

RUN DATE: 09/18/06  
RUN TIME: 1604

Rehab. Institute of Chicago BAR \*LIVE\*  
Selected Transactions

Acct. V00016190337	Guar. 084-50-3725
BAXTER, TED.	BAXTER, TED.
55 EAST ERIE STREET APT 2305	55 EAST ERIE STREET
CHICAGO, IL 60611.	APARTMENT 2305
(312)961-9660 (R)/(847)853-1595 (W)	CHICAGO, IL 60611
	(312)944-5220 (H)

Date	Procedure	Chg Cat	Description	Amount
			bill txns flagged 02/09/06	
			Insurance balances	
		SELF		-14182.79
		SELF		0.00

0907  
1  
1  
1  
1  
1  
1  
1  
5

1

INTR-1

BAXTER, TED

V00016190337 06/01/05 02/12/06 06/05/05

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

06/01/05	4443092505	SPEECH EVALUATION 45	1	264.00
*** SUMMARY BY SERVICE ***				
	444	SPEECH PATH EVALUATION	1	264.00

V00016190337	264.00
	0.00
	264.00
	0.00

1

INTR-2

BAXTER, TED

V00016190337 06/01/05 02/12/06 06/10/05

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

06/08/05	4403092507	SPEECH THERAPY 45	1	180.00
06/10/05	4401992606	CD THERAPY NSGD IV (60MN) BC	1	208.00
*** SUMMARY BY SERVICE ***				
	440	SPEECH PATH GENERAL	2	388.00

V00016190337

388.00  
0.00  
388.00  
0.00



BAXTER, TED

V00016190337 06/01/05 02/12/06 06/20/05

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

06/20/05	4403092507	SPEECH THERAPY 45	1	180.00
06/20/05	4343097013	OT EVALUATION 45	1	195.00

\*\*\* SUMMARY BY SERVICE \*\*\*

434	OCCUPATIONAL TPY EVALUATE	1	195.00
440	SPEECH PATH GENERAL	1	180.00

V00016190337

375.00
0.00
375.00
0.00



1

INTR-6

BAXTER, TED

V00016190337 06/01/05 02/12/06 06/30/05

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

06/27/05	4403092507	SPEECH THERAPY 45	1	180.00
06/29/05	4403092507	SPEECH THERAPY 45	1	180.00
06/30/05	4403092507	SPEECH THERAPY 45	1	180.00

\*\*\* SUMMARY BY SERVICE \*\*\*

440 SPEECH PATH GENERAL	3	540.00
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V00016190337

540.00  
0.00  
540.00  
0.00

BAXTER, TED

V00016190337 06/01/05 02/12/06 09/08/05

TED BAXTER  
 55 EAST ERIE STREET  
 APARTMENT 2305  
 CHICAGO IL 60611

07/06/05	4311097110	OT GEN EXERCISE SINGLE 15 MIN	3	198.00
07/06/05	4403092507	SPEECH THERAPY 45	1	180.00
07/07/05	4403092507	SPEECH THERAPY 45	1	180.00
07/11/05	4403092507	SPEECH THERAPY 45	1	180.00
07/11/05	4300097112	OT NEUROMUSCULAR RE-ED 15	1	65.00
07/11/05	4314297110	OT THER PROC SINGLE 15 MIN	2	132.00
07/18/05	4403092507	SPEECH THERAPY 45	1	180.00
07/18/05	4300097112	OT NEUROMUSCULAR RE-ED 15	1	65.00
07/18/05	4314297110	OT THER PROC SINGLE 15 MIN	2	132.00
07/20/05	4403092507	SPEECH THERAPY 45	1	180.00
07/20/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
07/21/05	4403092507	SPEECH THERAPY 45	1	180.00
07/25/05	4403092507	SPEECH THERAPY 45	1	180.00
07/25/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
07/28/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
07/28/05	4403092507	SPEECH THERAPY 45	1	180.00
07/29/05	4434692508	SPEECH THERAPY GROUP 60 NDR	1	128.00
08/01/05	4403092507	SPEECH THERAPY 45	1	180.00
08/01/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
08/03/05	4403092507	SPEECH THERAPY 45	1	180.00
08/04/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
08/04/05	4403092507	SPEECH THERAPY 45	1	180.00
08/22/05	4403092507	SPEECH THERAPY 45	1	180.00
08/24/05	4403092507	SPEECH THERAPY 45	1	180.00
08/24/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
08/25/05	4403092507	SPEECH THERAPY 45	1	180.00
08/29/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
08/29/05	4403092507	SPEECH THERAPY 45	1	180.00
08/31/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
08/31/05	4403092507	SPEECH THERAPY 45	1	180.00
09/01/05	4403092507	SPEECH THERAPY 45	1	180.00
09/07/05	4403092507	SPEECH THERAPY 45	1	180.00
09/07/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00

