)
RUN DATE: 09/18/06 Reh. RUN TIME: 1604	ab. Institute of Chicago BAR *LIVE* Selected Transactions	(, PAGE 2
Acct. V00016190337 BAXTER, TED. 55 EAST ERIE STREET APT 2305 CHICAGO, IL 60611 (312)961-9660 (H)/(847)853-159 Date: Procedure Chg C		Amount
	bill txns flagged 02/09/06 Insurance balances SELF -14182.79	1 2 1
	SELF	o.o <u>e</u>

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

264.00

*** SUMMARY BY SERVICE ***

444 SPEECH PATH EVALUATION

264.00

V00016190337

264.00 0.00 264.00

0.00

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

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BAXTER, TED

v00016190337 06/01/05 02/12/06 106/15/05

TED BAXTER
55 EAST ERIE STREET
APARTMENT 2305
CHICAGO IL 60611

)

06/15/05 4403092507 SPEECH THERAPY 45

180.00

*** SUMMARY BY SERVICE ***

440 SPEECH PATH GENERAL

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V00016190337

180.00 0.00 180.00

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INTR-4

BAXTER, TED

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

TED BAXTER
55 EAST ERIE STREET
APARTMENT 2305
CHICAGO IL 60611

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

*** SUMMARY BY SERVICE ***

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

V00016190337

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INTR-5

BAXTER, TED

V00016190337 06/01/05 02/12/06 06/25/05

TED BAXTER
55 EAST ERIE STREET
APARTMENT 2305
CHICAGO IL 60611

06/22/05 4403092507 SPEECH THERAPY 45 1 180.00

*** SUMMARY BY SERVICE ***

440 SPEECH PATH GENERAL 1 180.00

V00016190337

180.00 0.00 180.00

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| 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

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	***	SUMMARY BY SERVICE ***		
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V00016190337

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INTR-7
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BAXTER, TED
         TED BAXTER
          55 EAST ERIE STREET
          APARTMENT 2305
          CHICAGO IL 60611
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V00016190337 06/01/05 02/12/06 09/08/05

BAXTER, TED

TED BAXTER
55 EAST ERIE STREET
APARTMENT 2305
CHICAGO IL 60611

V00016190337

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0.00

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BAXTER, TED

TED BAXTER

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

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	55 EAST ERIE STREET APARTMENT 2305 CHICAGO IL 60611		
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*** SUMMARY BY SERVICE ***

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V00016190337

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                                        V00016190337 06/01/05 02/12/06 01/18/06
BAXTER, TED
          TED BAXTER
          55 EAST ERIE STREET
          APARTMENT 2305
          CHICAGO IL 60611
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V00016190337

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TED BAXTER
55 EAST ERIE STREET
APARTMENT 2305
CHICAGO IL 60611

BAXTER, TED

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*** SUMMARY BY SERVICE ***

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

V00016190337

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INTR-11

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



Rehabilitation Institute of Chicago

September 7, 2005

Ted Baxter Apt 2305 55 E Erie St Chicago IL 60611-2250 Patient: Account #: 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 Jmex 1531°= 9/4/05

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

002104-PAPCVRI1195C55CFC



Rehabilitation Institute of Chicago

August 30, 2005

Ted Baxter Apt 2305 55 E Erie St Chicago IL 60611-2250 Patient: Account #: BAXTER TED V00016192723-0005

Service Date: 0'
Reference #: 2:

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

Pd Amex 52666 41 9/0/05

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

SUN BAXTER 001272

WATERT OF NOT RESISTANT PROCESSES



Rehabilitation Institute of Chicago

June 27, 2005

Ted Baxter 166 Abingdon Ave Kenilworth IL 60043-1202 Patient: Account #: BAXTERTED 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

O 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: BAXTERIED Account#: V00016192723-0002

Balance Due: \$460.47

213165 - VRIC1 - 000199 Ted Baxter 166 Abingdon Ave Kenilworth IL 60043-1202 http://wikinderfallerillerillerildellerillerilleril

*** Please detach And Return	Botton IF PAYIN	n Portion W IG BY CREDIT	th Pay CARD F	ment *** LEASE FILL O	JT BEL	OW, CHECK CA	RD USE	FOR PAYMEN
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STED	CARD	NUMBER	***			·····	EXP.	DATE
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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: Account #: BAXTERTED V00016192723-0001

Service Date: 05-31-2 Reference #: 213164 Balance Due: \$32.46

05-31**-**2005 213164

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 >> Balance 7/12/05

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

000450-PAPCVRI11851097CB

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

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

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

F PAYING BY CREDIT CARD PLEASE FILL C	UT BELOW, CHECK CAR	O USED FOR PAYMEN
Absorcer WSA	AMERICAN EXPRESS	DIJCOVER
CARO NUMBER		EXP. DATE
SIGNATURE	AMOUN	IT PAID

Send All Payments To:

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



June 21, 2005

Ted Baxter 166 Abingdon Ave Kenilworth IL 60043-1202 Patient: Account #: BAXTERTED 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

Pd ch 5312 6/28/65 8/187-

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

MYTER PAPCVRITERALEASC?



