

YES  NO

EXHIBITS

CASE NO. 2023 CH 01290

DATE: 2-9-23

CASE TYPE: Class Action

PAGE COUNT: 18

CASE NOTE

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COURT DEPARTMENT, LAW DIVISION

CARL FISHER, individually and on behalf of  
all others similarly situated,

Plaintiff,

v.

THE UNIVERSITY OF CHICAGO  
MEDICAL CENTER d/b/a UCHICAGO  
MEDICINE, THE UNIVERSITY OF  
CHICAGO MEDICAL CENTER a/k/a THE  
UNIVERSITY OF CHICAGO HOSPITALS  
AND HEALTH SYSTEM a/k/a THE  
UNIVERSITY OF CHICAGO HOSPITALS  
a/k/a THE UNIVERSITY OF CHICAGO  
MEDICINE,

Defendants.

DEMAND FOR JURY TRIAL

Case No. 2023CH01290

FILED DATE: 2/9/2023 12:49 PM 2023CH01290

**CLASS ACTION COMPLAINT**

Plaintiff Carl Fisher, individually and on behalf of the class of persons preliminarily defined below, make the following allegations based upon information and belief, except as to allegations specifically pertaining to Plaintiff, which are based on personal knowledge.

**I. NATURE OF THE ACTION**

1. Plaintiff Carl Fisher brings this Complaint against Defendants The University of Chicago Medical Center d/b/a UChicago Medicine, The University of Chicago Medical Center a/k/a The University of Chicago Hospitals and Health System a/k/a The University of Chicago Hospitals a/k/a The University of Chicago Medicine (hereinafter collectively referred to as "Defendants"), which operate numerous hospitals and emergency rooms in the State of Illinois, including Defendant The University of Chicago Medical Center which provided emergency care to Plaintiff and other similarly situated patients.

2. In this action, Plaintiff challenges Defendants' unfair, deceptive, and unlawful practice of charging its emergency care patients a substantial undisclosed emergency room visitation fee (hereinafter the "Visitation Fee").

3. The Visitation Fee is billed on top of the charges for the individual items of treatment and services provided, but is not disclosed in advance of treatment and is effectively concealed from a patient presenting at one of Defendants' emergency rooms.

4. This action is limited to individuals who were provided emergency care after presenting at an emergency room facility operated by Defendants or one of its affiliates during the last five years.

## II. PARTIES

5. Plaintiff Carl Fisher is a citizen and resident of the State of Illinois who treated at Defendant The University of Chicago Medical Center's emergency room in Chicago, Illinois.

6. Defendant The University of Chicago Medical Center ("UChicago") is an Illinois corporation with its principal place of business at 5841 S. Maryland Ave., Chicago, Illinois 60637. It operates over ten (10) hospitals throughout Illinois. Among other things, Defendant UChicago and its affiliates provide emergency services to patients, including Plaintiff and members of the proposed class.

7. Defendants may be served through their Registered Agent John Satalic, located at 5841 S. Maryland, Chicago, Illinois, 60637.

8. Plaintiff is informed and believes, and thereon alleges, that Defendants own, operate, and/or provide management and billing services to said UChicago and to other UChicago-affiliated hospitals and emergency facilities.

### III. JURISDICTION AND VENUE

9. This Court has personal jurisdiction over Defendants. All facts giving rise to this action occurred in the State of Illinois, and at all times relevant to this matter, Defendants engaged in and carried on a business venture in Illinois, maintained offices in Illinois, and maintained its principal office in Illinois. Plaintiff's injuries occurred in Illinois and arose out of the acts and omissions that occurred in the State of Illinois.

10. Defendants regularly and systematically conduct business and bill or charge patients to whom they provide medical emergency services, including Plaintiff and members of the putative class, in Cook County. As such, Defendants are subject to the jurisdiction of this Court.

11. Venue is likewise proper in Cook County pursuant to 735 ILCS 5/2-101.

### IV. BACKGROUND FACTS

12. At all relevant times, patients presented to Defendants' emergency room for medical services and said patients received medical bills for such services rendered by Defendants. However, Defendants wholly failed to describe, mention, or otherwise inform emergency care patients of Defendants' intention to add separate surprise visitation fees (the "Visitation Fee") to patients' bills and did not establish any agreements or promises for emergency room patients to pay separate Visitation Fees for their visit.

