List the name and address of all persons (other than yourself and persons heretofore is 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

			2007
	4	Attestation	1
STATE OF ILLINOIS)) \$\$.	•	3
COUNTY OF COOK)		1
states that he/she is the	the foregoin	, being first duly sworn on oath, depos of defendant in the above-capt g document, and the answers made herein are true, er knowledge and helief.	tioned
		SIGNATURE	
		TITLE	· ····································
SUBSCRIBED and SWOI before me this day of	RN 10		

	•		Ō
DRB/kis	2006S-0356	2/15/07	#02325
	IN THE CIRCUIT COURT OF COOI COUNTY DEPARTMENT, L	K COUNTY, ILLINOIS AW DIVISION	7 1
TED BAX	TER and KELLY BAXTER,)	0
	Plaintiffs,	CHO CHO	
	v.	No. 06 L 1225	
	ON NORTHWESTERN HEALTHCARE	VISION OF STREET	⊋ C
	ATION, d/b/a EVANSTON HOSPITAL;	2 × 5 8	ري ر ي
	GAW MEDICAL CENTER OF		ပ္ပ
	'ESTERN UNIVERSITY;	>	ω
	DICAL GROUP, INC.;)	
DANHEL L	LOMED M.D. HENNIFER STERN M.D.)	

NOTICE OF FILING

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

Respondents in Discovery.

Defendants,

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

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.

and SIVARAJA KUPPUSWAMI, M.D.,

Address: 33 North Dearborn Street

Telephone: 312/346-3191

[X]

Attorney for: Plaintiff

City: Chicago, Illinois 60602

Atty No. 02329

Corbay i 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.

Under penalties as provided by law pursuant to735 Illinois Compiled Statutes 5/1-109 certify that the statements set forth herein are true and correct.

D. 1/kjs 2006S-0356 2/26/07 H02329

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.;

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

Respondents in Discovery.

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

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

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

Defendants.

and SIVARAJA KUPPUSWAMI, M.D.,

Chicago, Illinois 60611

DOB: 11 SSN: 084-



- 2. With respect to loss of income, if any, claimed to have been sustained as a reslt 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.

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.

#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)	<i>)</i>)		
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.,) \(\mathref{J}, \)		
Defendants,		0	
JILL LEHRMANN, M.D. and IAN KATZNELSON, M.D.,	$\langle \gamma \rangle$,	
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

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 reslt of the occurrence set forth in the Complaint provide the following:
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 - (c) describe in what capacity plaintiff was employed;
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ANSWER:

- (a) Citadel
- (b) 131 South Dearborn Street Chicago, Illinois 60603
- (c) Managing Director, Global Controller
- (d) \$1,300,000.00, yearly
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 - (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
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ANSWER: Ted has not been able to return to work. He is on long term disability.

(i

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

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Program cost: \$24,573.25

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VA Hospital in Tampa

3/01/06 - 4/13/06

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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;

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

(c) 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) 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.

Dr. Terrence Sullivan 200 S. Michigan Avenue, Suite 830 Chicago, Illinois 60604 General Medicine

Dr. Sullivan has been treating Ted since the stroke. Ted continues 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. 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 inpatient 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.

- 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,
 - the condition which each was consulted by plaintiff or for which plaintiff was were a camined or treated by them;
 - (d) whether they were only consulted, whether they examined plaintiff, or whether they rendered any care to plaintiff; and
 - 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
 - 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 - c) No. Not that I recall.

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.

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 001102

- 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

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.

1007 .10 .31 11.

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 BAXTE

Subscribed and Sworn to before me this 26+4 day of February, 2007.

Kathleen Schultz NOTARY PUBLIC "OFFICIAL SEAL"
KATHLEEN SCHULTZ
Notary Public, State of Illinois
My Commission Expires 2-28-2009

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

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

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 0

August 30, 2005

Ted Baxter Apt 2305 55 E Eric St Chicago IL 60611-2250 Patient:

BAXTER TED

Account #: Service Date: V00016192723-0005

Reference #:

07-01-2005 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

PS Amex 52666 41 9/0/05

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

SUN BAXTER 001107



Rehabilitation Institute of Chicago

June 27, 2005

Ted Baxter 166 Abingdon Ave

Kenilworth IL 60043-1202

Patient:

BAXTERTED

Account #:

V00016192723-0002

Service Date:
Reference #:

06-02-2005 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,

Patient Financial Services 800-770-7925 Or balance 1/12/05

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

000199-PAPCVRI11851096CE

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 - VRICI - 000199 Ted Baxter 166 Abingdon Ave Kenilworth IL 60043-1202 http://www.hallbookshill.com/hallbookshill.