June 14, 2005

Ted Baxter

166 Abingdon Ave

Kenilworth IL 60043-1202

Patient:

BAXTERTED

Account #:

V00016190337-0001

Service Date: Reference #:

06-01-2005 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

80 cl + 5314 826460 6/28/65

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

001800-PAPCVRI11844C350E

Rehabilitation Institute of Chicago

June 15, 2005

Ted Baxter

166 Abingdon Ave

Kenilworth IL 60043-1202

Patient:

BAXTERTED

Account #:

V00016190337-0002

Service Date: Reference #:

06-08-2005 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

Pol C L' 5313 6/28/05

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

003230-PAPCVRI11845CF8495



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

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 1 www.bcbsil.com.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.:

XOF847627261

Claim No.:

603039800010C

\$3714.50 \$3714.50 Patient Name:

TED BAXTER

Total Billed: Total Benefits Approved: Amount You May Owe Provider:

SUMMARY

\$0.00

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
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Speech Therapy Speech Therapy	01-16-06	161.50	جازية المعقربين فربيد والمد	161.50
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Speech Therapy	01-20-06	161.50		161.50

1	COVERAGE INFORMATION
	Totals \$3714.50 \$3000
	Total Benefits Approved

161.50

\$3714.50 \$0.00 \$3714.50

161.50

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

(UNIT OVER) Page 1 of 2

01-20-06

01-20-06



Speech Therapy

Speech Therapy





161.50

\$0.00

Total covered benefits approved for this claim: \$3,714,50 to UNIV.CTR FOR DEVELOPMENT OF LANGUAGE AND ETTERACY on 01-30-06

ldeas To Help Keep Health Care Affordable

The state of the second of the second of the

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.

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

\$1615.00

Claim No.: Patient Name: 602339800020C TED BAXTER

Total Billed: Total Benefits Approved:

\$1615.00

Amount You May Owe Provider:

\$0.00

OPPRINCE INCOMMATION

Speech Therany 01-12-06	161.50 161.50 161.50 161.50		161.50 / 161.50 / 161.50 c
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	161.50	one avaintant to bottom the Administration	161. 5 0 🖯
Speech Therapy 01-13-06	161.50		161,50
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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

COVERAGE INFORMATION

Totals \$1615.00 \$0.00 \$1615.00	
Total Benefits Approved	A TORON AND A
Amount You May Owe Provider \$0.00	
Total covered benefits approved for this claim: \$1.615.00 to UNIV CTR FOR DEVELOPMENTS OF LANGUAGE AND LITERACY on 01-26-06.	Security 1

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.

ldeas 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



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.

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



BlueCross BlueShield of Illinois

300 East Randolph Chicago, Illinois 60601-5099

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

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 1 www.bcbsil.com.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.:

XOF847627261

Claim No.:

603739800010C

\$3876.00 \$3876.00 \$0.00 Patient Name:

TED BAXTER

CEDVICE INDODALATION

Total Benefits Approved:

SUMMARY

Total Billed:

Amount You May Owe Provider:

	Service Date	Amount Billed		Covered
UNIV. CTR FOR THE DEVELOPM			CALL THE WAS A SECOND	
Speech Therapy	01-23-06	161.50		161.SO
Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	01-23-06	161.50	*******************	161.50
Speech Therapy Speech Therapy	01-23-06	161.50		161.50
Speech Therapy	U1-23-U6	161.30		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Therapy	01-24-06	161.50		161.50
Speech Thorapy	01-24-06	161,50		161.50
Speech Therapy	01-24-06	161.50	1000 100 APA TISSON . P 10 100 E. 1 1	161.50
Speech Therapy	22. 01-24-06	161:50	The state of the s	
Sneeds Therany	01-25-06	161.50		161.50
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy Speech Therapy	01-25-06	161.50	6 MAIN 1817 1111 / 14 - 2001 1 4	161.50
Speech Therapy	01-25-06			ale, aeath iat 161.50 (ae 1920)
Speech Therapy	01-25-06	161.50		161.50
Speech Therapy				161.50
Speech Therapy	01-26-06	161.50	une er en	161.50
Speech Therapy	01-26-06	161.50		161,50
Speech Therapy	01-26-06	161.50	en servición de mande à decedad desegá de entre membrose d	161.50
Speech Therapy	01-26-06	161.50		161.50
Speech Therapy	01-27-06	161.50	egina nineri ili ili ili ili ili ili ili ili ili i	161.50
Speech Therapy				A 161/50 1
Speech Therapy	01-27-06	161.50	wy www.weeringtonia i innie filitari	161.50
Speech Therapy	01-27-06	161. 5 0		161,50

