge detail is shown on the reverse side of this letter. Please note that this statement does not reflect professional services provided by your physician or any other physician that may have interpreted results of any test performed. You will receive a separate communication from Medical Services RIC and should contact them directly at 800-257-0061 if you have any questions.

If you are unable to send us full payment in the next ten days, call your account representative at (312) 238-7555 to make payment arrangements.

Sincerely,

Patient Financial Services

Questions about your bill? Call Patient Financial Services at (312) 238-7555 Monday through Friday 8:00 to 5:00PM

000025-PAPCVRISTY34DDD9

*** Please detach And Return Bottom Portion With Payment ***

Rehabilitation Institute of Chicago
Patient Financial Services
PO Box 129
Lombard, IL 60148
RETURN SERVICE REQUESTED

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK CARD USED FOR PAYMENT

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT PAID

Patient: BAXTER TED
Account#: V00016190337-0010
Balance Due: $1080.00

267099 - STM1_1 - 000025
Ted Baxter
55 E Erie St
Apt 2305
Chicago IL 60611-2250

Send All Payments To:

Rehabilitation Institute of Chicago
6084 Eagle Way
Chicago, IL 60678-1060

Patient Financial Services
PO Box 129
Lombard, IL 60148
(312) 238-7555

Rehabilitation Institute *of* Chicago

February 9, 2006

Ted Baxter
55 E Erie St
Apt 2305
Chicago IL 60611-2250

Patient: BAXTER TED
Reference #: 267099
Date of Service: 11-09-2005
Patient Account #: V00016190337-0010
Total Balance: $1080.00

Dear Ted Baxter:

This letter confirms that the account shown above has been paid in full.

Please retain this letter for your records as proof of payment.

If you have any questions, please feel free to contact this office.

Sincerely,
Patient Financial Services
(312) 238-7555

000008-PAPCVPIFTY359E468

PLEASE RETAIN FOR YOUR RECORDS

Rehabilitation Institute of Chicago
Patient Financial Services
PO Box 129
Lombard, IL 60148
RETURN SERVICE REQUESTED

Patient: BAXTER TED
Account#: V00016190337-0010
Balance Due: $1080.00

267099 - VRICPIF - 000008
Ted Baxter
55 E Erie St
Apt 2305
Chicago IL 60611-2250

Patient Financial Services
PO Box 129
Lombard, IL 60148
(800) 770-7925

Rehabilitation Institute *of* Chicago

September 20, 2005

Ted Baxter
Apt 2305
55 E Erie St
Chicago IL 60611-2250

Patient:	BAXTER TED
Account #:	V00016192723-0007
Service Date:	07-26-2005
Reference #:	230915
Balance Due:	**$736.31**

Dear Ted Baxter:

We recently sent you a letter indicating the above balance was due. As this account is still outstanding, perhaps you overlooked our correspondence. If so, please use the enclosed envelope to mail your full payment today.

If you are unable to send us full payment today and would like to explore financial assistance from our Alternative funding Program or if you have any questions regarding this account, please call us today at the number listed below.

In the event we do not receive your full payment or hear from you, we will have no other alternative than to pursue further collection measures.

If your full payment has crossed in the mail with this letter, please disregard this notice.

Sincerely,

Patient Financial Services
800-770-7925

Ø balance due per lori 9/28/05

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT
RETAIN TOP PORTION FOR YOUR RECORDS

002504-PAPCVRI21968DB7E8

*** Please detach And Return Bottom Portion With Payment ***

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK CARD USED FOR PAYMENT

☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER

CARD NUMBER	EXP. DATE
SIGNATURE	AMOUNT PAID

Rehabilitation Institute of Chicago
Patient Financial Services
PO Box 129
Lombard, IL 60148
RETURN SERVICE REQUESTED

Patient: BAXTER TED
Account#: V00016192723-0007
Balance Due: $736.31

230915 - VRIC2 - 002504
Ted Baxter
Apt 2305
55 E Erie St
Chicago IL 60611-2250

Send All Payments To:

Rehabilitation Institute of Chicago
PO Box 6084
Chicago IL 60678-6084

DETAIL TRANSACTION DISPLAY

NT # 267099 NAME :BAXTER,TED

GE SUMMARY

DATE	REV-CODE	DESCRIPTION	AMOUNT
9-05	440	Speech Therapy	180.00
0-05	440	Speech Therapy	180.00
16-05	440	Speech Therapy	180.00
17-05	440	Speech Therapy	180 00
21-05	440	Speech Therapy	180.00
30-05	440	Speech Therapy	180.00
TOTAL CHARGES			1080.00
) OF CHARGES			
(TER,TED			1080.00
*ACCOUNT BALANCE			1080 00