*** Please detach And Retu	rn Bottor	n Portion W	ith Pay	ment ***	 NO CUECE CE.	DR 146 EF	LAND DAVISEUS
cago		G BY CREDIT		VISA	AMF RICAN		DIJCOVER
STED	CARD	NUMBER			 	EXP.	DATE
	SIGNA	TURE			 AMOU	NI PAIL	

Send All Payments To:

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

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 #: 2

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 2 Balance 7/12/05

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

000450-PAPCVRII1851097CB

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

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

Patient: BAXTERTED Account#: V00016192723-0001 Balance Duc: \$32.46

IF PAYING BY CREDIT			UT DEL	OW, CHE	CK EA	RD USEC	FOR PAYMEN
- Assert		VISA		AMEH (DE)	CAN: ALSS		DIJCOVER
CARD NUMBER						EXP.	DATE
SIGNATURE	<u></u>	····			UOMA	NT PAID)

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: Reference #: 06-15-2005 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 Od ch 5312

A 180-

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

MATER DAPCVPHIRAGE ARC?

Patient Financial Services PO Box 129 Lómbard, 1L 60148 (800) 770-7925



Rehabilitation Institute of Chicago

June 14, 2005

Ted Baxter 166 Abingdon Avc Kenitworth IL 60043-1202 Patient:

BAXTERTED

Account #: Service Date: V00016190337-0001 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

10 Cl 5314 626400 6/28/65

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

001800-PAPCVRI11844C350E

Rehabilitation Institute of Chicago

Patient Financial Services PO Box 129 Lombard, 1L 60148 (800) 770-7925

June 15, 2005

Ted Baxter 166 Abingdon Avc

Kenilworth IL 60043-1202

Patient:

BAXTERTED

Account #: Service Date: V00016190337-0002

06-08-2005

Reference #:

209905

Balance Due: \$388.00

Dear Ted Buxter:

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

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

003230-PAPCVRI11845CF8495



300 East Randolph Chicago, Illinois 60601-5099

CHICAGO IL 60611-2250

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.

Claim Information

Member Name:

TED BAXTER

0

Group No.:

8374

Identification No.:

XOF847627261

Claim No.:

603039800010C

Patient Name:

TED BAXTER

SUMMARY

Total Billed:

TED BAXTER

APT 2305

55 E ERIE ST

\$3714.50 \$3714.50

Total Benefits Approved: Amount You May Owe Provider:

\$0.00

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
UNIV.CTR FOR DEVELOPMEN				The best of the Well of Care S
Speech Therapy	01-16-06	161.50	a company of the second of the second	161.50
Speech Therapy	01,16.06	161.50		1 11 A 1 16 1 150 8 17 17 18
Speech Therapy	0) 16-96	161.50	والمناور العاموي إلى المحا	161.50 161.50
Speech Therapy	g (m. 15 g 01;16:06) (poet			
Speech Therapy	01-17-06	161.50		161.50 161.50
Speech Therapy	0) 17-06		and had been well have	161.50
Speech Therapy	01-17-06	161.50	THE PROPERTY AND LET	30 - 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10
Speech Therapy Management	01:17-06			161.50
Speech Therapy	01-17-06	16).50	3 - 10 - 10 - 10 CM 18 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	(161.50 33.6)
Speech Therapy	01/18-06	.61.50	18 A 17 18 18 18 18 18 18 18 18 18 18 18 18 18	161.50
Speech Therapy	01-18-06	161.50 - 161.50		161.50
Speech Therapy	01;18-06	161.50: 161.50		161.50
Speech Therapy	01-18-06	161.50		
Speech Therapy	01-19-06	161.50		161.50
Speech Therapy	クリーフ・01・19-06 プラ	7 2 3 8 2 1 3 1 50 1	TONEYAR.	161.50
Speech Therapy Back State And	01-19-06	161.50	PATER OF TO STOP IN AND ANAMASKA IN ANDAY.	161.50
Speech Therapy	01.19.06	18 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		161:50
Speech Therapy	01-20-06	161.50	Carlotter of the Share of March 188 and Carlotter	161.50
Speech Therapy	္တိုင္ခ်ဳပ္ခ်ဳပ္ခ်ဳပ္ခ်ဳပ္ခ်ဳပ္ခ်ဳပ္ခ်ဳပ္ခ်ဳပ	161.50		161.50
Speech Therapy	01-20-06	161.50	The state of the s	161.50
Speech Therapy	01-20-06	161.50	ar when 188 is T	161.50
Speech Therapy	01-20-06	161.50		161.50
Speech Therapy	VI-20-00			
Totals		\$3714.50	\$0.00	\$3714.50

COVERAGE INFORMATION

\$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 Page 1 of 2

(turn over)





300 East Randolph

Chicago, Illinois 60601-5099

SUMMARY

Total Billed:

\$1615.00

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

Claim No.: Patient Name: 602339800020C TED BAXTER

SERVICE INFORMATION

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered	
UNIV CIR FOR DEVELOPMENT O	医 对抗性疾病抗治病	edia tradición		an de de la	
	A1.12 06	161 50		16150 1	١.,
Speech Therapy	્રેડે•01-12-06ેડ _{વારા} ાં	161.50		181-72. (1 61-50) \$ 50.\\	,
Speech Therapy Speech Therapy	01-12-06	161.50	samentees the espesies were trained	161.50	12
Speech Therapy		, 5 S (5 161.50):		(\$ \$ \$ \$ \$ \$ \$ \$ \$ 161.50\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	13
Speech Therapy Speech Therapy	13.06	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A Barbara	161,50	ω.
	11 1 2 D.C	161 50		INLSH	
Speech Therapy	D1-13-06	161.50	and have something was not been	478 CONT. 161.50 848 CO.	•••
0 1 77	01.13.06	16150		161.50	
Speech Therapy		7 161.50		. \$90.00 \$40.00 61 30 \$46.00 \$	3.3
Totals		51615.00		S1615.00 (183.00)	, ,

COVER	ACE	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 CIR 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)

Page 3 of 4





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

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

Claim Information

Member Name:

TED BAXTER

8374

Group No.: Identification No.: Claim No.:

XOF847627261 603739800010C

Patient Name:

TED BAXTER

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

\$3876.00

SUMMARY

Total Billed:

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
JNIV CTR FOR THE DEVELOPME	NT OF Some Sound	keelikaan 1909		
Speech Therapy	01-23-06	161.50	The second consists of the	161.50
peech Therapy	01-23-06	161.50		161.50 · ·
perch Therapy	01-23-06	161.50	erreit state innstandadendining.	161.50
peech Therapy	01-23-06			[[2] S. [2] [[16] SO [S. [4] F. [7]
speech Therapy	01-23-06	161.50	consequences and reconsequence of intervals.	161.50 181.
peech Therapy	01-24-06			161.50
Speech Therapy	01-24-06	161.50	agre version y properties that it	161.50
Speech Therapy		Address and a contract of the		161.50
Speech Therapy	01-24-06	161.50		70 (() () () () () () () () ()
Speech Therapy		161.50		161.50
Speech Therapy	01-25-06			[[42] (1.50) (1.50)
Speech Therapy	01-25-06 (1997) 01-25-06	161.50	। ((क्रिक्ट (क्रिक्ट (क्रिक्ट 	161 50
Speech Therapy	01-25-06 (11-25-06		ra propagamica	161.50 Å
Speech Therapy	ni ne ne	161 (0		161.50
Speech Therapy	01-25-06	ara e e e e e e e e e e e e e e e e e e		X 1 3 3 X 161 50 X 1 2 X 3
Speech Therapy	01-26-06	161.50	[1977] (1. 111.)296/2012/2012/2012/10/2012/2012/2012/2012/	161.50
Speech Therapy	01 26 06	المتعقى فغر مغووج وومراهر دراانا المراب		161.50
Speech Therapy	01-26-06	161.50	e i gradi kuri sistem i protesti ali sistemata di esti e si	161.50
Speech Therapy	01-26-06			161.50
Speech Therapy	01.27.06	161.50	Prince and an arrange of the same and the same	161.50
Speech Therapy Speech Therapy	01-27-06			161.50
Speech Therapy	01-27-06	161.50		161.50
Speech Therapy	01 27 06	161.50		161.50
Sheders Successful				and the second supplier with a second to the second second
Totals		\$3876.00	\$0.00	\$3876.00

COVERAGE INFORMATION

\$3876.00 \$0.00 Total Benefits Approved

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2 (turn over)

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300 East Randulph Clicago, Illinois 60601-5099

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

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

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.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.:

XOF847627261

Claim No.:

605239800010C

Patient Name:

TED BAXTER

Total Billed: Total Benefits Approved: \$4037,50 \$4037.50

SERVICE INFORMATION

SUMMARY

Amount You May Owe Provider: \$0.00

Service Da	le <u>Amount Billed</u>	Not Covered	Covered
UNIV. CTR. FOR THE DEVELOPMENT OF			
Speech Therapy 01-30-0	6 161.50		161.50
Speech Therapy	6 161.50		161.50
Speech Therapy 01-30-0		n interes na est permit de seu contra	161.50
Speech Therapy 01-30-0	6(18) 13 1 - 7 161.50	WEINTER W	···· [16] [50] [4]
Canada Tharang 01-31-0	6 161.50	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	161.50
Speech Therapy 01-31-0	6 161.50	eragerge i i skija istokaj, i g	161.50 [[47] [48] 161.50
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Speech Therapy 01-31-0	6 161.50	er en mai le como de la como	161.50 161.50
Speech Therapy 02:01:0		"The transfer of the state of t	161.50
Speech Therapy 02-01-0			161.50
Speech Therapy 02-01-0	•		161.50
Speech Therapy 02-01-0		ing an early grant or	161.50
Speech Therapy 02-01-0			161.50
Speech Therapy 02:01:0	The second of the second of the second		and the state of t
Speech Therapy 02-02-0	1 111 1 1 1	er i kara da da kara da araba araba araba	161.50
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appropriate the second		an in the second second second	161.50
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Take 25 mars 5 and an Electric Art of the first property of the first first first property of the first firs		The season of the season of the	161.50
opecen riciapy	The second of the second	AM (5)	161.50
apecut filerapy	•	A CONTRACTOR	161.50
aprecen increpy	• • • • • • • • • • • • • • • • • • • •		161.50
The state of the s	•-	gián ser la relición de la companya	161.50
Speech Therapy 02-03-0	33 101.20		
Totals	\$4037.50	\$0.00	\$4037.50