## \*\*\* SUMMARY BY SERVICE \*\*\*

430 OCCUPATIONAL TPY GENERAL	36	2374.00
440 SPEECH PATH GENERAL	18	3240.00
443 SPEECH PATH GROUP CHG	1	128.00

V00016190337





BAXTER, TED

V00016190337 06/01/05 02/12/06 01/18/06

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

09/08/05	4403092507	SPEECH THERAPY 45	1	180.00
09/12/05	4403092507	SPEECH THERAPY 45	1	180.00
09/12/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
09/14/05	4403092507	SPEECH THERAPY 45	1	180.00
09/15/05	4403092507	SPEECH THERAPY 45	1	180.00
09/19/05	4403092507	SPEECH THERAPY 45	1	180.00
09/19/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
09/21/05	4403092507	SPEECH THERAPY 45	1	180.00
09/22/05	4403092507	SPEECH THERAPY 45	1	180.00
09/23/05	4403092507	SPEECH THERAPY 45	1	180.00
09/23/05	4403092507	SPEECH THERAPY 45	-1	-180.00
09/28/05	4403092507	SPEECH THERAPY 45	1	180.00
09/29/05	4403092507	SPEECH THERAPY 45	1	180.00

\*\*\* SUMMARY BY SERVICE \*\*\*

430 OCCUPATIONAL TPY GENERAL	6	396.00
440 SPEECH PATH GENERAL	9	1620.00

V00016190337

2016.00  
0.00  
2016.00  
0.00



BAXTER, TED

V00016190337 06/01/05 02/12/06 01/18/06

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

11/09/05	4403092507	SPEECH THERAPY 45	1	180.00
11/10/05	4403092507	SPEECH THERAPY 45	1	180.00
11/16/05	4403092507	SPEECH THERAPY 45	1	180.00
11/17/05	4403092507	SPEECH THERAPY 45	1	180.00
11/21/05	4403092507	SPEECH THERAPY 45	1	180.00
11/30/05	4403092507	SPEECH THERAPY 45	1	180.00
02/07/06	ASELF	ADJ SELF PAY; 25% DISC	1	-270.00
02/07/06	PSELF VRI	PATIENT PAYMENT	1	-810.00

\*\*\* SUMMARY BY SERVICE \*\*\*

440 SPEECH PATH GENERAL	6	1080.00
RECEIPTS, ADJUSTMENTS, ETC.	2	-1080.00

V00016190337

1080.00  
-1080.00  
0.00  
0.00

BAXTER, TED

V00016190337 06/01/05 02/12/06 01/18/06

TED BAXTER  
55 EAST ERIE STREET  
APARTMENT 2305  
CHICAGO IL 60611

12/01/05	4403092507	SPEECH THERAPY 45	1	180.00
12/02/05	4314297110	OT THER PROC SINGLE 15 MIN	3	198.00
12/08/05	4403092507	SPEECH THERAPY 45	1	180.00
12/12/05	4403092507	SPEECH THERAPY 45	1	180.00
12/14/05	4403092507	SPEECH THERAPY 45	1	180.00
12/15/05	4403092507	SPEECH THERAPY 45	1	180.00
12/19/05	4403092507	SPEECH THERAPY 45	1	180.00
12/21/05	4403092507	SPEECH THERAPY 45	1	180.00
12/22/05	4403092507	SPEECH THERAPY 45	1	180.00
12/28/05	4403092507	SPEECH THERAPY 45	1	180.00
12/29/05	4403092507	SPEECH THERAPY 45	1	180.00
02/07/06	ASELF	ADJ SELF PAY; 25% DISC	1	-499.50
02/07/06	PSELF VRI	PATIENT PAYMENT	1	-1498.50