DETAIL TRANSACTION DISPLAY

ACCOUNT # :067100 NAME :BAXTER,TED

CHARGE SUMMARY

SERV-DATE	REV-CODE	DESCRIPTION	AMOUNT
12-01-05	440	Speech Therapy	180 00
12-02-05	430	Occupational Therapy	198 00
12-08-05	440	Speech Therapy	180.00
12-12-05	440	Speech Therapy	180.00
12-14-05	440	Speech Therapy	180 00
12-15-05	440	Speech Therapy	180 00
12-19-05	440	Speech Therapy	180 00
12-21-05	440	Speech Therapy	180 00
12-22-05	440	Speech Therapy	180.00
12-28-05	440	Speech Therapy	180.00
12-29-05	440	Speech Therapy	180 00

***TOTAL CHARGES 1998 00

END OF CHARGES

BAXTER,TED 1998.00

***ACCOUNT BALANCE 1998 00

2007.10.31 11:01

DETAIL TRANSACTION DISPLAY

ACCOUNT # 267098 NAME BAXTER,TED

CHARGE SUMMARY

SERV-DATE	REV-CODE	DESCRIPTION	AMOUNT
10-03-05	430	Occupational Therapy	153 00
10-03-05	440	Speech Therapy	180.00
10-05-05	440	Speech Therapy	180.00
10-06-05	440	Speech Therapy	180.00
10-10-05	440	Speech Therapy	180.00
10-12-05	440	Speech Therapy	180.00
10-13-05	440	Speech Therapy	180.00
10-17-05	430	Occupational Therapy	198 00
10-17-05	440	Speech Therapy	180.00
10-19-05	440	Speech Therapy	180.00
10-20-05	440	Speech Therapy	180.00
10-24-05	440	Speech Therapy	180.00
10-24-05	430	Occupational Therapy	198 00
10-26-05	440	Speech Therapy	180 00
10-27-05	440	Speech Therapy	180.00
10-31-05	440	Speech Therapy	180 00

***TOTAL CHARGES 2889.00

END OF CHARGES

BAXTER,TED 2889 00

***ACCOUNT BALANCE 2889.00

Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611
312-238-6171

Patient: TED BAXTER

Please Note: The following appointment times have been reserved in your name. RIC reserves the right to discontinue or change the frequency of therapy prior to the last scheduled appointment if medical reasons or poor attendance necessitates an earlier discharge.

Appt Date	Appt Time/Type	Resource	Floor/Room
11/30/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/01/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/02/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
12/05/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/07/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/08/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/12/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/14/05 Wednesday	~~9:30am~~ 3:30 CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/15/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/19/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/21/05 Wednesday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/22/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr

12/28/05 Wednesday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/29/05 Thursday	9.30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr

If you have any questions regarding your therapy schedule, please call (312)-238-6171. If you need to cancel an appointment, please contact us at this same number at least 24 hours in advance.

Thank you.

Sincerely,

Rosa Cortez

RIC Superior Street is pleased to offer valet parking to all patients scheduled for outpatient therapy Monday-Friday for a reduced price of $8.00. Just enter the RIC east plaza via Huron Street and proceed to the valet parking area. Please note: due to forthcoming construction on Huron Street, watch for signs indicating detours to the east plaza.

Thank you for choosing the Rehabilitation Institute of Chicago.

List Printed: *November 25, 2005*

2007-10-31 11:01

Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611
312-238-6171

Patient: TED BAXTER

Please Note: The following appointment times have been reserved in your name. RIC reserves the right to discontinue or change the frequency of therapy prior to the last scheduled appointment if medical reasons or poor attendance necessitates an earlier discharge.

11/7. Monday - Must be in the morning

Appt Date	Appt Time/Type	Resource	Floor/Room
11/02/05 Wednesday	3:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/09/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/10/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/16/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/17/05 Thursday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/21/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/23/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/25/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
11/30/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/01/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
12/02/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr

Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611
312-238-6171

Patient: TED BAXTER

Please Note: The following appointment times have been reserved in your name. RIC reserves the right to discontinue or change the frequency of therapy prior to the last scheduled appointment if medical reasons or poor attendance necessitates an earlier discharge.