COVERAGE INFORMATION

Totals \$4037.50 \$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
(1UPN OVER) Page 1 of 2





300 East Rundolph Chicago, Illinois 60601-5099

CHICAGO IL 60611-2250

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.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.: Claim No.:

XOF847627261 605439800010C

Patient Name:

TED BAXTER

SUMMARY

Total Billed:

\$3633.75 \$3633.75

Total Benefits Approved: Amount You May Owe Provider:

TED BAXTER

APT 2305

55 E ERIE ST

\$0.00

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR THE DEVELOPM	IENT OF			
Speech Therapy	112-116-06	16).50		161.50
Speech Therapy	02-06-06 -	. 161.50		161.50
Speech Therapy	02-06-06	161.50	a de la casea C. C. S.	161.50
Speech Therapy	02-06-06	161.50	1.11	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	41	161.50
Speech Therapy	02-07-06	161.50		161.50
Speech Therapy	02-08-06	161.50	211.1	161.50
Speech Therapy	02-08-06	161.50	, ,	161,50
Speech Therapy	112-08-06	161.50		161.50
Speech Therapy	112-118-06	161.50		161.50
Speech Therapy	02-08-06	80.75		80.75
	02-09-06	161.50		161.50
Speech Therapy	02-09-06	161 50	• • • • • • • • • • • • • • • • • • • •	161.50
Speech Therapy	02-09-06	£61.50		16150
Speech Therapy	02-09-06	161.50	• • • • • • • • • • • • • • • • • • • •	161.50
Speech Therapy	D2 D9-06	161.50	¥. **	161:50
Speech Therapy	112-111-06	161.50		161.50
Speech Therapy	02-10-06	161.50		161.50
Speech Therapy	02-10-06	161.50		161.50
Speech Therapy	04134140	101.117		
Totals		\$3633.75	50.00	5 3633.75

COVERAGE INFORMATION

\$0.00 \$3633.75 \$3633,75 Totals Total Benefits Approved

A. Distrion of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association (turn over) Page 1 of 2

00808630129

002573





300 East Randolph Chicago, Blinois 60601-5099

CHICAGO IL 60611-2250

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.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.: Claim No:

XOF847627261 606039800030C

Patient Name:

TED BAXTER

SUMMARY

Total Billed: Total Benefits Approved:

TED BAXTER

APT 2305

55 E ERIE ST

\$3391.50

\$3391.50

50.00

CEDVICE INFORMATION

Amount You May Owe Provider:

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
UNIV CTR FOR THE DEVELOPME				
Innech Therapy	02-13-06	161,50	and the state of t	161.50
peech Therapy	02-13-06	161.50		47, 23 - 29:161,50: 3-11 W
Speech Therapy Speech Therapy	02-13-06	161.50	Carlo de esta de deservo de la Carlo	161.50
Speech Therapy	02-13-06	(13) 13 (3) (16) (50)	de Midrid de Militar Court	161.50
Speech Therapy	D2-13-06	161.50 - 161.30 ****** ***		######################################
Speech Therapy Speech Therapy	02-14-06	14. 20. 30. 30. 30. 30. 30. 30. 30. 30. 30. 3		161.50
Speech Therapy Speech Therapy	02-14-06	161.150 		161.50
Speech Therapy	∴	. 161.50 161.50	and the first of the second second second and a	161.50
C 17h	UZ*(4*U0	161.50		5 (1.5 × 161.50
Speech Therapy				
Speech Therapy		161.50		5 (35 00 161.50 100 100 100 100 100 100 100 100 100 1
Speech Therapy	02-15-06	161.50		161.50
Speech Therapy Speech Therapy	02-16-06	161.50		14.15人的2.75 161.50 作为。
Speech incrapy	02-16-06	161.50	1 14 15 1 15 1 15 1 15 1 15 1 15 1 15 1	161.50 Sananga samagan san unasanga kalawa
Speech Therapy Speech Therapy Speech Therapy	02-16-06	161.50		7.46.875.8786161:50 135 144 15
Cab Therane	02-10-00	161.50	A A A A A A A A A A A A A A A A A A A	161.50
Speech Therapy	02-17-06	og (a. et light) 1617,50€		ter in the second of the second
C L Thanami	02111700	161.50	ann a khrahlawa sakh	161.50 (\$\frac{1}{2}\) [16].50
Speech Therapy	(j) 02-17-06 (j) 👉	161.50		161.50
Speech Therapy	02-17-06	161.50		101.30
		essa en	en an	\$3391.5D
Totals		\$3391.50	\$0.00	\$3391.50