13. Further, upon information and belief, neither Defendants' intention to add a Visitation Fee to the total charges for the visit, nor the amounts of such Visitation Fees, nor the manner in which the facility fee levels and amounts would be determined, were ever disclosed in any manner.

14. By way of background, the Visitation Fees are unlike the individual billable items of treatment or care provided to an individual patient, such as imaging services, laboratory

services, sterile supplies, drugs, or any of the other numerous items or procedures which are separately charged. The Visitation Fee is uniformly assessed for presenting and being seen at Defendants' emergency rooms.

15. Additionally, the Visitation Fee is determined after discharge based on five fixed levels, with the level of the charge being based on criteria unknown and undisclosed to patients.

16. The Visitation Fee is a separate, distinct charge imposed on top of the "total charges", or other individual billable charges for services rendered to each individual patient. The total charges for a hospital visit are calculated by adding up all the individual "standard charges" for items of service or treatment provided during the hospital visit. The "standard charges" for each item of service or treatment are listed, pursuant to regulations, in a hospital's Charge Description Master ("Chargemaster") which is a lengthy list of code identifiers, descriptors, and charges for each billable item of service or treatment which the hospital offers to patients.

17. Notably, while regulations require hospitals to list their "standard charges" online, the inclusion of these fees in a hospital's Chargemaster list of standard charges does not adequately inform patients that a substantial Visitation Fee will be added to their total charges simply as a result of being seen in one of Defendants' emergency rooms, since a Chargemaster, by definition, is merely a list of a hospital's "standard charges" for the services it offers.

18. On its website, UChicago has a "Price Transparency" page with a section titled "Standard Charges" that states "the University of Chicago Medicine is posting a list of our standard charges and payer-specific negotiated charges to support price transparency, in accordance with the Centers for Medicare and Medicaid Services regulatory requirements."<sup>1</sup> However, the format

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<sup>1</sup> [Price Transparency - UChicago Medicine](#)

of UChicago's online listing of "standard charges" is wholly inadequate for use by anyone since the descriptions contained in the individual line items are highly abbreviated and unintelligible.

19. More importantly, nowhere on UChicago's website does it provide any disclosure of emergency room fees, particularly, the Visitation Fee.

20. Additionally, pursuant to 210 ILCS 88/5 § 5, the Fair Patient Billing Act provides that "[p]atients, hospitals, and government bodies alike will benefit from clearly articulated standards regarding fair billing and collection practices for all Illinois hospitals." 210 ILCS 88/5 § 5(2). The Act further states that "[p]atients should be provided sufficient billing information from hospitals to determine the accuracy of the bills for which they may be financially responsible." 210 ILCS 88/5 § 5(4). Defendants have violated and continue to violate Illinois' Fair Patient Billing Act by failing to provide sufficient billing information to its patients, including Plaintiff Carl Fisher and Class members.

21. Moreover, the failure to disclose the Visitation Fee is particularly egregious in light of the fact that Defendants represent themselves as providing care and help to patients in the community. The high cost of medical services is a matter of great public concern, and emergency care patients have a right to be informed of a Visitation Fee before it is incurred. Unlike a normal arms-length transaction between a buyer and seller, a patient seeking medical services at one of Defendants' emergency rooms places a greater degree of trust and confidence on the good intentions of the hospital to treat him or her fairly, up to and including through Defendants' billing practices.

22. Knowledge of Defendants' intention to add a Visitation Fee for an emergency room visit, if known about prior to the charge being incurred, would be a substantial factor in a patient's decision to remain at the hospital or seek less costly treatment elsewhere. In making decisions

regarding medical services, patients are owed, under the law, price transparency and informed consent.

23. Emergency care patients have no obligation to pay a Visitation Fee that is not described, mentioned, or agreed to in advance of hospital services being rendered to them at an Emergency Room. Defendants have a legal duty to disclose their intention to bill a Visitation Fee as part of the total charges for an emergency room visit, because the Visitation Fee is substantial, Defendants systematically bill the Visitation Fee for each such visit, and very few patients are aware of this Visitation Fee and have no reasonable way of knowing about it. This duty to disclose the Visitation Fee arises under Illinois' Consumer Fraud and Deceptive Business Practices Act.

#### V. FACTS SPECIFIC TO PLAINTIFF CARL FISHER

24. As set forth in more detail below, Plaintiff Carl Fisher presented to UChicago's emergency room on several occasions, and upon information and belief, not only was Plaintiff Fisher charged surprise Visitation Fees, but he was also inconsistently charged with Visitation Fees that significantly increased over time for reasons not disclosed, concealed, and otherwise unknown to Plaintiff.

