GRABB & DURANDO, P.C.

PERSONAL INJURY ATTORNEYS

January 15, 2026

NextCare Urgent Care
1218 W. Irvington Rd. Suite 150
Tucson, AZ 85714

Via Fax to (855) 522-8152

REQUEST FOR MEDICAL RECORDS AND ITEMIZED BILLING STATEMENTS

Re:	***Our Client:***	***Luis Nichols***
	Date of Birth:	***July 1, 2006***
	Date of Accident:	***October 6, 2025***

Dear Custodian of Records:

Please be advised that this firm represents **Luis Nichols** for injuries suffered in an automobile accident as referenced above. It is our understanding you rendered medical services to our client. **Please forward medical records and itemized billing statements to include all dates of service beginning with the date of accident listed above to the present regarding accident-related treatment of our client.** Enclosed is an authorization to release complete medical records and itemized billing statements.

We are now accepting records via email in Acrobat pdf format, send to **avazquez@grabblaw.com.** You may also forward copies of the above records to my office address: **2929 E. Broadway Blvd. Tucson, AZ 85716.** In the event you require prepayment, please fax your invoice to our new fax number **888-778-1472** and we will remit payment.

If copying charges exceed $50.00, we request that you contact our office prior to copying for fee approval.

We are expecting to receive these records in our office by **February 15, 2026**. Please call if that deadline cannot be met. Thank you for your kind attention to this matter.

Sincerely,

GRABB & DURANDO, PC

Ana Vazquez
Paralegal to Robert M. Grabb, Esq.

/pg
Enclosure

HIPAA COMPLIANT AUTHORIZATION TO USE OR DISCLOSE PROTECTED INFORMATION IN DIGITAL FORMAT

Patient Name: Luis Nichols **Health Record Number:** —

Date of Birth: 07/01/2006 **SSN:** xxx-xx- 9284

1. Grabb & Durando, PC is authorized to request records on my behalf in digital format per the Federal HITECH Act.

2. The following named individual or organization is authorized to make a disclosure:

   Name: NextCare Urgent Care
   Address 1218 W. Irvington Rd. Suite 150
   Tucson, AZ 85714
   DOS: 10/06/2025 - 01/15/2026

3. The type and amount of information to be used or disclosed is my ***entire medical record (including billing & pharmacy), school records, financial records and employment records.***

4. I authorize the provider to use or disclose information related to:
   - ☑ AIDS/HIV and other Communicable Diseases
   - ☑ Behavioral Healthcare/Psychiatric Care
   - ☑ Alcohol and/or Drug Abuse Treatment
   - ☑ Genetic Testing Information

5. This information shall be provided to, disclosed to and used by Grabb & Durando, PC for the purpose of legal advice and/or pursuing a personal injury claim, including litigation.

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire at the *conclusion of my personal injury claim or discharge as representative of the personal injury claim.* **Photocopies of this authorization shall have the same effect and validity as the original.** (If I fail to specify an expiration date, event or condition, this authorization will expire in six months; for drug and alcohol records this authorization will expire in 60 days).

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Healthcare Provider regarding their privacy practices.

Luis Nichols
Signature of Patient or Legal Representative

DATED: 01/15/2026

If Signed by Legal Representative, Relationship to Patient

Signature of Witness

Datavant-PAYMENTS ONLY
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Date
01/27/2026
Request ID #
0541052573

Ship To:

ANA VAZQUEZ
GRABB AND DURANDO
2929 E BROADWAY BLVD
TUCSON,AZ 85716-5311

Requested By: GRABB AND DURANDO PC
Patient Name: NICHOLS LUIS
DOB : 07/01/2006

Records From:

URGENT CARE SPEEDWAY
1370 N SILVERBELL
STE 170
TUCSON,AZ 85745

Urgent Care Speedway
1370 N Silverbell
Ste 170
Tucson, AZ 85745

IMPORTANT INFORMATION REGARDING YOUR REQUEST FOR MEDICAL RECORDS

01/27/2026

To: GRABB AND DURANDO
2929 E BROADWAY BLVD
TUCSON, AZ 85716-5311

Re: LUIS NICHOLS - Urgent Care Speedway - eRID 294069202

We are unable to comply with your request at this time for the following reason(s):

Incorrect Location
We have received your request for medical records. However, please note that requests for the site listed on your request/authorization are not processed at this location.
To avoid delays in fulfilling your request, we kindly ask that you resend your request to the correct facility or records department associated with that site. If you are unsure of the appropriate contact information, you may wish to reach out directly to the healthcare provider or site noted on the request for further guidance.

WE ARE NORTHWEST ALLED URGENT CARE . YOU ARE REQUESTING NEXTCARE URGENT CARE .

Sincerely,

Urgent Care Speedway