COVERAGE INFORMATION

1	The state of the s
Ì	Totals (\$3391.50)
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Total Benefits Approved.
Ì	Amount You May Owe Provider
-	[Amount You May Owe Provider Asset 1 and

A Dinnon of Health Care Service Corporation. A Mutual Legal Reserve Company. An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2 (turn over)





300 East Randolph Chicago, Illinois 60601-5099

CHICAGO IL 60611-2250

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.

Claim Information

Member Name:

TED BAXTER

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Group No.:

8374

Identification No.: Claim No.:

XOF847627261 606839800040C

Patient Name:

TED BAXTER

SUMMARY Total Billed:

Total Benefits Approved:

TED BAXTER

APT 2305

55 E ERIE ST

\$3876.00 53876.00

Amount You May Owe Provider:

\$0.00

SERVICE INFORMATION

SERVICE INFORMATION Service Date	Amount Billed	Not Covered	Covered
UNIVICIR FOR THE DEVELOPMENT OF	A garage to the ex-		
Speech Therapy 02-20-06	161.50	*****	161.50
Speech Therapy 02-20-06	161.50		(16) (16) (16) (16) (16) (16) (16) (16)
02,28,06	161.50	ne i salawa 155 milai 1	161.59 Transport of the Control of t
Speech Therapy Speech Therapy 02 20 06	161.50		\$4200 Units \$1,000 Hilliam
02.21.06			
Speech Therapy Speech Therapy 02-21-06		en agranda en en en en en en en An agranda en	161,50
Speech Therapy 02-21-06	161.50	egen egyet et til gen ti	
	[] [[[16] .50]	all Market in 18	161.50
Cheech Ingrany	161.50	ata serios de la	161.50
Speech Therapy 02-21-06	161.50	era e e e e e e e e e e e e e e e e e e	161.50
02-22-00	101.30	ing to payour	161.50
	101.30		161.50
Connets Therapy U2:22:U0	161.50 161.50	1.34 544.54	a ya 1 ku 1944 (1961), a 61,30 (2014) (1964)
Noecch ingapy.	161.50		161.50
Speech Therapy 02-23-06		a male single	161.50
Speech Therapy 02:23:06		***	161.50
Speech Therapy		\$ 10 mm 1	\$\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\fin}\text{\$\fin}\text{\$\frac{1}\text{\$\fin}\text{\$\fin}\$\fin
Speech Therapy 02-23-06	161.50		161,50
Speech Therapy 02-23-06 Speech Therapy 02-23-06			6 3 11 3 7 7 7 7 161.50 12 18 1
Speech Therapy 02-24-06	161.50	****	161.50
Specul therapy			161.50
abacott the option	161.50		161.50
Sperch Therapy	161,50		61.50
Speech Therapy, The colored and the colored and the second	or the Mileselfers		
Totals:	\$3876.00	00.02	\$3876.00

COVERAGE INFORMATION

\$3876.00 \$3876.00 Total Benefits Approved

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association Page 1 of 2 (turn over)





300 East Randelph Chicago, Illinois 60501-5099

KENILWORTH IL 60043-1202



Explanation of Benefits (EOB). This is not a bill.- © CITADEL INVESTMENT GROUP LLC 707-15-05

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.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.:

XOF847627261

Claim No.: Patient Name: 519451368430X

.

TED BAXTER

SUMMARY
- Total Billed:

\$6102.00

Total Benefits Approved:

TED BAXTER

166 ABINGDON AVENUE

\$1017.06

Amount You May Owe Provider:

54098.93

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.