\*\*\* SUMMARY BY SERVICE \*\*\*

430 OCCUPATIONAL TPY GENERAL	3	198.00
440 SPEECH PATH GENERAL	10	1800.00
RECEIPTS, ADJUSTMENTS, ETC.	2	-1998.00

V00016190337

1998.00  
-1998.00  
0.00  
0.00

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

*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  
526666 44  
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

June 21, 2005

Ted Baxter  
166 Abingdon Ave  
Kenilworth IL 60043-1202

Patient: BAXTERED  
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 ch # 5312  
6/28/05  
\$180-

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

00175LDP0CVR111848F4502

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



**Rehabilitation Institute of Chicago**

June 14, 2005

Ted Baxter  
166 Abingdon Ave  
Kenilworth IL 60043-1202

Patient: BAXTERED  
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 cl + 5314  
\$264.00  
6/28/05*

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

001800-PAPCVRI11844C350E

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



Rehabilitation Institute of Chicago

6/8 - 6/10

June 15, 2005

Ted Baxter  
166 Abingdon Ave  
Kenilworth IL 60043-1202

Patient: BAXTERED  
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-PAPCVRI11B45CFB496



**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

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

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at [www.bcbsil.com](http://www.bcbsil.com).

**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
<b>UNIV. CTR FOR DEVELOPMENT OF</b>				
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	01-18-06	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	01-20-06	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
<b>Totals</b>		<b>\$3714.50</b>	<b>\$0.00</b>	<b>\$3714.50</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$3714.50</b>	<b>\$0.00</b>	<b>\$3714.50</b>
<b>Total Benefits Approved</b>			<b>\$3714.50</b>

*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) Page 1 of 2

313 435  
00063.0304

002573



Amount You May Owe Provider

\$0.00

Total covered benefits approved for this claim: \$3,714.50 to UNIV CTR FOR DEVELOPMENT OF LANGUAGE AND LITERACY on 01-30-06

### Ideas To Help Keep Health Care Affordable

Emergency room treatment for non-emergency medical conditions is a major contributor to the rising cost of health care. Building a relationship with your doctor and seeking treatment for routine conditions in a doctor's office instead of an emergency room are healthy ways you can help keep health care affordable. However, if you experience an emergency, do not hesitate to go to an ER.

### Health Care Fraud Notice:

Fraud Hotline at 1-800-543-0867

Health care fraud affects you all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

### Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- The specific reason for adverse determination
- The Plan provision on which the determination is based
- A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such information is necessary
- A description of the Plan's review procedures and applicable time limits, including a statement of the Claimant's right to bring a civil action under 502 (a) of ERISA, if applicable, following an adverse determination of review

The following conditions apply in the case of an adverse benefit determination by a Group Health Plan or a Plan providing disability benefits:

- If an internal rule, guideline, protocol or other criterion was used in making the determination, the notification must state the criterion that was relied upon and that a copy will be provided free of charge upon request
- If based on medical necessity, experimental treatment or similar exclusion, either an explanation of such exclusion applying the terms of the Plan to the Claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request

If you are not satisfied with the determination, please call Blue Cross and Blue Shield of Illinois (BCBSIL) at the customer service number on the first page of this EOB, or write to the BCBSIL Claim Review Section, P. O. Box 2401, Chicago, Illinois 60690-1364. If after investigation, BCBSIL determines that the claim (or portion of a claim) was correctly denied, you may appeal the denial as detailed here.

