

Name and Address of Sender
Quality Medical Billing, Inc.
 70-36 137th Street
 Flushing, NY 11367

Check type of mail or service:

<input type="checkbox"/> Certified	<input type="checkbox"/> Recorded Delivery (International)
<input type="checkbox"/> COD	<input type="checkbox"/> Registered
<input type="checkbox"/> Delivery Confirmation	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Insured	

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. VERD, L J 10-11-2010	Atlantis Hlth Plan Bowling Green Station New York, NY 10274											
2. ALFA, E 10-12-2010	Bricklayers Insurance 66-05 Woodhaven Blvd Rego Park, NY 11374											
3. HARR, K 10-14-2010	Chesterfield Resources P.O. Box 1884 Akron, OH 44309											
4. CAMM, P 10-12-2010	Empire Blue Cross Blue Shield of NY POB 1407 New York, NY 10008											
5. ORTI, L 10-14-2010	Empire Blue Cross Blue Shield of NY POB 1407 New York, NY 10008											
6. ZOTK, H 10-14-2010	Empire Blue Cross Blue Shield of NY POB 1407 New York, NY 10008											
7. CHAP, J R 10-08-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
8. FERI, A 10-11-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
Total Number of Pieces Listed by Sender 8	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)										
See Privacy Act Statement on Reverse												

Delivery Confirmation
 Signature Confirmation
 Special Handling
 Restricted Delivery
 Return Receipt

Name and Address of Sender
 Quality Medical Billing, Inc.
 70-36 137th Street
 Flushing, NY 11367

Check type of mail or service:

- | | |
|--|--|
| <input type="checkbox"/> Certified | <input type="checkbox"/> Recorded Delivery (International) |
| <input type="checkbox"/> COD | <input type="checkbox"/> Registered |
| <input type="checkbox"/> Delivery Confirmation | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured | |

Affix Stamp Here
 (If issued as a
 certificate of mailing,
 or for additional
 copies of this bill)
 Postmark and
 Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. LIGU, P R 10-12-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
2. ROBL, A J 10-12-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
3. SAVA, D S 10-11-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
4. ZELA, J A 10-04-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
5. ZWER, J C 10-14-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
6. HOWE, S 10-11-2010	Group Hlth, Inc. (GHI) 441 Ninth Avenue New York, NY 10001											
7. MAIL, M L 10-14-2010	Group Hlth, Inc. (GHI) 441 Ninth Avenue New York, NY 10001											
8. VANN, J 10-14-2010	Group Hlth, Inc. (GHI) 441 Ninth Avenue New York, NY 10001											
Total Number of Pieces Listed by Sender 8	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)										
See Privacy Act Statement on Reverse												

Delivery Confirmation
 Signature Confirmation
 Special Handling
 Restricted Delivery
 Return Receipt

Name and Address of Sender
Quality Medical Billing, Inc.
 70-36 137th Street
 Flushing, NY 11367

Check type of mail or service:

- | | |
|--|--|
| <input type="checkbox"/> Certified | <input type="checkbox"/> Recorded Delivery (International) |
| <input type="checkbox"/> COD | <input type="checkbox"/> Registered |
| <input type="checkbox"/> Delivery Confirmation | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Insured | |

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. DAGO, A 10-14-2010	HCIIPA 1225 Franklin Avenue, Suite 100 Garden City, NY 11530											
2. VERG, R 10-14-2010	HIP Health Plan of New York P.O. Box 2803 New York, NY 10116											
3. YOUS, S 10-08-2010	HIP Health Plan of New York P.O. Box 2803 New York, NY 10116											
4. HARD, C 09-02-2010	Oxford Hlth Plans NY City Branch POB 7082 Bridgeport, CT 06601											
5. PETR, K 10-11-2010	Oxford Hlth Plans NY City Branch POB 7082 Bridgeport, CT 06601											
6. SCAN, A 10-14-2010	Oxford Hlth Plans NY City Branch POB 7082 Bridgeport, CT 06601											
7. VENT, V 10-14-2010	Oxford Hlth Plans NY City Branch POB 7082 Bridgeport, CT 06601											
8. SPAT, J 09-23-2010	UHC P.O. Box 1600 Kingston, NY 12401											
Total Number of Pieces Listed by Sender 8	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)										
See Privacy Act Statement on Reverse												

Delivery Confirmation
 Signature Confirmation
 Special Handling
 Restricted Delivery
 Return Receipt

Name and Address of Sender
Quality Medical Billing, Inc.
 70-36 137th Street
 Flushing, NY 11367

Check type of mail or service:

<input type="checkbox"/> Certified	<input type="checkbox"/> Recorded Delivery (International)
<input type="checkbox"/> COD	<input type="checkbox"/> Registered
<input type="checkbox"/> Delivery Confirmation	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Insured	

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1. SPAT, V 09-23-2010	UHC P.O. Box 1600 Kingston, NY 12401											
2.												
3.												
4.												
5.												
6.												
7.												
8.												
Total Number of Pieces Listed by Sender 1	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)										
See Privacy Act Statement on Reverse												

Delivery Confirmation
 Signature Confirmation
 Special Handling
 Restricted Delivery
 Return Receipt