



DATE:

ATTENTION: ACCOUNTS RECEIVABLE

NAME OF OFFICER:

I.O.D. CASE NO.: _____

DATE OF TREATMENT:

It has come to the attention of the Chicago Police Department that the above named officer was treated at your medical facility on the date indicated.

Please forward the applicable documents - UB92 with itemized bill, HCFA, emergency room report, medical statement, X-ray report - to this office so that a determination can be made as to whether the injuries reported by the officer occurred in performance of Department duties.

Your prompt attention in this matter will enable the Injured on Duty Unit to process and forward outstanding debts to the City of Chicago, Committee on Finance, for approval of payment, and to notify creditors of payments that are the responsibility of the officer.

All correspondence regarding payments should be directed to:

Injured on Duty Unit
Medical Section
3510 South Michigan Avenue
Chicago, Illinois 60653
Telephone: (312) 745-5005