



Recupera Records
185 Great Neck Rd
Great Neck, NY 11021
Tel: (212) 580-1191

FACSIMILE TRANSMITTAL SHEET

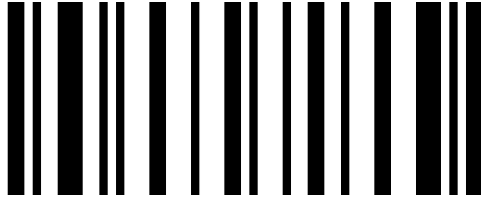
TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: Absolute Health & Rehab Center	DATE: February 1st, 2026
PHONE NUMBER: (281) 564-0035 / 713-290-1881	RECORDS OF: Joe Smith
FAX NUMBER: 713-290-1616	SENDER REFERENCE NUMBER: 3337

RE:

**Requesting Medical, Billing and Films
Records for dates of service indicated
in attached.**

*****Rush Case Please Expedite*****

Thank You,
Recupera Records
Great Neck, NY 11021
Phone: (212) 580-1191
Fax: (212) 213-1715



Absolute Health & Rehab Center
11700 Southwest Freeway #Suite 100
Houston, TX 77031

Recupera #: 3337

Recupera Record Retrieval Services
185 Great Neck Road Suite 403
Great Neck, NY 11021
Phone: (212) 580-1191 / Fax: (212) 213-1715
Email: Records@recuperars.com

ATTN: Custodian of Records:

Absolute Health & Rehab Center
11700 Southwest Freeway #Suite 100
Houston, TX 77031

Please Find Enclosed a request for records of:

PATIENT: Joe Smith
DOB: 1980-01-23
SSN:

On behalf of Perri Law LLP, Recupera is a third party records retrieval company that is handling the retrieval of records for this matter involving the above mentioned patient. Please direct any questions or concerns to Recupera. Any prepayment invoices or film breakdowns need to be sent to Recupera. Attached is a signed authorization provided to us from our client, Perri Law LLP, in order to obtain the following requested records per the authorization attached.

If copy costs exceed \$500.00 please contact Recupera Record Retrieval Services LLC for approval prior to sending records.

RUSH CASE - PLEASE EXPIDITE
PLEASE SEND RECORDS WITHIN TEN DAYS

We need these records and legal documents returned BEFORE: As soon as possible

<input checked="" type="checkbox"/> Subpoena	<input type="checkbox"/> Cross Questions
<input type="checkbox"/> Written Questions	<input type="checkbox"/> Affidavit of No Record
<input type="checkbox"/> Affidavit	<input type="checkbox"/> Authorization

Contact: Records Retrieval Department

Recupera Oder Number: 3337



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Joe Smith

DOB: 1980-01-23

As required by the Standards for Privacy of Individually Identifiable Health Information ("Privacy Act") promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this certification provides satisfactory assurances that appropriate steps have been taken to notify and/or otherwise protect the privacy of the individual who is the subject of the protected health information that is being requested.

(X) **Notice**

In compliance with 45 C.F.R. §16a.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to Joe Smith the individual, or if the individual's location is unknown, to make a notice to the individual's last known address or legal representation.

Name:	<u>Attorney in SC Office</u>
Street Address:	<u>1 Main Street</u>
City, State, ZipCode:	<u>Smithtown, NY 11787</u>

A copy of such notice is attached to this Certification

I further certify that the notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise and objection to the court or administrative tribunal. I further certify that the time for the individual to raise objections to the court or administrative tribunal has elapsed and either: (1) no objections were filed; or (2) all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

 Qualified Protective Order

In compliance with 45 C.F.R. §16a.512(e)(1), I hereby certify that the parties to the dispute giving rise to this request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute. A copy of the qualified protective order, or my request for such order, is attached hereto.

Joe Edit Update

Name

February 1st, 2026

Date

/s/ Joe Edit Update

Signature

Perri Law LLP

Company

Recupera # 3337

**LOS ANGELES COUNTY SUPERIOR
COURT-CIVIL/SMALL CLAIMS
CIVIL DIVISION**

Singh, Arjun
Plaintiff(s)

Case No.: 2025-CV-024881

v.

Summit Medical Imaging, P.A.
Defendant(s)

SUBPOENA TO PRODUCE DOCUMENTS (NONPARTY DISCOVERY)

To: RECORDS CUSTODIAN
Absolute Health & Rehab Center
11700 Southwest Freeway #Suite 100
Houston, TX 77031

Issued pursuant to Texas Rules of Civil Procedure 205.2, 205.3, and 176.

YOU ARE HEREBY COMMANDED to produce the following records for inspection and copying within fifteen (15) days of your receipt of this subpoena, by mailing, faxing, or securely delivering them in electronic format on CD or via E-Mail to Records@recuperars.com.