REHABILITATION INST OF CHICA Physio/Mech Therapy Pherapy Peech Therapy Physio/Mech Therapy	06-21-05 06-21-05 06-21-05 06-21-05 06-21-05 06-22-05 06-22-05 06-22-05 06-22-05	364.00 260.00 204.00 164.00 128.00 198.00 176.00 58.00	260.00 (1) 204.00 (1) 164.00 (1) 128.00 (1)	364.00 0.00 0.00 0.00 0.00 198.00
Physio/Mech Therapy Therapy Therapy Therapy Therapy Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy	06-21-05 06-21-05 06-21-05 06-21-05 06-21-05 06-22-05 06-22-05	260.00 204.00 164.00 128.00 198.00	204.00 (1) 7 (1) 164.00 (1) 128.00 (1)	0.00 0.00 0.00 0.00 198.00
Therapy Therapy Therapy Therapy Therapy Therapy Thysio/Mech Therapy Thysio/Mech Therapy Thysio/Mech Therapy Thysio/Mech Therapy	06-21-05 06-21-05 06-21-05 06-22-05 06-22-05 06-22-05	204,00 164,00 128,00 198,00 176,00	204.00 (1) 7 (1) 164.00 (1) 128.00 (1)	0.00 0.00 0.00 198.00
Therapy Speech Therapy	06-21-05 06-21-05 06-22-05 06-22-05 06-22-05	164.00 128.00 198.00 176.00	164.00 (1) 128.00 (1)	0,00 0.00 198.00
peech Therapy peech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy peech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Pherapy Speech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy	06-21-05 06-22-05 06-22-05 06-22-05	128.00 198.00 176.00	128.00 (1)	0.00 198.00
peech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Speech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy	06-22-05 06-22-05 06-22-05	198.00 176.00	, ,	198.00
Physia/Mech Therapy Physia/Mech Therapy Physia/Mech Therapy Physia/Mech Therapy Physia/Mech Therapy Pherapy Speech Therapy Physia/Mech Therapy Physia/Mech Therapy Physia/Mech Therapy Physia/Mech Therapy Physia/Mech Therapy	06-22-05 06-22-05	176.00		
Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Pherapy Speech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy	06-22-05			176.00
peech Therapy Physio/Mech Therapy Pherapy Speech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Speech Therapy		-58.00		
peech Therapy Physio/Mech Therapy Pherapy Speech Therapy Physio/Mech Therapy Physio/Mech Therapy Physio/Mech Therapy Speech Therapy	06-22-05			58.00
Physio/Mech Therapy Pherapy Speech Therapy Physio/Mech Therapy Physio/Mech Therapy Speech Therapy	1717	128.00	128.00 (1)	0.00
Therapy Speech Therapy Speech Therapy Physio/Mech Therapy Cherapy Speech Therapy	06-23-05	3,52.00		352.00
Speech Therapy Speech Therapy Physio/Mech Therapy Cherapy Speech Therapy	06-23-05	352.00	352.00 (1)	0.00
Speech Therapy Physio/Mech Therapy Cherapy Speech Therapy	06-23-05	240.00	240.00 (1)	
Physio/Mech Therapy Therapy Speech Therapy	06-23-05	128 00	128.00 (1)	0.00
Therapy Speech Therapy	06-24-05	264.00		264.00
Speech Therapy	116-24-05	488.00	488.00 (1)	0.00
• •	06-24-05	720.00	720.00 (1)	0.00
	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
the same is the same of the sa			er i de la Constante de la companya	\$2116.00

A Division of Health Care Service Cosporation. A Mutual Legal Reserve Company. An Independent Licensee of the Blue Cross and Blue Shield Association (TURN OVER) Page 1 of 4





300 East Randolph

Chicago, Illinois 60601-5099

SUMMARY

- Total Billed:

-Total Benefits Approved:

\$4868.00

\$597.90 \$3701.98 Claim No.: Patient Name: 519451368440X

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TED BAXTER

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.

	SER	VICE.	INFOR	MA	COIT
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Amount You May Owe Provider:

	Service Date	Amount Billed	Not Covered	Covered 7
REHABILITATION INST OF CHICA	/ <u>CO</u>			
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	(1) 00.88	0.00
Speech Therapy	07-01-05	480.00	480 00 (1)	0.00
Speech Therapy	07-01-05	192.00	192.00 (1)	00,0
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
•	07-05-05	240 00	240 00 (1)	0.00
Speech Therapy	07-05-05	164.00	164.00 (1)	0.00
Speech Therapy	07-06-05	176.00	the state of the s	176.00 "
Physio/Mech Therapy	07-06-05	132.00		132.00
Physio/Mech Therapy	07-06-05	88.00	88.00 (1)	0.00
Therapy	07-06-05	** * * **	240.00 (1))
Speech Therapy	07-07-05	408.00	408.00 (1)	0.00
Therapy	07-07-05	164.00	164.00 (1)	0.00
Speech Therapy	07-08-05	176.00	(4)	176.00
Physio/Mech Therapy	07-08-05	244.00	244.00 (1)	وها والمراجع المحاجب والمناط والمراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع
Therapy		240.00	240.00 (1)	00.0
Speech Therapy	07-08-05	288.00	288.00 (1)	0.00
Speech Therapy	07-08-05		• •	0.00
Speech Therapy	07-08-05	164.00	164.00 (1)	0.00
Totals	<i></i> -	\$4868.00	\$3635.57	\$1232.43