Under federal law, you are entitled to a full and fair review of the denied claim. Appeals must be made in writing within 180

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

You will receive a written decision within 60 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:

- Information relied upon in making the benefit determination
- Information submitted, considered or generated in the course of making the benefit determination, whether or not it was relied upon in making the benefit determination
- Descriptions of the administrative processes and safeguards used in making the benefit determination
- Records of any independent reviews conducted by the Plan
- Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination

*Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.*



**BlueCross BlueShield  
of Illinois**

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.:** 602339800020C  
**Patient Name:** TED BAXTER

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
<b>UNIV. CTR. FOR DEVELOPMENT OF</b>				
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
<b>Totals</b>		<b>\$1615.00</b>	<b>\$0.00</b>	<b>\$1615.00</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$1615.00</b>	<b>\$0.00</b>	<b>\$1615.00</b>
<b>Total Benefits Approved</b>			<b>\$1615.00</b>
<b>Amount You May Owe Provider</b>			<b>\$0.00</b>
<b>Total covered benefits approved for this claim: \$1,615.00 to UNIV. CTR. FOR DEVELOPMENT OF LANGUAGE AND LITERACY on 01-26-06.</b>			

**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)



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You will receive a written decision within 60 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:

- \* Information relied upon in making the benefit determination
- \* Information submitted, considered or generated in the course of making the benefit determination, whether or not it was relied upon in making the benefit determination
- \* Descriptions of the administrative processes and safeguards used in making the benefit determination
- \* Records of any independent reviews conducted by the Plan
- \* Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- \* Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination





Amount You May Owe Provider

\$0.00

Total covered benefits approved for this claim: \$3,876.00 to UNIV CTR FOR THE DEVELOPMENT OF LANGUAGE AND LITERACY on 02-06-06.

**Ideas To Help Keep Health Care Affordable**

Emergency room treatment for non-emergency medical conditions is a major contributor to the rising cost of health care. Building a relationship with your doctor and seeking treatment for routine conditions in a doctor's office instead of an emergency room are healthy ways you can help keep health care affordable. However, if you experience an emergency, do not hesitate to go to an ER.

**Health Care Fraud Notice:**

**Fraud Hotline at 1-800-543-0867**

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

*Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.*



**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

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

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**

**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
<b>UNIV. CTR. FOR THE DEVELOPMENT OF</b>				
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
<b>Totals</b>		<b>\$4037.50</b>	<b>\$0.00</b>	<b>\$4037.50</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$4037.50</b>	<b>\$0.00</b>	<b>\$4037.50</b>
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(turn over) Page 1 of 2

274,775 002573  
00063.0304



Total Benefits Approved	\$4037.50
Amount You May Owe Provider	\$0.00
Total covered benefits approved for this claim: \$4,037.50 to UNIV. CTR. FOR THE DEVELOPMENT OF LANGUAGE AND LITERACY on 02-21-06.	

**Ideas To Help Keep Health Care Affordable**

Choosing a balanced diet - watching what you eat and how much - can help you feel better but can also help prevent or manage diseases and illnesses that can decrease your quality of life and increase the cost of health care for all of us.

**Health Care Fraud Notice:** **Fraud Hotline at 1-800-543-0867**  
 Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

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**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

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

To opt out of receiving paper copies of your  
EOBs, go to Blue Access for Members at  
[www.bcsil.com](http://www.bcsil.com).

**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
<b>UNIV. CFR. FOR THE DEVELOPMENT OF</b>				
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
<b>Totals</b>		<b>\$3633.75</b>	<b>\$0.00</b>	<b>\$3633.75</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$3633.75</b>	<b>\$0.00</b>	<b>\$3633.75</b>
<b>Total Benefits Approved</b>			<b>\$3633.75</b>

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Page 1 of 2

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Amount You May Owe Provider

\$0.00

Total covered benefits approved for this claim: \$3,633.75 to UNIV. CTR. FOR THE DEVELOPMENT OF LANGUAGE AND LITERACY on 02-23-06.

**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.

**Health Care Fraud Notice:**

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Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

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266,030

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SUN BAXTER 001287



**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

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

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.: **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
<b>UNIV CTR FOR THE DEVELOPMENT OF</b>				
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	02-15-06	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
<b>Totals</b>		<b>\$3391.50</b>	<b>\$0.00</b>	<b>\$3391.50</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$3391.50</b>	<b>\$0.00</b>	<b>\$3391.50</b>
<b>Total Benefits Approved</b>			<b>\$3391.50</b>
<b>Amount You May Owe Provider</b>			<b>\$0.00</b>

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Page 1 of 2

225 651  
00630807

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Total covered benefits approved for this claim: \$3,391.50 to UNIV CTR FOR THE DEVELOPMENT OF LANGUAGE AND LITERACY on 03-01-06.