COVERAGE INFORMATION

Totals \$3876.00 \$0.00 \$3876.00	
Total Benefits Approved.	

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

008852641

002573



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 LITTERACY 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.

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Page 2 of 2



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

Customer Service: 1-800-458-6024

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

Claim Information

Member Name: Group No.: TED BAXTER 8374

Identification No.: Claim No.:

XOF847627261 605239800010C

Patient Name:

TED BAXTER

SUMMARY

·Total Billed:

TED BAXTER

APT 2305

55 E ERIE ST

CHICAGO IL 60611-2250

\$4037.50 \$4037.50

\$0.00

Total Benefits Approved: Amount You May Owe Provider:

SERVICE INFORMATION

	Service Date	Amount Billed	Not Covered	Covered
UNIV. CTR. FOR THE DEVELOP				
Canada Thomas	01-30-06	161.50		161.50
Speech Therapy	01-30-06	161,50		161.50
Speech Therapy	01-30-06	161.50	T Mark to to to the control of th	161.50
Speech Therapy	01-30-06	161,50		
			e a successión de la contraction de la contracti	161.50
Speech Therapy	01-31-06	161.50		
	A1 11 0C	161.50		161.50
Speech Therapy Speech Therapy	01-31-06	161.50		
		161.50		161.50
Speech Therapy Speech Therapy	02-01-06	161,50		161.50
Casash Thomasu	02.01.06	161.50	man waters	161.50
Speech Therapy	× 02-01-06	161.50		
Speech Therapy	02-01-06		رامي الان المعادد والأرام الجادد التي والمع	161.50
Speech Therapy	02-01-06	161.50		
Sneach Therony	02-01-06	161.50	i Tay na malay awata ay	161.50
Speech Therapy	97.33 02-02-06	161.50		161.50
Speech Therapy	02-02-06	161.50		161.50
Speech Therapy	02-02-06			
Speech Therapy	02-02-06	161.50		1 61.50 Popratoj je on (21.22 0.3275572)
Speech Therapy				161.50
Speech Therapy	02-02-06	161.50		161.50 161.50
Speech Therapy	02-03-06			
Speech Therapy	02-03-06	161.50		161.50 161.50
Speech Therapy	90, . 02-03-06			161.50
Speech Therapy	02-03-06	161.50)	101.30

COVERAGE INFORMATION

Totals \$4037.50

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company. An Independent Licenses of the Blue Cross and Blue Shield Association
(1UTR OVER)
Page 1 of 2

274,775 00063.0304 002573



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

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Page 2 of 2



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

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 a www.bcbsil.com.

Claim Information

Member Name:

TED BAXTER

Group No.:

8374

Identification No.: Claim No.:

XOF847627261 605439800010C

Patient Name:

TED BAXTER

\$3633.75

\$3633.75

\$0.00

CHANGE COLD AND COMPANY A TOTAL OF

Amount You May Owe Provider:

Total Benefits Approved:

SUMMARY

Total Billed:

	Service Date		Amount Billed	Not Covered	Covered
UNIV. CER, FOR THE DEVELOPM	ENT OF				
Speech Therapy	02-06-06		161.50		161.50
Speech Therapy	02-06-06		161.50		161.50
Speech Therapy	02-06-06		161.50		161.50
Speech Therapy	02-06-06	• 7	161.50		161.50
Speech Therapy	02406-06		161.50		161.50
Speech Therapy	02-07-06		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	02408406		161.50		. 161.50
Speech Therapy	02-08-06	٠.	161.50	,	161:50
Speech Therapy	02-08-06		80.75 161.50		80.75
Speech Therapy	02-09-06	1			161.50
Speech Therapy	02-09-06		161.50		161.50
Speech Thorapy	02:09:06	; ,	- 161.50		161.50 Care 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