COVED	ACT	INFORMATION	
LIIVPR	A	E N E' L / 25C N E / S	

Discount (ADP)				\$568 12
Deductions : 10 10 10 10 10 10 10 10 10 10 10 10 10	4		\$44.41	
Your Coinsurance Amount Futal Deductions			300.41	-\$66.41
Tutal Benefits Approved		•, •		
Amount You May Owe Provider	,		: : :	\$3701.98

(turn over)

Page 3 of 4



Patient Financial Services PO Box 129 Lembard, IL 60148 (312) 238-7555 Total chie - From Oct - Dec

Rehabilitation Institute of Chicago

February 2, 2006

approvations

PANT

41475

Ted Baxter 55 E Erie St Apt 2305

Apt 2305 Chicago IL 60611-2250 Patient: Account #:

BAXTER TED V00016190337-0010

Service Date: 11
Reference #: 26

11-09-2005 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

Patient: BAXTER TED Account#: V00016190337-0010

Balance Due: \$1080.00

Manife		V/SA		AMEHICAN EXCHUESS		DIJOOYER
CARD NUMBER					EXP.	DATE
SIGNATURE			<u>.</u>	AMOU	NI PAIC)

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. Reference #: BAXTER TED

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 Eric St Apt 2305 Chicago IL 60611-2250 أنتأنب الأنسال الماران الماران المراجع المسالين الماران

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 Eric St Chicago IL 60611-2250 Patient: Account #: BAXTER TED

V00016192723-0007

Service Date: Reference #:

07-26-2005

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

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 9/28/01

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

002504-PAPCVRI21968DB7E8

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

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

Patient: BAXTER TED

Account#: V00016192723-0007

Balance Duc: \$736.31

230915 - VRIC2 - 002504 Ted Baxter Apt 2305 55 E Erie St Chicago IL 60611-2250 hille the should be the block of the belief and the

PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK C	ARD USED FOR PAYMEN
VISA DOPRESS	DIJ COVER
CARD NUMBER	EXP. DATE
SIGNATURE	UNT PAID

Send All Payments To:

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

NAME : BAXTER, TEO

GE SUMMA	J. YR.					
· DATE RE	A- CODE	DESCRI	NO ITY	 		 AHOUNT
9 : 05	440	Speech	Therapy	 		 180.00
0.05	440	Speach	Therapy		٠.	180.00
6-05	110	Speech	Therapy			380.00
7-05		-	Therapy			180 00
11-05	440	Speech	Therapy			180.00
p- 05	440	Speech	Therapy			180.00
NOTAL CHA	RGES					1980.00
OF CHARG	ES					
ER. TED	٠.					1080.00
	IALANCE			. ,		1080 06

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DETAIL TRANSACTION DISPLAY

ACCOUNT # :267100 .

NAME : BAXTER, TED

CHARGE SUPPL	WY		
SERV-DATE RI	ev - code	DESCRIPTION	
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	180.0
12-14-05	440	Speech Therapy	180 00
12-15-05	440	Speech Therapy	180 00
12-19-05	440	Speech Therapy	160 0
12-21-05	410	Speech Therapy	180 0
17-22-05	440	Speech Therapy	180.0
32-28-05	440	Speech Therapy	180.0
12-29-05	440	Speech Therapy	180 00
TOTAL CH	ARGES		1998 0
END OF CHAR	GES		
BAXTER, TED			199#.C
***ACCOUNT			1998 C

DETAIL TRANSACTION DISPLAY

NAME BAXTER, TED ACCOUNT # 267098

CHARGE SUMMA	RY	
SERV-DATE RE	V-CODE DESCRIPTION	AMOUNT
10-03-05	430 Occupational Therapy	153 00
10-03-05	440 Speech Therapy	180.00
0-05-05	440 Speech Therapy	180.00
10-06-05	440 Speech Therepy	180.00
10-10-05	440 Speech Therapy	186.60
10-17-05	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	160.00
10-20-05	440 Speech Therapy	180.00
10-24-05	440 Speech Therapy	180.0
10-24-05	430 Occupational Therapy	198 00
10-26-05	440 Speech Therapy	180 00
10-27-05	440 Speech Therapy	180.0
30-31-05	440 Speech Therapy	380 00
···TOTAL CHU	argus	2889.0
END OF CHARG	DES	
BAXTER, TED		2889 0
···ACCOUNT I	BALANCE	2889.0

SUN BAXTER 001129

Patient: TED BAXTER

Please Note: The following appointment times have been reserved in your name. RIC reserves the right to discontinue of 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-SI	.P 12th Fir
12/01/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SI	.P 12th Fir
12/02/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
12/05/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SI	LP 12th Flr
12/07/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/08/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/12/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/14/05 Wednesday	9:30am 3:30 CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/15/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/19/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/21/05 Wednesday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir
12/22/05 Thursday	9;30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP 12th Fir

