



Recupera Record Retrieval Services LLC

185 Great Neck Rd
Suite 403

Great Neck, NY 11021

Tel: (212) 580-1191

FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: Access Doctors Medical Center	DATE: March 8th, 2026
PHONE NUMBER: 773.284.2200	RECORDS OF: David Thompson
FAX NUMBER: 773.284.5833	SENDER REFERENCE NUMBER: 7424

RE:

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

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

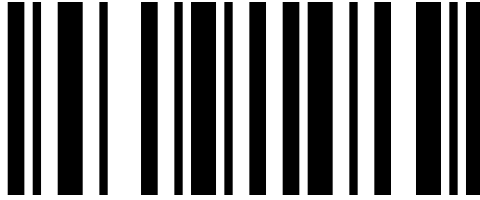
Thank You,

Recupera Record Retrieval Services LLC

Great Neck, NY 11021

Phone: (212) 580-1191

Fax: (212) 213-1715



Access Doctors Medical Center
6240 W 55th St
Chicago, IL 60638

Recupera #: 7424

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:

Access Doctors Medical Center
6240 W 55th St
Chicago, IL 60638

Please Find Enclosed a request for records of:

PATIENT: David Thompson
DOB: 01/25/1959
SSN: 123-65-2190

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 IMMEDIATELY

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: 7424



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: David Thompson

DOB: 01/25/1959

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. § 164.512(e)(1), I hereby certify, that I have made a good faith attempt to provide written notice to David Thompson 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: _____
Street Address: _____
City, State, ZipCode: _____

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.

Giovanni Ferrero

Name

March 8th, 2026

Date

/s/ Giovanni Ferrero

Signature

Perri Law LLP

Company

Recupera # 7424

**BOONE COUNTY CIRCUIT COURT
CIVIL DIVISION**

Thompson, David
Plaintiff(s)

Case No.: 2025-CV-045219

v.

Blue Horizon Airlines
Defendant(s)

SUBPOENA DUCES TECUM FOR PRODUCTION OF RECORDS

To: RECORDS CUSTODIAN
Access Doctors Medical Center
6240 W 55th St
Chicago, IL 60638

Issued pursuant to Illinois Supreme Court Rules, including Rule 204 (Production in Lieu of Appearance).

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 David Thompson

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 Record Retrieval Services LLC
185 Great Neck Rd

Suite 403
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 ILLINOIS LAW AND APPLICABLE COURT RULES. 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 8th of March, 2026

/s/ Giovanni Ferrero
Giovanni Ferrero
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

Suite 403 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.: 7424

To: RECORDS CUSTODIAN
Access Doctors Medical Center
6240 W 55th St
Chicago, IL 60638

RECORDS/FILMS OF: David Thompson

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

Suite 403 Great Neck, NY 11021

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

Recupera # 7424

**BOONE COUNTY CIRCUIT COURT
CIVIL DIVISION**

Thompson, David
Plaintiff(s)
v.
Blue Horizon Airlines
Defendant(s)

Case No.: 2025-CV-045219

ADDENDUM TO SUBPOENA

To: RECORDS CUSTODIAN
Access Doctors Medical Center
6240 W 55th St
Chicago, IL 60638

*****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: David Thompson
SSN: 123-65-2190
Date of Birth: 01/25/1959

/s/ Giovanni Ferrero
Giovanni Ferrero
Perri Law LLP
7 Thrush Dr
Smithtown, NY 11787

Recupera # 7424

**BOONE COUNTY CIRCUIT COURT
CIVIL DIVISION**

Thompson, David
Plaintiff(s)

Case No.: 2025-CV-045219

v.

Blue Horizon Airlines
Defendant(s)

NOTICE OF NON-PARTY RECORDS SUBPOENA (RULE 204)

To all parties of record:

YOU ARE NOTIFIED that the attached subpoena will be used to obtain records from the non-party custodian(s) listed below. Pursuant to Illinois Supreme Court Rule 204(a)(4), a copy of any subpoena issued in connection with a records deposition is attached to this notice and is intended to be provided not less than fourteen (14) days prior to the scheduled production/deposition, unless otherwise ordered by the court. If an objection or motion is made, the custodian should not produce the records except pursuant to court order or written agreement.

Access Doctors Medical Center
6240 W 55th St
Chicago, IL 60638
Billing and Films

ACH Food Companies, Inc
One Parkview Plaza
5th Floor
Oakbrook Terrace, IL 60181
Employment

DATED this 8th of March, 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 8th of March, 2026 via e-service or other method permitted by applicable rules.

/s/ Giovanni Ferrero

Giovanni Ferrero

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787