COVERAGE INFORMATION

\$3633.75 \$0.00 \$3633.75 \$3633.75 Total Benefits Approved

\$3633.75

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

00866630929

Totals

002573

Page 1 of 2

\$0.00



\$3633.75

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 Flealth 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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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

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.: Identification No.: 8374 XOF847627261

Claim No.:

XOF847627261 606039800030C

Patient Name:

TED BAXTER

Total Benefits Approved: Amount You May Owe Provider:

SUMMARY

Total Billed:

\$3391.50 \$3391.50 \$0.00

02-17-06

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
INIVETR FOR THE DEVELOPM	ENT OF			
peech Therapy	02-13-06	161.50		161.50
peech Therapy	02-13-06	161.50		161.50
neach Therany	02-13-06	161.50	taki califerat izitizzo kanna iziti W. Si W. Ti	161.50
peech therapy	02-13-06	161:50		75 T. S. S. 2164.50 T. S.
peech Therapy	02-13-06	161.50	en i den menerana menerana et est. 2000/1915	161.50
peech Therapy peech Therapy	02-14-06	161,50		161,50
				161.50
peech Therapy peech Therapy	02-14-06	161,50		161.50
	AA 1 4 M/	161.50		161.50
peech Therapy peech Therapy	02-14-06	161.50		161.50
peech Therapy	02-15-06		ه ده د وړه وه	161.50
peech Therapy	02-15-06	161.50		161.50
peech Therapy Speech Therapy	02-15-06	161.50	** *****	161.50
peech Therapy	(1) - 02-16-06(-)	161.50		161,50
peech Therapy ipeech Therapy	02-16-06	1 61.50	one in 4.5 in think of unit hitistus.	
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Speech Therapy	02-16-06	161.50	i Generalis de la granda de la representación de	161.50
peech Therapy Speech Therapy	XXXXX 02-17-06 (%). 3	\$**\$ (\$\darkar\) 161.50	รณ์สมัยใหม่ได้ ขายได้และสำนั	li di 12 Meni. 191,59 Menimber
Speech Therapy	02-17-06	161.50	Marting with a single With specify 11 mean attach	161.50 161.50
Speech Therapy	02-17-06			G 1345 - 191 30 - 1913 1 7 4

Totals \$3391.50 \$0.00 \$3391.50

Total Benefits Approved \$3391.50

Amount You May Owe Provider \$0.00

161.50

\$3391.50

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

(furn over) Page 1 of 2

000303051

Speech Therapy

002573



161.50

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

lucas 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:

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Page 2 of 2

225,652



BlueCross BlueShield of Illinois

300 East Randolph Chicago, Illinois 60601-5099



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

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.: Identification No.: 8374 XOF847627261

Claim No.:

606839800040C

Patient Name:

TED BAXTER

Total Benefits Approved: Amount You May Owe Provider: 53876.00 53876.00 \$0.00

SUMMARY

Total Billed:

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
UNIV CER FOR THE DEVELOPME				
Speech Therapy	02-20-06	161.50		161.50
Speech Therapy	02-20-06	161.50		161.50
Sneech Therapy	02-20-06	161.50	NAME OF A PARTIES OF THE PARTIES OF	161.50
Speech Therapy	02-20-06	161.50		161,50
Casach Theorem	02-21-06	161.50	will be the service of the service o	161.50
Speech Therapy	02-21-06	161.50		461.50
	ባሳ ላነ በሩ	161 50		161.50
Speech Therapy Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-21-06	161.50	and the second of the second	161.50
Speech Therapy	02-21-06	161.50		161.50
Speech Therapy	02-22-06	161,50	market make a compared to the green	161.50 161,50
Speech Therapy	02-22-06	161.50		2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Speech Therapy	02-22-06	161.50		161.50
Speech Therapy	02-22-06	161.50	la de la companya de	161.50
Speech Therapy	02-23-06	161.50	elisteradi ole era 1912 almaderilli bal	161.30
Speech Therapy	02-23-06	161.50		161.50
Speech Therapy	02-23-06	161.50	med been lidade andis a	161.50
	02-23-06		al partition before the	161.50
Speech Therapy	02-23-06	161.50 161.50	enns seer and the end	161.50
tand Made and tangen in the Care of a constitution was recovered in the second contraction of th	02-23-06	11 12 1 11 1 11 11 11 11	Life Palate in Life State Stein and	161.50
Speech Therapy	02-24-06	161.50 161.50		161.50
Speech Therapy	02-24-06			161.50
Speech Therapy	02-24-06	161.50 161.50		161.50
Speech Therapy	02-24-06	an en mantena		ant of the country of the terms of the country of t
Totals	د و پای الاست و منهوای اینوانستوند و. د و پایان الاست و منهوایی در در دارد	\$3876.00	\$0.00	\$3876.00