RECORDS OF Joe Smith

ANY AND ALL WRITTEN AND ELECTRONIC DOCUMENTS, CORRESPONDENCE, RECORDS AND ITEMIZED STATEMENTS OF CHARGES, INCLUDING BUT NOT LIMITED TO: ALL OFFICE, EMERGENCY ROOM, IN-PATIENT AND OUT-PATIENT CHARTS AND RECORDS, DOCTORS' AND NURSES' NOTES, PAYMENT HISTORY, COPIES OF FILMS, RADIOLOGICAL REPORTS, MRI FILMS, CT SCANS, COLORED INTRA-OPERATIVE PHOTOGRAPHS, INSURANCE DOCUMENTS, INITIAL PATIENT QUESTIONNAIRE, SIGN IN SHEETS, ELECTRONIC RECORDS, ALL PHARMACY RECORDS, ALL DIAGNOSTIC FILMS AND REPORTS, ALL DESCRIPTIONS OF EXERCISES PRESCRIBED, ALL PHYSICAL THERAPY RECORDS, DOCUMENTATION WHICH INDICATE DATE AND TIME OF PATIENT'S APPOINTMENTS REGARDLESS OF TREATMENT DATE, ANY AND ALL REPORTS OR CORRESPONDENCE INCLUDING BUT NOT LIMITED TO OTHER PHYSICIANS OR OTHER HOSPITALS IN YOUR FILE, INCLUDING CD ROM, TAPE DRIVE, FLOPPY DRIVE, HARD DRIVE, SCANNED DOCUMENTS, AND ALL OTHER DOCUMENTS STORED ELECTRONICALLY OR DIGITALLY. INCLUDE PHYSICIAN'S CURRICULUM VITAE, AND EVERY WRITTEN PIECE OF PAPER INCLUDED WITHIN THE PATIENTS CHART, INCLUDING A COPY OF ANY NOTATIONS ON THE FILE JACKET.

ALL BILLING RECORDS, INCLUDING ALL BILLING LEDGERS, AND ALL STATEMENTS REFLECTING PAYMENTS AND ADJUSTMENTS MADE BY OR ON BEHALF OF PATIENT. INCLUDE ANY AND ALL HCFA/CMS-1500 BILLING FORMS AND/OR UB-92/UB-04 FORMS, BILLING R&N, AND BILLING HB 4 FORMS, ALL CPT OR PROCEDURE CODES, HCPCS CODES, ICD-9 CODES, ICD-10 CODES AND ANY AND ALL "E" CODES ASSOCIATED WITH THE PRIMARY DOCTOR, AS WELL AS ANY AND ALL LETTERS OF PROTECTION YOU HAVE RECEIVED AS IT PERTAINS TO THE ABOVE-NAMED INDIVIDUAL.

PLEASE PROVIDE A FULL AND COMPLETE FILM BREAKDOWN (FORM ATTACHED) OF ALL FILMS OF ANY TYPE (MRI, CT, X-RAY, ULTRASOUND, ETC.) PRIOR TO DUPLICATION AND ORDER. ALL RECORDS SHOULD BE ALL INCLUSIVE AND SHOULD IN NO WAY BE LIMITED TO ONE INCIDENT.

SEND ELECTRONIC RECORDS AND INVOICE TO: RECORDS@RECUPERARS.COM
OR CD OF RECORDS TO:

Recupera Records
185 Great Neck Rd
Great Neck, NY 11021
Phone: (212) 580-1191
Fax: (212) 213-1715
Email: records@recuperars.com

FAILURE TO COMPLY WITH THIS SUBPOENA MAY SUBJECT YOU TO SANCTIONS, INCLUDING CONTEMPT OF COURT, AS PROVIDED BY TEXAS LAW AND THE TEXAS RULES OF CIVIL PROCEDURE. This subpoena is part of an investigation into health care fraud, waste, and abuse and is issued in compliance with HIPAA (45 CFR §§ 164.512(e)(1)(ii), 164.512(e)(1)(iii), and 164.512(e)(1)(v)).

HIPPA NOTICE AND COMPLIANCE

THIS SUBPOENA HAS BEEN ISSUED IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), 45 C.F.R. §164.512(E), WHICH PERMITS THE DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI) IN RESPONSE TO A VALID SUBPOENA THAT:

1. LIMITS THE SCOPE OF RECORDS REQUESTED TO WHAT IS RELEVANT AND MATERIAL TO A PENDING LEGAL MATTER.
2. INCLUDES GOOD FAITH ATTEMPTS TO PROVIDE WRITTEN NOTICE TO THE ABOVE-NAMED PATIENT THAT HIS/HER PROTECTED HEALTH INFORMATION HAS BEEN SUBPOENAED; AND
3. IS ISSUED THROUGH LAWFUL PROCESS (E.G., A COURT OR ATTORNEY-AUTHORIZED SUBPOENA), AND THE TIME FOR THE PATIENT OR THEIR REPRESENTATIVE TO FILE OBJECTIONS WITH THE COURT HAS ELAPSED.