25. Plaintiff presented to UChicago's Emergency Room on or about January 15, 2019, July 30, 2019, April 6, 2021, April 16, 2021, December 15, 2021, January 12, 2022, and March 22, 2022. For each of those visits, Plaintiff received emergency treatment/services at UChicago, and Defendants subsequently sent or caused to be sent to Plaintiff a summary bill. Plaintiff was charged a Visitation Fee for each visit which ranged from \$159.00 to \$738.00. As stated above, the reasons for the different levels and amounts of Visitation Fees were based on criteria unknown and undisclosed to Plaintiff.

26. Then, on or about June 16, 2022, Plaintiff Fisher presented to UChicago's emergency room for treatment/services, and Defendants subsequently sent or caused to be sent to Plaintiff a summary bill showing the "Total Charges" of \$24,346.38. The Total Charges included a Visitation Fee of \$4,670.00, which was not described or mentioned by Defendants and was not otherwise disclosed to Plaintiff, and which Plaintiff did not promise or agree to pay. The Visitation Fee was a sizeable and significant increase from Plaintiff's prior visits to the same emergency room for reasons again undisclosed and unknown to Plaintiff.

27. On or about July 10, 2022, Plaintiff Fisher presented to UChicago's emergency room for treatment/services, and Defendants subsequently sent or caused to be sent to Plaintiff a summary bill showing the Total Charges of \$53,773.10. The Total Charges included a Visitation Fee of \$4,810.00, which was not described or mentioned by Defendants and was not otherwise disclosed to Plaintiff, and which Plaintiff did not promise or agree to pay. This Visitation Fee was another surprise significant increase from Plaintiff's prior visits without any explanation from Defendants.

28. On or about October 1, 2022, Plaintiff again presented to UChicago's emergency room for treatment/services, and Defendants subsequently sent or caused to be sent to Plaintiff a summary bill showing the Total Charges of \$108,942.14. The Total Charges included a Visitation Fee of \$4,810.00, which was not described or mentioned by Defendants and was not otherwise disclosed to Plaintiff, and which Plaintiff did not promise or agree to pay. Again, this Visitation Fee was another surprise significant increase from Plaintiff's prior visits without any explanation from Defendants.

29. The Visitation Fees listed above were not described or mentioned by Defendants, was not verbally disclosed to Plaintiff Fisher at the time he received treatment at Defendants'



emergency room (or at any other time), was not posted on signage in Defendants' emergency room, and which Plaintiff did not promise or agree to pay.

30. Plaintiff Fisher was shocked, dismayed, and aggrieved when he found out that he had been charged substantial, significantly increasing, and undisclosed Visitation Fees that he never agreed to pay.

## VI. CLASS ACTION ALLEGATIONS

31. Plaintiff brings this action individually and as a class action on behalf of himself and the following proposed Class:

All citizens of Illinois who, during the applicable statute of limitations, were patients who received treatment at any of Defendants' emergency room facilities located in Illinois, and who were charged an emergency room fee which was billed in addition to the charges for the individual items of treatment and services provided (the "Class").

Plaintiff reserves the right to modify or amend the definition of the Class as this litigation proceeds.

32. Excluded from the Class are Defendants, its parents, subsidiaries, affiliates, officers and directors, any entity in which Defendant The University of Chicago Medical Center has a controlling interest, all individuals who make a timely election to be excluded, governmental entities, and all judges assigned to hear any aspect of this litigation, as well as their immediate family members.

33. This action is properly maintainable and certifiable as a class action under 735 ILCS 5/2-801.

34. *Numerosity*: The members of the proposed Class is so numerous that individual joinder of all members is impracticable. The exact number and identities of the members of the proposed Class is unknown at this time and can be ascertained only through appropriate discovery. Plaintiff estimates the number of members in the Class to be in the thousands.