1	COVERAGE INFORMATION
	Totals \$3876.00 \$0.00
	Total Benefits Approved

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

00063.030 37

002573



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.

ldeas To Help Keep Health Care Affordable

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Page 2 of 2



Rehabilitation Institute of Chicago

June 27, 2005

Ted Baxter 166 Abingdon Ave

Kenilworth IL 60043-1202

Patient: Account #: BAXTERTED

Service Date:

V00016192723-0002

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

O balance 1/12/05

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

000199-PAPCVRI11851096CE

*** 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#: V00016192723-0002 Balance Due: \$460.47

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

IF PAYING BY CREDIT CARD PLEASE FILL OU	BELOW, CHECK CARD USE	FOR PAYMEN
Ussace Visa	AMERICAN DOGRESS	DI/COVER
CARD NUMBER	EXP.	DATE
SIGNATURE	AMOUNT PAID	<u> </u>

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: Account #: BAXTERTED

V00016192723-0001

213164 Reference #: Balance Due: \$32.46

05-31-2005 Service Date:

Dear Ted Baxter:

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

Sincerely,

Patient Financial Services 800-770-7925

D Balance 7/12/05

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

000450-PAPCVRI11851097CB

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

Patient: BAXTERTED Account#: V00016192723-0003 Balance Due: \$32.46

213164 - VRIC1 - 000450 Ted Baxter 166 Abingdon Ave Kenilworth IL 60043-1202 halladhadhadhadhadhadhadhadhadhadh

*** Please detach And Return	Botton	n Portion W	th Pay	ment ***				
	F PAYIN	IG BY CREDIT	CARD P	LEASE FILL O	UT BEL	OW, CHECK CA	RD USEE	FOR PAYMENT
cago		Alastin Co		VISA		AMERICAN EXPRESS		DIJCOVER
ESTED	CARD	NUMBER	,	***************************************			EXP.	DATE
	SIGNA	TURE				AMou	NT PAID	

Send All Payments To:

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



BlueCross BlueShield of Illinois

300 East Randolph Chicago, Hinois 60601-5099



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

TED BAXTER 166 ABINGDON AVENUE KENILWORTH IL 60043-1202 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

Patient Name:

519451368430X TED BAXTER

\$6102.00 \$1017.06

Total Benefits Approved: Amount You May Owe Provider:

SUMMARY

Total Billed:

\$4098.93

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

SERVICE INFORMATION

SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered
REHABILITATION INST OF CH	ICAGO	1	nasti i a totali.	
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)	0.80
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		240.00	240.00 (1)	
Speech Therapy	06-23-05	128.00	128.00 (1)	0.00
Physio/Mech Therapy	06-24-05	264.00		(2) (大き) (大き) (大き) (264.00 ((水道を記述))
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 Thorapy	06-30-05	- 176.00		176.00
Therapy	06-30-05	176.00	176.00 (t)	0.00
Speech Therapy	06-30-05	128.00	128.00 (1)	0.00
Totals		\$6102.00	\$3986.00	\$2116.00

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association
(furn over) Page 1 of 4



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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.	

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:

\$4868.00

Claim No.: Patient Name: 519451368440X

-Total Benefits Approved:

\$597.90

TED BAXTER

Amount You May Owe Provider:

\$3701.98

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

SERVICE	INFOR	MATION
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REHABILITATION INST OF CHICAGO Physio/Mech Therapy 07-01-05 264.00 264.00 Therapy 07-01-05 244.00 167.57 (1) 76.435 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 07-05-05 408.00 408.00 408.00 Physio/Mech 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 88.00 88.00 (1) 0.00 Speech Therapy 07-06-05 88.00 88.00 (1) 0.00 Speech Therapy 07-	SERVICE INFORMATION	Service Date	Amount Billed	Not Covered	Covered "
Physio/Mech Therapy 07-01-05 264.00 264.00 Therapy 07-01-05 244.00 167.57 (1) 76.432 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 07-05-05 408.00 408.00 408.00 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 Speech Therapy 07-06-05 176.00 176.00 176.00 Physio/Mech Therapy 07-06-05 88.00 88.00 (1) 0.00 Speech Therapy 07-06-05 88.00 88.00 (1) 0.00 Speech Therapy 07-07-05 408.00 408.00 (1) <					
Therapy	Physic/Mech Therapy	07-01-05	264.00	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Therapy	Therapy	07-01-05	244.00	167.57 (1)	76.433; A. Man
Speech Therapy 07-01-05 192.00 192.00 1 0.00 Physio/Mech Therapy 07-05-05 408.00 408.00 408.00 1 408.00 1 408.00 1 0.00 1 0.00 1 0.00 1 0.00 1 0.00 1 0.00 1 0.00 1 0.00 1 0.00 0	Therapy	07-01-05	88.00	88.00 (1)	0.00
Speech Therapy 07-01-05 192.00 192.00 1 0.00 Physio/Meth Therapy 07-05-05 408.00 260.00 (1) 0.60 Therapy 07-05-05 260.00 260.00 (1) 0.00 Therapy 07-05-05 240.00 240.00 (1) 0.00 Speech Therapy 07-05-05 164.00 164.00 (1) 0.00 Physio/Meth Therapy 07-06-05 176.00 176.00 176.00 Physio/Meth Therapy 07-06-05 38.00 88.00 (1) 0.00 Therapy 07-06-05 240.00 240.00 (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 Therapy 07-08-05 244.00 244.00 (1) 0.00 Therapy 07-08-05 <td< td=""><td>peech Therapy</td><td>07-01-05</td><td>480.00</td><td>480,00 (1)</td><td>0.00</td></td<>	peech Therapy	07-01-05	480.00	480,00 (1)	0.00
Therapy 07-05-05 260.00 250.00 (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) 0.60 Physio/Mech Therapy 07-06-05 132.00 132.00 132.00 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 07-08-05 164.00 164.00 (1) 0.00 Therapy 07-08-05 244.00 244.00 (1) 0.00 Therapy 07-08-05 244.00 244.00 (1) 0.00 Speech Therapy 07-08-05 24	Speech Therapy	07-01-05	192.00	192.00 (1)	0.00
Therapy	Physio/Mech Therapy	07-05-05	408.00		408.00
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Speech Therapy 07-05-05 240.00 240.00 (1) 0.00 Speech Therapy 07-05-05 164.00 164.00 (1) 0.60 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 (1) 0.00 Physio/Mech Therapy 07-08-05 176.00 176.00 Therapy 07-08-05 244.00 244.00 (1) 0.00 Therapy 07-08-05 240.00 244.00 (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		07-05-05	208.00	208.00 (1)	
Physio/Mech Therapy		07-05-05	240.00	240.00 (1)	
Physio/Mech Therapy 07-06-05 176.00 1	Speech Therapy	07-05-05	164.00	164.00 (1)	, ,, , ,
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 07-08-05 164.00 164.00 (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		07-06-05			
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Therapy	Speech Therapy	07.06.05	240.00	240.00 (1)	
Physio/Mech Therapy 07-08-05 176.00 244.00 (1) 0.00 Therapy 07-08-05 244.00 (2) 244.00 (1) 0.00 Speech Therapy 07-08-05 240.00 (20.00 (1) 0.00 Speech Therapy 07-08-05 288.00 (20.00 (1) 0.00	Therapy	07-07-05	408.00	408.00 (1)	0.00
Physio/Mech Therapy 07-08-05 176.00 Therapy 07-08-05 244.00 (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	07-07-05	164.00	164.00 (1)	
Speech Therapy 07-08-05 240.00 240.00 (1) 0.00 Speech Therapy 07-08-05 288.00 288.00 (1) 0.00	Physio/Mech Therapy	07-08-05	176.00	a nesse of the says to Section	176.00
Speech Therapy 07-08-05 240.00 240.00 (1) 0.00 Speech Therapy 07-08-05 288.00 288.00 (1) 0.00	Therapy	07-08-05	244,00	244.00 (1)	2) (300) (1 (31) (2 (3) (0.00) (1 (3) (3) (3)
Speech Therapy 07-08-05 288.00 288.00 (1)	Speech Therapy	07-08-05	240.00	24U.UU (E)	0.00
	Speech Therapy	07-08-05	288.00		
Speech Therapy 07-08-05 164.00 164.00 (1) 0.00	Speech Therapy	07-08-05	164.00	164.00 (1)	0.00

COVER	ACE	INFORM	ATION
1.1/1 F.R	A		~ 11

Discount (ADP)	-\$568.12
Deductions Your Coinsurance Amount Total Deductions	\$66.41
Total Benefits Approved	1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
Amount You May Owe Provider	\$3701.98

(turn over)

Page 3 of 4



(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:

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.

