



Recupera Record Retrieval Services LLC

185 Great Neck Rd

Great Neck, NY 11021

Tel: (212) 580-1191

FACSIMILE TRANSMITTAL SHEET

TO: Records Custodian	FROM: Recupera Record Retrieval Services
COMPANY: 1-Park Avenue Ambulatory Medical PC	DATE: March 26th, 2026
PHONE NUMBER: 973-419-0200	RECORDS OF: Sofia Hernandez
FAX NUMBER: 973-419-0223	SENDER REFERENCE NUMBER: 7460

RE:

**Requesting Billing 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



1-Park Avenue Ambulatory Medical PC
1045 Park Ave
New York, NY 10028

Recupera #: 7460

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:

1-Park Avenue Ambulatory Medical PC
1045 Park Ave
New York, NY 10028

Please Find Enclosed a request for records of:

PATIENT: Sofia Hernandez

DOB:

SSN:

On behalf of Recupera Law, 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, Recupera Law, 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: 7460

Recupera Record Retrieval

Secure. Accurate. On Time.

Medical records—faster, with fewer follow-ups

Built for New York litigation teams handling high-volume requests

What slows record retrieval down

Calling custodians, rejections, back-and-forth with vendors, repeated follow-ups, and limited visibility.

How Recupera keeps requests moving

Requests sent within hours, immediate rejection handling, portal uploads, rapid continuation.

Consistent follow-up

Initial follow-up within 2 days and ongoing until completion.

Portal visibility

Track all requests in real time without email chains.

RECUPERA

Record Retrieval Services

(212) 580-1191



info@recuperars.com



40 Wall Street, Suite 2855
New York, NY 10005



March 26th, 2026

To Whom It May Concern:

Please allow this correspondence to confirm that Recupera Law 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
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/ Jeff Yass

Jeff Yass

Recupera Law

185 Great Neck Rd

Great Neck, NY 11021



CERTIFICATION OF SATISFACTORY ASSURANCE

Pursuant to 45 C.F.R. §16a.512(e)(1)

PATIENT: Sofia Hernandez

DOB:

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 Sofia Hernandez 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.

Jeff Yass

Name

March 26th, 2026

Date

/s/ Jeff Yass

Signature

Recupera Law

Company