12/28/05 9:30am
Wednesday CD TREATMENT 45 MIN

12/29/05 9:30am
Thursday CD TREATMENT 45 MIN

Melissa Purvis, MACCC-SLP

12th Fir

Melissa Purvis, MACCC-SLP

12th Fir

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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

SUN BAXTER 001132

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 moving

Appt Date	Appt Time/Type	Resource	Floor/Room	
11/02/05 Wednesday	3:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	MACCC-SLP	12th Fir
11/09/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, N	MACCC-SLP	12th Fir
11/10/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, I	MACCC-SLP	12th Fir
11/16/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, I	MACCC-SLP	12th Fir
11/17/05 Thursday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, i	MACCC-SLP	12th Fir
11/21/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis,	MACCC-SLP	12th Fir
11/23/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis,	MACCC-SLP	12th Fir
1 1/25/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong	э, ОТ	12th Fir
11/30/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis,	MACCC-SLP	121h Fír
12/01/05 Thursday	12:30pm. CD TREATMENT 45 MIN	Meljssa Purvis,	MACCC-SLP	12th Fir
12/02/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong	g, 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	, οτ	12th Flr
10/03/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, M/	ACCC-SLP	12th Fir
10/05/05 Wednesday	1;15pm CD TREATMENT 45 MIN	Melissa Purvis, M	ACCC-SLP	12th Flr
10/06/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	ACCC-SLP	12th Fir
10/10/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, M	ACCC-SLP	12th Fir
10/12/05 Wednesday	8:00am CD TREATMENT 45 MIN	" Melissa Purvis, M	ACCC-SLP	12th Fir
10/13/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	ACCC-SLP	12th Fir
10/17/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong,	от	12th Fir
10/17/05 Monday	11:45am CD TREATMENT 45 MIN	∵ Melissa Purvis, M	IACCC-SLP	12th Fir
10/19/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	IACCC-SLP	12th Fir
10/20/05 Thursday	12:30pm CD TREATMENT 45 MIN	· · Melissa Purvis, M	IACCC-Stp · ···	⁻ 12th Fir
10/24/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong,	ОТ	12th Fir

2007 .10 .31 SUN BAXTER 001135

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10/24/05 Monday	11:45am CD TREATMENT 45 MIN .	Melissa Purvis, MACCC-SLP	12th Fir 7
10/26/05 Wednesday	12.30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
: 10/27/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
 10/31/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
10/31/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	1 12th Fir
11/02/05 Wednesday	11.00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
11/03/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir

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

2007.10

SUN BAXTER 001137

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	0 1 ~ .
08/31/05 Wednesday	11.45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
08/31/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
09/07/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
09/07/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
09/08/05 Thursday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
09/12/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
09/12/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
09/14/05 Wednesday	8:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCÇ-SLP	12th Fir
09/14/05 Wednesday	17.458m OT VREATMENT - AS MUNS	And Appetrong Ox	Setto 18
09/19/05 'Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
09/19/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir

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09/21/08/ OT TREATMENT . 46 MINS Wednesday

12:30pm Wednesday CD TREATMENT 45 MIN

Melissa Purvis, MACCC-SLP

09/26/05

09/21/05

11:45am

Monday

OT TREATMENT - 45 MINS

Anné Armstrong, OT

12th Fir

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, O	τ	12th Fir
08/24/05 Wednesday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
08/25/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
08/29/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
08/29/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, O	т	12th Flr
08/31/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O	т	12th Fir
08/31/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MA	CCC-SLP	12th Fir
09/07/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O	т	12In Fir
09/12/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O	ग	12th Fir
09/14/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O	T	12th Fir
09/19/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O	T	12th Flr

		<u>)</u>
11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	. 12th Fir 7 .
11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	3 ° · 12th Fir
11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir ()
	OT TREATMENT - 45 MINS 11:45am OT TREATMENT - 45 MINS 11:45am OT TREATMENT - 45 MINS 11:45am	OT TREATMENT - 45 MINS Anne Armstrong, OT 11:45am OT TREATMENT - 45 MINS Anne Armstrong, OT 11:45am OT TREATMENT - 45 MINS Anne Armstrong, OT

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 R	esource	Floor/Room		1
08/04/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP	12th Fir	4190"
08/22/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	LP	12th Fir	*19Cm
08/24/05 Wednesday	8:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT		12th Fir	\$1900
08/24/05 Wednesday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	ELP	12th Fir	
08/25/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	SEP	12th Fir	
08/25/05 Thursday	3:30pm OT TREATMENT - 45 MINS	KATIE FOGARTY, OT		12th Fir	
08/29/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	SLP	12th Fir	
08/29/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT		12th Fk	
08/31/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT		12th Fir	
08/31/05 Wednesday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	SLP	12th Fir	
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-S	SLP	12th Fir	

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