Injocration 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 sho gave me a 25% disente

Rehabilitation Institute of Chicago

February 2, 2006

CUNT 28579

44762

Ted Baxter 55 E Erie St Apt 2305 Chicago IL 60611-2250 Patient: Account #: Service Date: BAXTER TED V00016190337-0010

11-09-2005 267099 \$1080.00

Reference #:
Balance Due:

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

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

AMOUNT PAID

AMOUNT PAID

Send All Payments To:

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

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
	1		
		,	
	1	TOTAL CHARGES	1 080.00

PAYMENT ACTIVITY

Payor	Total	Total	Last Payment	Last Payment	Payor
	Payments	Adjustments	Date	Amount	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:	Annual Control of the		
City:	State:	_Zip:	Telephone:

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



February 9, 2006

Ted Baxter 55 E Erie St Apt 2305

Chicago IL 60611-2250

Patient:

BAXTER TED

Reference #:

267099

Date of Service: 11-09-2005

Patient Account #:V00016190337-0010

Total Balance: \$1080.00

Dear Ted Baxter:

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

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

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

Sincerely, Patient Financial Services (312) 238-7555

000008-PAPCVPIFTY359E468

PLEASE RETAIN FOR YOUR RECORDS

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

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

267099 - VRICPIF - 000008 Ted Baxter 55 E Erie St Apt 2305 Chicago IL 60611-2250 Patient Financial Services PO Box 129 Lombard, IL 60148 (800) 770-7925



Rehabilitation Institute of Chicago

September 20, 2005

Ted Baxter Apt 2305 55 E Erie St

Chicago IL 60611-2250

Patient:

BAXTER TED

Account #:

V00016192723-0007

Service Date: 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 below.

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

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

Sincerely,

Patient Financial Services 800-770-7925 Ø balance due per loi 9/28/05

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

002504-PAPCVRI21988DB7E8

*** 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 Due: \$736.31

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

	e e	VISA	DOPRESS		DIJC•VER
CARD NUM	18ER			EXP.	DAYE

Send All Payments To:

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

DETAIL TRANSACTION DISPLAY

ACCOUNT # :267099

NAME :BAXTER, TED

CHARGE SU SERV-DATE		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
***TOTAL	CHARGES		1080.0
END OF CH	ARGES		
BAXTER, TE	D		1080.0
***ACCOUN	T BALANCE		1080.0

DETAIL TRANSACTION DISPLAY

ACCOUNT # :267100

NAME : BAXTER, TED

CHARGE SUMOV		
SERV-DATE RI	EV-CODE DESCRIPTION	TRUOMA
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	180.0
***TOTAL CH	iances	1998.00
END OF CHAP	RGES	
BAXTER, TED		1998.0
***************************************	BALANCE	1998 0

SUN BAXTER 001303

DETAIL TRANSACTION DISPLAY

ACCOUNT # :267098

NAME : BAXTER, TED

SERV-DATE RI	SV-CODE DESCRIPTION	AMOUNT
10-03-05	430 Occupational Therapy	153.00
10-03-05	440 Speech Therapy	180.00
10-05-05	440 Speech Therapy	180.00
10-06-05	440 Speech Therapy	180.00
10-10-05	440 Speech Therapy	180.00
10-12-05	440 Speech Therapy	180.08
10-13-05	440 Speech Therapy	180.00
10-17-05	430 Occupational Therapy	198 0
10-17 05	440 Speech Therapy	180.0
10-19-05	440 Speech Therapy	180.0
10-20-05	440 Speech Therapy	180.0
10-24-05	440 Speech Therapy	180.0
10-24-05	430 Occupational Therapy	198.0
10-26-05	440 Speech Therapy	180.0
10-27-05	440 Speech Therapy	180.0
10-31-05	440 Speech Therapy	180.0
***TOTAL CH	ARGES	2889.0
END OF CHAR	GES	
BAXTER, TED		2889.0
***ACCOUNT	BALANCE	2889.0

Rehabilitation Institute of Chicago

345 Fast Superior Street Chicago, Illinois 60611 312-238-6171

Patient: TED BAXTER

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

Appt Date	Appt Time/Type	Resource	Floor/Room	
11/30/05 Wednesdøy	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-	SLP	り 12th Fir
12/01/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-	SLP	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-	SLP	12th Flr
12/07/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-	SLP	12th Fir
12/08/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-	SLP	12th Fir
12/12/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC	SLP	12th Fir
12/14/05 Wednesday	9:30am 3:30 CD TREATMENT 45 MIN	Melissa Purvis, MACCC	-SLP	12th Fir
12/15/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC	-SLP	12th Fir
12/19/05 Monday	11:00em CD TREATMENT 45 MIN	Melissa Purvis, MACCC	-SLP	12th Fir
12/21/05 Wednesday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC	-SLP	12th Fir
12/22/05 Thursday	9:30am CD TREATMENT 45 MIN	Melissa Purvis, MACCC	-SLP	12th Fir

