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JANUARY 31, 2025

FACSIMILE: (915) 215-8661

Texas Tech Health (El Paso)
Attn: Records Department
801 Alberta Ave Ste. D-17 MSC 21010
Tel: (915) 215-4482

RE: REQUEST FOR BILLING RECORDS WITH AFFIDAVITS

Client/Patient: Kristina Kilembwa
Date of Accident: August 16, 2024
Date of Birth: September 16, 1978
Dates of Service: August 16, 2024 – August 23, 2024

Dear Billing Dept.,

NMW Law Firm has been retained by the above-referenced client for representation relating to all matters arising from the incident which occurred on August 16, 2024.

We respectfully request the following information:

- 1) All billing records reflecting the treatment provided to Kristina Kilembwa by Texas Tech Health (El Paso) with an executed copy of the attached billing affidavit.

If you have any questions or concerns regarding the above matter, please do not hesitate to contact me at (713) 714-2563.

Sincerely,

A handwritten signature in blue ink, appearing to read "N. Wills".

Nicholas M. Wills
Attorney at Law

AFFIDAVIT CONCERNING COST AND NECESSITY OF MEDICAL SERVICES
PER §18.001 of the CIVIL PRACTICE AND REMEDIES CODE

THE STATE OF TEXAS

☐

COUNTY OF _____

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RECORDS PERTAINING TO:

Kristina Kilembwa

Date of Birth:

September 16, 1978

Dates of Service:

August 16, 2024 – August 23, 2024

BEFORE ME, the undersigned authority personally appeared _____ who, being by me duly sworn, and deposed as follows:

My name is _____. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts herein stated.

I am the person who provided the service or the custodian of records for **Texas Tech Health (El Paso)**. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that **Texas Tech Health (El Paso)** provided to the patient on the dates of service referenced above. The attached records are a part of this affidavit.

The attached records are kept by **Texas Tech Health (El Paso)** in the regular course of business and it was the regular course of business of **Texas Tech Health (El Paso)** for an employee or representative of **Texas Tech Health (El Paso)**, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the service was provided.

The total amount paid for the services was \$_____ and the amount currently unpaid but which **Texas Tech Health (El Paso)** has a right to be paid after any adjustments or credits is \$_____.

AFFIANT Signature: _____

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on the _____ day of _____, 2025.

Notary Public in and for

The State of Texas

My commission Expires: _____