- a. NO OBJECTIONS WERE FILED, AND THE DISCLOSURE OF RECORDS IS PERMITTED UNDER LAW
- b. ALL OBJECTIONS FILED WERE HEARD AND RESOLVED BY THE COURT, AND THE REQUESTED DISCLOSURE WAS DETERMINED TO BE REASONABLE AND APPROPRIATE.

Dated this 1st of February, 2026

/s/ Joe Edit Update

Joe Edit Update

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787

Please do not respond to Perri Law LLP. Please direct any questions or responses to Recupera Record Services, Inc. 185 Great Neck Rd Great Neck, NY 11021; Phone No.: (212) 580-1191; Fax No.: (212) 213-1715; E-Mail: records@recuperars.com. Thank you.

FILM REQUEST

Recupera No.: 3337

To: RECORDS CUSTODIAN
Absolute Health & Rehab Center
11700 Southwest Freeway #Suite 100
Houston, TX 77031

RECORDS/FILMS OF: Joe Smith

Your Tax Id No.: _____ (Necessary to issue check)

Please provide a quote as to what the cost of the reproduction of the films and/or disc reflected thereon would be. A complete breakdown is required prior to approval of duplication. If your office does not have radiology exams in your possession, please fill out the below accordingly.

_____ No radiology exams done

_____ No radiology exams due to being destroyed after _____ years.

_____ No radiology exams in the office, but can be obtained from:

_____ We have x-rays, MRIs, video fluoroscopes, CT scans and/or studies, films/disc, listed below.

Please complete the form and fax or mail to the address below prior to the compliance date specified on the Subpoena.

Film Date	View/Description	No. of Films	Duplicating Costs

Total Cost: _____

CUSTODIAN NAME (PLEASE PRINT)

DEPARTMENT

SIGNATURE OF CUSTODIAN

DATE

SEND RECORDS AND INVOICE TO:

RECORDS@RECUPERARS.COM

OR

185 Great Neck Rd Great Neck, NY 11021

Telephone # (212) 580-1191 - Fax # (212) 213-1715

Recupera # 3337

**LOS ANGELES COUNTY SUPERIOR
COURT-CIVIL/SMALL CLAIMS
CIVIL DIVISION**

Case No.: 2025-CV-024881

Singh, Arjun
Plaintiff(s)

v.

Summit Medical Imaging, P.A.
Defendant(s)

ADDENDUM TO SUBPOENA

To: RECORDS CUSTODIAN
Absolute Health & Rehab Center
11700 Southwest Freeway #Suite 100
Houston, TX 77031

*****ATTENTION*****

DO NOT FILE WITH COURT

Due to privacy issues, the Social Security Number was not included in the subpoena but the information is as follows:

Plaintiff: Joe Smith

SSN:

Date of Birth: 1980-01-23

/s/ Joe Edit Update

Joe Edit Update

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787

Recupera # 3337

**LOS ANGELES COUNTY SUPERIOR
COURT-CIVIL/SMALL CLAIMS
CIVIL DIVISION**

Singh, Arjun
Plaintiff(s)

Case No.: 2025-CV-024881

v.

Summit Medical Imaging, P.A.
Defendant(s)

NOTICE TO NONPARTY AND PARTIES OF INTENT TO SUBPOENA DOCUMENTS (RULE 205.3)

To all parties of record and to the non-party custodian(s) listed below:

YOU ARE NOTIFIED that the undersigned intends to obtain documents and tangible things from the non-party custodian(s) listed below pursuant to Texas Rules of Civil Procedure 205.2 and 205.3. A notice to produce documents under Rule 205.3 must be served at least ten (10) days before the subpoena compelling production is served. If a motion for protection, motion to quash, or objection is served or filed, the custodian should not produce the records except pursuant to court order or written agreement.

Records Custodian
Abraham Ishaaya, MD
9663 Santa Monica Blvd., Ste. 136
Beverly Hills, CA 90210

Records Custodian
10 to 10 Urgent Care, LLC
24420 State Road 54
Lutz, FL 33559

Records Custodian
Advantage MRI – Facility Molecular Imaging Chicago, LLC
4351 N. Cicero Ave
Chicago, IL 60641

Records Custodian

A-1 Chiropractic Care Center
588 East 27th Street
Paterson, NJ 07504

Records Custodian
Absolute Health & Rehab Center
11700 Southwest Freeway #Suite 100
Houston, TX 77031

DATED this 1st of February, 2026.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing notice (with attached proposed subpoena(s)) was served on all parties/counsel of record on this 1st of February, 2026 via e-service or other method permitted by applicable rules.

/s/ Joe Edit Update

Joe Edit Update

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787