



Recupera Record Retrieval Services LLC

185 Great Neck Rd  
Suite 403

Great Neck, NY 11021

Tel: (212) 580-1191

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**FACSIMILE TRANSMITTAL SHEET**

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TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: Recupera Record Retrieval Services LLC	DATE: March 8th, 2026
PHONE NUMBER: (212) 580-1191	RECORDS OF: John Smith
FAX NUMBER:	SENDER REFERENCE NUMBER: 7426

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**RE:**

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

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

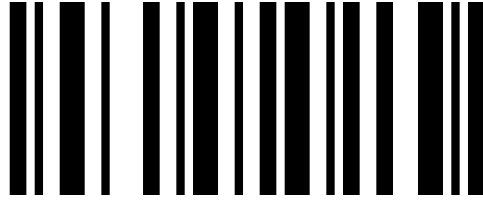
Thank You,

Recupera Record Retrieval Services LLC

Great Neck, NY 11021

Phone: (212) 580-1191

Fax: (212) 213-1715



Recupera Record Retrieval Services LLC  
185 Great Neck Rd, Suite 403  
Great Neck, NY 11021

Recupera #: 7426

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:

Recupera Record Retrieval Services LLC  
185 Great Neck Rd, Suite 403  
Great Neck, NY 11021

Please Find Enclosed a request for records of:

**PATIENT: John Smith**  
**DOB: 12/25/1963**  
**SSN: 987-65-1234**

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 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 checked="" type="checkbox"/> Authorization

Contact: Records Retrieval Department

Recupera Oder Number: 7426

**NEW YORK STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE  
FILING RECEIPT**

**ENTITY NAME :** RECUPERA RECORD RETRIEVAL SERVICES LLC  
**DOCUMENT TYPE :** APPLICATION OF AUTHORITY  
**ENTITY TYPE :** FOREIGN LIMITED LIABILITY COMPANY

**DOS ID :** 7693678  
**FILE DATE :** 08/25/2025  
**FILE NUMBER :** 250825001407  
**TRANSACTION NUMBER :** 202508250001227-4866370  
**EXISTENCE DATE :** 08/25/2025  
**DURATION/DISSOLUTION :** PERPETUAL  
**COUNTY :** NASSAU



**SERVICE OF PROCESS ADDRESS :** THE LLC  
185 GREAT NECK ROAD SUITE 403,  
GREAT NECK, NY, 11021, USA

**ELECTRONIC SERVICE OF PROCESS  
EMAIL ADDRESS :** N/A

**FILER :** USACORP  
266 BROADWAY, STE 401  
BROOKLYN, NY, 11211, USA

**SERVICE COMPANY :** USACORP  
**SERVICE COMPANY ACCOUNT :** RW

*You may verify this document online at :* <http://ecorp.dos.ny.gov>  
**AUTHENTICATION NUMBER :** 100008637189

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<b>TOTAL FEES:</b>	<b>\$275.00</b>	<b>TOTAL PAYMENTS RECEIVED:</b>	<b>\$275.00</b>
<b>FILING FEE:</b>	<b>\$250.00</b>	<b>CASH:</b>	<b>\$0.00</b>
<b>CERTIFICATE OF STATUS:</b>	<b>\$0.00</b>	<b>CHECK/MONEY ORDER:</b>	<b>\$0.00</b>
<b>CERTIFIED COPY:</b>	<b>\$0.00</b>	<b>CREDIT CARD:</b>	<b>\$0.00</b>
<b>COPY REQUEST:</b>	<b>\$0.00</b>	<b>DRAWDOWN ACCOUNT:</b>	<b>\$275.00</b>
<b>EXPEDITED HANDLING:</b>	<b>\$25.00</b>	<b>REFUND DUE:</b>	<b>\$0.00</b>

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# RECUPERA

Record Retrieval Services

(212) 580-1191



info@recuperars.com



40 Wall Street, Suite 2855  
New York, NY 10005



March 8th, 2026

To Whom It May Concern:

Please allow this correspondence to confirm that Perri Law LLP utilizes the services of **Recupera Record Services** to process authorizations on our behalf to obtain records indicated on the attached authorization.

Kindly honor the authorization releasing information to **Recupera Record Services** as if it were our office requesting the records.

**PLEASE SEND ALL REQUESTS FOR PAYMENTS AND THE RECORDS TO:**

**Recupera Record Services  
Medical Records Retrieval  
185 Great Neck Rd  
Suite 403  
Great Neck, NY 11021**

If you have any questions regarding this matter, please feel free to contact our office. Thank you for your courtesy and cooperation.

Very Truly Yours,

/s/ Dieter Schwarz

**Dieter Schwarz**

Perri Law LLP

7 Thrush Dr

Smithtown, NY 11787



**CERTIFICATION OF SATISFACTORY ASSURANCE**

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: John Smith

DOB: 12/25/1963

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.

**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 John 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: \_\_\_\_\_  
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.

(X) 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.

**Dieter Schwarz**  
Name

March 8th, 2026  
Date

**/s/ Dieter Schwarz**  
Signature

Perri Law LLP  
Company