Appt Date	Appt Time/Type	Resource	Floor/Room
10/03/05 Monday	10:15am OT TREATMENT- 45 MINS (2)	KATIE FOGARTY, OT	12th Flr
10/03/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/05/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/06/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/10/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/12/05 Wednesday	8:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/13/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/17/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
10/17/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/19/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/20/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/24/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr

10/24/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/26/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/27/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
10/31/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
10/31/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/02/05 Wednesday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
11/03/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr

2007-10-31-01

If you have any questions regarding your therapy schedule, please call (312)-238-6171. If you need to cancel an appointment, please contact us at this same number at least 24 hours in advance.

Thank you.

Sincerely,

Rosa Cortez

RIC Superior Street is pleased to offer valet parking to all patients scheduled for outpatient therapy Monday-Friday for a reduced price of $8.00. Just enter the RIC east plaza via Huron Street and proceed to the valet parking area. Please note: due to forthcoming construction on Huron Street, watch for signs indicating detours to the east plaza.

Thank you for choosing the Rehabilitation Institute of Chicago.

List Printed: October 3, 2005

Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611
312-238-6171

Patient: TED BAXTER

Please Note: The following appointment times have been reserved in your name. RIC reserves the right to discontinue or change the frequency of therapy prior to the last scheduled appointment if medical reasons or poor attendance necessitates an earlier discharge.

Appt Date	Appt Time/Type	Resource	Floor/Room
08/31/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
08/31/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/07/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
09/07/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/08/05 Thursday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/12/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/12/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
09/14/05 Wednesday	8:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
~~09/14/05 Wednesday~~	~~11:45am OT TREATMENT - 45 MINS~~	~~Anne Armstrong, OT~~	~~12th Flr~~
09/19/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/19/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr

~~09/21/08 Wednesday~~	~~11:45am OT TREATMENT - 45 MINS~~	~~Anne Armstrong, OT~~	~~12th Flr~~
09/21/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/26/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr

2007-10-31 11:01

If you have any questions regarding your therapy schedule, please call (312)-238-6171. If you need to cancel an appointment, please contact us at this same number at least 24 hours in advance.

Thank you.

Sincerely,

Edith Smith

RIC Superior Street is pleased to offer valet parking to all patients scheduled for outpatient therapy Monday-Friday for a reduced price of $8.00. Just enter the RIC east plaza via Huron Street and proceed to the valet parking area. Please note: due to forthcoming construction on Huron Street, watch for signs indicating detours to the east plaza.

Thank you for choosing the Rehabilitation Institute of Chicago.

List Printed: August 31, 2005

Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611
312-238-6171

Patient: TED BAXTER

Please Note: The following appointment times have been reserved in your name. RIC reserves the right to discontinue or change the frequency of therapy prior to the last scheduled appointment if medical reasons or poor attendance necessitates an earlier discharge.

Appt Date	Appt Time/Type	Resource	Floor/Room
08/24/05 Wednesday	8:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
08/24/05 Wednesday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
08/25/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
08/29/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
08/29/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
08/31/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
08/31/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr
09/07/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
09/12/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
09/14/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
09/19/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr

09/21/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	2007
09/26/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	18
09/28/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	31
10/05/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	11 01

If you have any questions regarding your therapy schedule, please call (312)-238-6171. If you need to cancel an appointment, please contact us at this same number at least 24 hours in advance.

Thank you.

Sincerely,

Steve Boykin

RIC Superior Street is pleased to offer valet parking to all patients scheduled for outpatient therapy Monday-Friday for a reduced price of $8.00. Just enter the RIC east plaza via Huron Street and proceed to the valet parking area. Please note: due to forthcoming construction on Huron Street, watch for signs indicating detours to the east plaza.

Thank you for choosing the Rehabilitation Institute of Chicago.

List Printed. August 22, 2005

Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, Illinois 60611
312-238-6100 TDD/TTY-238-1048

Patient: TED BAXTER

Appt Date	Appt Time/Type	Resource	Floor/Room	
08/04/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	$190
08/22/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	$190
08/24/05 Wednesday	8:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	$190
08/24/05 Wednesday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	
08/25/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	
08/25/05 Thursday	3:30pm OT TREATMENT - 45 MINS	KATIE FOGARTY, OT	12th Flr	
08/29/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	
08/29/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	
08/31/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr	
08/31/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr	

RIC Superior Street is pleased to offer valet parking to all patients scheduled for outpatient therapy Monday-Friday for a reduced price of $8.00.

If you cannot make this appointment, please contact OP Access, 312-238-6100.