



FAX COVER SHEET

DATE: December 16, 2020

FROM: Taylor Legler

Fax No.: 402 - 483 - 2981

Attn: Rachelle

IF YOU DO NOT RECEIVE THE ABOVE NUMBER OF PAGES, OR IF THERE IS A PROBLEM IN THIS TRANSMITTAL, PLEASE CALL (402) 477-0230 AS SOON AS POSSIBLE.

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WARNING/CAUTION: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS STRICTLY CONFIDENTIAL, SUBJECT TO THE ATTORNEY CLIENT PRIVILEGE, AND INTENDED ONLY FOR THE INDIVIDUAL AND ENTITY TO WHOM IT IS ADDRESSED ABOVE. IF THE RECIPIENT OF THIS MESSAGE IS NOT THE ADDRESSEE NAMED ABOVE, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY CAUTIONED AND NOTIFIED THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY COLLECT TELEPHONE CALL, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

we are holding off on having this opinion  
completed at this time.

Kindly,  
tml

# PRIMARY CARE PARTNERS

Your Partner in Health

Date: 10-27-20

Our office requires a pre-payment/charge of 50 cents per page when requesting medical records. As soon as payment is received records will be faxed or mailed.

Patient Name: REBECCA DACUS DOB: 7-30-54

Patient Account Number: DACREB5001

Handling Fee \$20.00 = 300.00 Per Hour 2 Hours  
~~Plus \$7.50 for every 15 min it takes preparing record~~

Number of Pages \_\_\_\_\_ x \$.50 per page = \$ \_\_\_\_\_ QUESTIONNAIRE

Postage = \$ \_\_\_\_\_

City & State tax = \$ \_\_\_\_\_

Records Sent MARY KAY HANSEN  
LAW OFF

Total = \$ 600.00

Thank You,

Dr. Gregory S Hurlbut  
Dr. Brandon D. Webb  
Angela Zavala APRN D.N.P  
Dr. John Majerus  
Dr. Rachel Blake  
Dr. Susan Johnson  
Dr. Jamie Dodge

Dr. James Carraher  
Dr. Scott Wilson  
Dr. Nathan DeNell  
Kerri Purkepile APRN NP  
Ashley Gunderson PA-C  
Katrina Dannewitz APRN NP

Primary Care Partners  
3201 Pioneers Blvd #304  
Lincoln, Ne. 68502

NOTE: PLEASE RETURN THIS FORM WITH PAYMENT

Fax: 402-483-2981

Tax ID # 47-0683941

ATTN: RACHELLE

ATTN: Lisa