

SPIROS LAW

June 18, 2024

VIA FACSIMILE – 773-834-0456 and 773-834-2678

University Of Chicago Medicine
150 Harvester
Suite 300
Burr Ridge, IL 60527

RE: Liam Cutts
DOA: 5/14/2022
DOB: 9/25/2013

Dear Sir or Madam:

Our office represents the above-named client who has received medical treatment at your facility. Please provide my office with an itemization of charges only for **Liam Cutts** from **4/28/2022 - 2/13/2024**.

Enclosed please find a certification form that we ask that you sign, certifying that these copies you send us are true, accurate, and complete. Please be sure to sign this form and return it to us in order for these documents to be submitted into evidence. **I ask that you sign the certification in lieu of being subpoenaed and requiring a personal court appearance in Circuit Court.** I have also enclosed a Medical Information Authorization which authorizes us to receive this information.

I would appreciate it if you would forward this information to my office as soon as possible.

Very truly yours,

Miranda L. Soucie
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MLS/ejs
Enclosures

2807 N Vermilion, Ste 3
Danville, IL 61832
(217) 443-4343

317 E University Avenue
Champaign, IL 61820
(217) 328-2828

1230 W Court Street
Kankakee, IL 60901
(815) 929-9292

Fax: (217) 443-4545
Please direct all mail to our Danville address.

CERTIFICATION OF BILLING RECORDS

**University Of Chicago Medicine
150 Harvester
Suite 300
Burr Ridge, IL 60527**

**Liam Cutts
DOA: 5/14/2022
DOB: 9/25/2013
DOS: 4/28/2022 – 2/13/2024**

The undersigned is the custodian of the billing records of the above-named patient maintained by the above-named Health Care Provider. The undersigned certifies, under oath, that the attached copies of records for which this certification is made are true and complete reproductions of the original, digital or microfilmed records, which are housed and maintained by the above-named Health Care Provider. The original records were made in the regular course of business at or near the time of the occurrence of the matters set forth therein, by or from information transmitted by a person with knowledge of those matters. It is the regular practice of the above-named Health Care Provider to make such records in the regular course of business.

This certification is given under Illinois Rules of Evidence 803(6) & 902(11) by the custodian of the records of the above-named Health Care Provider instead of the custodian's personal appearance.

The service provided was necessary and the amount charged for the service was fair and reasonable at the time and place the service was provided. I have personal knowledge and experience regarding the charges set forth within the attached bills, including the customary charges for the services provided in the geographic area they were provided in. That based upon my experience and knowledge, the attached bills and the charges were fair and reasonable at the time the services were rendered.

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that s/he verily believes the same to be true.

Date: _____

Signed: _____

Printed: _____

Title: _____