**Ideas To Help Keep Health Care Affordable**

By simply buckling seat belts, wearing bicycle helmets and using other safety equipment - and making sure our children do, too - we can avoid the upset of unnecessary injuries and billions of dollars in unnecessary medical expenses. When it comes to the cost of health care, your choices make a difference.

**Health Care Fraud Notice:**

**Fraud Hotline at 1-800-543-0867**

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

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225,652

002573

SUN BAXTER 001289





Amount You May Owe Provider

\$0.00

Total covered benefits approved for this claim: \$3,876.00 to UNIV CTR FOR THE DEVELOPMENT OF LANGUAGE AND LITERACY on 03-09-06

**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.

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271,938

002573

SUN BAXTER 001291







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



*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](http://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 (ADI) is used to help lower your out-of-pocket expenses.

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
<b>REHABILITATION INST OF CHICAGO</b>				
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
<b>Totals</b>		<b>\$6102.00</b>	<b>\$3986.00</b>	<b>\$2116.00</b>

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93,051 002573

SUN BAXTER 001294

### COVERAGE INFORMATION

Totals	\$6102.00	\$3986.00	\$2116.00
Discount (ADP)			-\$986.01
Deductions			
Your Coinsurance Amount		\$112.93	
Total Deductions			-\$112.93
Total Benefits Approved			\$1017.06
Amount You May Owe Provider			\$4098.93
Total covered benefits approved for this claim: \$1,017.06 to REHABILITATION INST OF CHICAGO on 07-15-05.			

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**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099

**SUMMARY**

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

**Claim No.:** 519451368440X  
**Patient Name:** 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.

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
<b>REHABILITATION INST OF CHICAGO</b>				
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
<b>Totals</b>		<b>\$4868.00</b>	<b>\$3635.57</b>	<b>\$1232.43</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$4868.00</b>	<b>\$3635.57</b>	<b>\$1232.43</b>
Discount (ADP)			<b>-\$568.12</b>
Deductions			
Your Coinsurance Amount		\$66.41	
Total Deductions			<b>-\$66.41</b>
Total Benefits Approved			<b>\$597.90</b>
Amount You May Owe Provider			<b>\$3701.98</b>
Total covered benefits approved for this claim: \$597.90 to REHABILITATION INST OF CHICAGO on 07-15-05.			

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### Information About Amounts Not Covered

- (1) Your Health Care Plan covers eligible services up to a maximum benefit. Since the maximum benefit has been met, no additional benefit is available.

### Ideas To Help Keep Health Care Affordable

Inactive lifestyles can lead to illness and chronic diseases that result in billions of dollars in health care costs each year. Just 30 minutes of moderate daily exercise can significantly improve the health of millions of Americans, and help control the rising cost of health care.

#### Health Care Fraud Notice:

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### Information About Appeals

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- The specific reason for adverse determination
- The Plan provision on which the determination is based
- A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such information is necessary
- A description of the Plan's review procedures and applicable time limits, including a statement of the Claimant's right to bring a civil action under 502 (a) of ERISA, if applicable, following an adverse determination of review

The following conditions apply in the case of an adverse benefit determination by a Group Health Plan or a Plan providing disability benefits:

- If an internal rule, guideline, protocol or other criterion was used in making the determination, the notification must state the criterion that was relied upon and that a copy will be provided free of charge upon request
- If based on medical necessity, experimental treatment or similar exclusion, either an explanation of such exclusion applying the terms of the Plan to the Claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request

If you are not satisfied with the determination, please call Blue Cross and Blue Shield of Illinois (BCBSIL) at the customer service number on the first page of this EOB, or write to the BCBSIL Claim Review Section, P. O. Box 2401, Chicago, Illinois 60690-1364. If after investigation, BCBSIL determines that the claim (or portion of a claim) was correctly denied, you may appeal the denial as detailed here.