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

Melissa Purvis, MACCC-SLP

12th Fir

12/29/05

9:30am

CD TREATMENT 45 MIN Thursday

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:

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 Ly in the Monroe

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Appt Date	Appt Time/Type	Resource	Floor/Room	٠ ا
11/02/05 Wednesday	3:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	ACCC-SLP	12th Fir
11/09/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	IACCC-SLP	12th Fir
11/10/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, N	IACCC-SLP	12th Fir
11/16/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, N	MACCC-SLP	12th Flr
11/17/05 Thursday	1:15pm CD TREATMENT 45 MIN	Melissa Purvis, N	MACCC-SLP	12th Fir
11/21/05 Monday	11:45am CD TREATMENT 45 MIN	Meļissa Purvis, M	AACCC-SLP	12th Fir
11/23/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, M	MACCC-SLP	12th Fir
11/25/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong	, от	12th Fir
11/30/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, I	MACCC-SLP	12th Fir
12/01/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, I	MACCC-SLP	12th Fir
12/02/05 Friday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong	, от	12th Fir

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	<u>n</u> 5
10/03/05 Monday	10:15am OT TREATMENT- 45 MINS (2)	KATIE FOGARTY, OT	اخ 12th Fi r
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 Fir
10/06/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/10/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/12/05 Wednesday	8:00am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/13/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/17/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
10/17/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/19/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/20/05 Thursday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/24/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir

10/24/05 Monday	11:45am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
10/26/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Éir
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	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

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	2 : :
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, MAC	CC-SLP	12th Fir
09/01/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
09/07/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	г	12th Fir
09/07/05 Wednesday	12:30pm CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
09/08/05 Thursday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
.09/12/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MAC	CCC-SLP	12th Fir
09/12/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O'	τ	12th Flr
09/14/05 Wednesday	8:45am CD TREATMENT 45 MIN	\ Melissa Purvis, MA	CCÇ-SLP	12th Flr
09/14/05 Wednesday	17.45am OT THEATMENT - 38 MINS	And Americans of		Salta)
09/19/05 Monday	11:00am CD TREATMENT 45 MIN	Melissa Purvis, MA	CCC-SLP	12th Fir
09/19/05 M onday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, O	т	12th Fir

09/21/08 / 11 45am Wednesday OT TREATMENT - 45 MINS

> 12:30pm CD TREATMENT 45 MIN

Melissa Purvis, MACCC-SLP

12th Fĺ

09/26/05 Monday

09/21/05

Wednesday

11:45am OT TREATMENT - 45 MINS

Anne Armstrong, OT

12th Fli

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	, ОТ	12th Fir
08/24/05 Wednesday	10:15am CD TREATMENT 45 MIN	Melissa Purvis,	MACCC-SLP	12th Fir
08/25/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis,	MACCC-SLP	12th Fir
08/29/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis,	MACCC-SLP	12th Fir
08/29/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstron	g, OT	12th Fir
08/31/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstron	g, 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 Armstron	g, OT	12th Fir
09/12/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstror	g, OT	12th Fir
09/14/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstror	ng, OT	12th Fir
09/19/05 Monday	11:45am OT TREATMENT - 45 MINS	Anne Armstron	ng, OT	12th Fir

09/21/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
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 Fir
10/05/05 Wednesday	11:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th F)r
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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,

Steve Boykin

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

Thank you for choosing the Rehabilitation Institute of Chicago.

List Printed:

August 22, 2005

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

Patient: TED BAXTER

Appt Date	Appt Time/Type	Resource Floor/Room	2
08/04/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Ffr # 190°
08/22/05 Monday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir \$190°
08/24/05 Wednesday	8:45am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Flr 8/90°
08/24/05 Wednesday	10:15am CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	12th Fir
08/25/05 Thursday	2:45pm CD TREATMENT 45 MIN	Melissa Purvis, MACCC-SLP	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-SLP	12th Fir
08/29/05 Monday	11:00am OT TREATMENT - 45 MINS	Anne Armstrong, OT	12th Fir
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

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.