Under federal law, you are entitled to a full and fair review of the denied claim. Appeals must be made in writing within 180

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

You will receive a written decision within 60 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:

- Information relied upon in making the benefit determination
- Information submitted, considered or generated in the course of making the benefit determination, whether or not it was relied upon in making the benefit determination
- Descriptions of the administrative processes and safeguards used in making the benefit determination
- Records of any independent reviews conducted by the Plan
- Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination



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

Total due from Oct - Dec



she gave me a 25% discount  
for paying all of today

Rehabilitation Institute of Chicago

February 2, 2006

Conf 285752  
approval code

Pd Amer 2/7/05  
~~Pd Amer~~ 447525

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-PAPCVRISTY340DD9

\*\*\* 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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER		EXP. DATE	
SIGNATURE		AMOUNT PAID	

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

Send All Payments To:

267099 - STM1\_1 - 000025  
Ted Baxter  
55 E Erie St  
Apt 2305  
Chicago IL 60611-2250  
|||

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

**CHARGE DETAIL**

Account Number: V00016190337-0010

Date of Service	Item Number	Description	Amount
11-09-05	440	Speech Therapy	180.00
11-10-05	440	Speech Therapy	180.00
11-16-05	440	Speech Therapy	180.00
11-17-05	440	Speech Therapy	180.00
11-21-05	440	Speech Therapy	180.00
11-30-05	440	Speech Therapy	180.00
<b>TOTAL CHARGES</b>			<b>1 080.00</b>

**PAYMENT ACTIVITY**

Payor	Total Payments	Total Adjustments	Last Payment Date	Last Payment Amount	Payor Balance
BAXTER TED					\$1 080.00

**Do We Have Your Insurance Information?**

Accurate insurance information helps ensure prompt payments by your insurance company.  
 If the insurance information listed is inaccurate or incomplete, please call us immediately.

**CHANGE OF ADDRESS**

Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Telephone: _____

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-PAPCVPIFITY359E468

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







DETAIL TRANSACTION DISPLAY

ACCOUNT # :267100

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

DETAIL TRANSACTION DISPLAY

ACCOUNT # :267098

NAME :BAXTER, TED

CHARGE SUMMARY

SERV-DATE	REV-CODE	DESCRIPTION	AMOUNT
10-03-05	430	Occupational Therapy	253.00
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

10-03-05  
10-05-05  
10-06-05  
10-10-05  
10-12-05  
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10-31-05

**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.

<u>Appt Date</u>	<u>Appt Time/Type</u>	<u>Resource</u>	<u>Floor/Room</u>
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	<del>9:30am</del> 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 9:30am  
Wednesday CD TREATMENT 45 MIN

Melissa Purvis, MACCC-SLP

12th Fir

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

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

**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*

<b>Appt Date</b>	<b>Appt Time/Type</b>	<b>Resource</b>	<b>Floor/Room</b>
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.

<u>Appt Date</u>	<u>Appt Time/Type</u>	<u>Resource</u>	<u>Floor/Room</u>
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

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.

<u>Appt Date</u>	<u>Appt Time/Type</u>	<u>Resource</u>	<u>Floor/Room</u>
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
8:45 09/14/05 Wednesday	11:45am <del>OT TREATMENT - 45 MINS</del>	<del>Anne Armstrong, OT</del>	<del>12th Flr</del>
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

09/21/05 11:45am  
Wednesday OT TREATMENT - 45 MINS

Anne Armstrong, OT

12th Flr

09/21/05 12:30pm  
Wednesday CD TREATMENT 45 MIN

Melissa Purvis, MACCC-SLP

12th Flr

09/26/05 11:45am  
Monday OT TREATMENT - 45 MINS

Anne Armstrong, OT

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,

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.

<u>Appt Date</u>	<u>Appt Time/Type</u>	<u>Resource</u>	<u>Floor/Room</u>
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
09/26/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
09/28/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr
10/05/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	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,

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**

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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 <sup>00</sup>
08/22/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Flr \$190 <sup>00</sup>
08/24/05 Wednesday	8:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr \$190 <sup>00</sup>
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.