35. *Commonality*: There are many questions of law and fact common to Plaintiff and the Class, and those questions substantially predominate over any questions that may affect individual Class members. Common questions of law and fact include:

a. Whether Defendants' uniform practice of billing emergency room patients a substantial, totally undisclosed and hidden Visitation Fee is unfair, deceptive, and/or unlawful;

b. Whether Defendants are entitled to bill emergency room patients a Visitation Fee without prior notice to the patients of their intention to do so;

c. Whether Plaintiff and other members of the Class have sustained damages as a result of Defendants' unfair, deceptive, and/or unlawful billing of substantial and undisclosed fees;

d. Whether Defendants violated Illinois Consumer Fraud and Deceptive Business Practices Act;

e. Whether Defendants were unjustly enriched by its unfair, deceptive, and/or unlawful billing of substantial and undisclosed fees;

f. Whether injunctive, declaratory, and/or other equitable relief is warranted pursuant to the Illinois Consumer Fraud and Deceptive Business Practices Act;

g. Whether Plaintiff and the Class are entitled to an award of punitive damages as permitted by the Illinois Consumer Fraud and Deceptive Business Practices Act;

h. The proper method or methods by which to measure damages; and

i. The declaratory and injunctive relief to which the Class are entitled.

36. *Typicality*: Plaintiff's claims are typical of the claims of the members of the Class. Plaintiff and all members of the Class have been similarly affected by Defendants' actions.

37. *Adequacy of Representation*: Plaintiff will fairly and adequately represent and protect the interests of the Class. Plaintiff has retained counsel with substantial experience in prosecuting complex and consumer class action litigation. Plaintiff and Plaintiff's counsel are committed to vigorously prosecuting this action on behalf of the Class and have the financial resources to do so.

38. *Predominance*: The questions of law and fact common to the Class as set forth in the "commonality" allegation above predominate over any individual issues. As such, the "commonality" allegations are restated and incorporated herein by reference.

39. *Appropriateness/Superiority*: Plaintiff and the members of the Class suffered, and will continue to suffer, harm as a result of Defendants' unlawful and wrongful conduct. A class action is superior to other available methods for the fair and efficient adjudication of the present controversy. Individual joinder of all members of the Class is impractical. Even if individual Class members had the resources to pursue individual litigation, it would be unduly burdensome to the courts in which the individual litigation would proceed. Individual litigation magnifies the delay and expense to all parties in the court system of resolving the controversies engendered by Defendants' common course of conduct. The class action device allows a single court to provide the benefits of unitary adjudication, judicial economy, and the fair and equitable handling of all class members' claims in a single forum. The conduct of this action as a class action conserves the resources of the parties and of the judicial system and protects the rights of the Class members.

40. This proposed class action does not present any unique management difficulties.

41. All conditions precedent to bringing this action have been satisfied and/or waived.

**FIRST CAUSE OF ACTION**  
**Violations of the Illinois Consumer Fraud and Deceptive  
Business Practices Act, 815 ILCS 505/1, et seq.**  
**(On Behalf of Plaintiff and the Class)**

42. Plaintiff incorporates by reference the preceding paragraphs.

43. Section 2 of the Illinois Consumer Fraud and Deceptive Business Practices Act (“ICFA”), prohibits unfair methods of competition and unfair or deceptive acts or practices, including, but not limited to, “the use of employment of any deception, fraud, false pretense, false promise, misrepresentation or the concealment, suppression or omission of any material fact, with intent that others rely upon the concealment, suppression or omission of such material fact... in the conduct of any trade or commerce... whether any person has in fact been misled, deceived or damaged thereby.” 815 ILCS 505/2.

44. Pursuant to ICFA, Defendants have a duty not to engage in any unethical or unfair practice in connection with its medical billing practices as it provides emergency medical services to the public. Additionally, pursuant to Illinois’ Medical Patient Rights Act, health care providers are responsible for providing a reasonable explanation of the specific services provided by a health care provider. 410 ILCS 50/3 § 3(b).

45. As set forth above, Defendants knew or should have known that it was charging a Visitation Fee without providing any notice to Plaintiff and the Class. At a minimum, Defendants omitted material facts by not disclosing to Plaintiff and the Class at the time of admission to the emergency room: (a) that the medical bill would include an excessive amount for simply visiting the emergency room; (b) that the amount substantially changes; and (c) that there is an unknown and hidden analysis of calculating such amount.

46. Defendants’ omissions and nondisclosures of the above stated facts constituted a failure to disclose material facts that were known to it.

47. The aforesaid unfair acts occurred in the course of conduct involving trade and commerce as it arose out of the business aspect of Defendants' medical billing practice and not the actual practice of medicine.

48. Defendants intended that Plaintiff and the Class rely on the aforesaid unfair and deceptive acts and practices.

49. The unfair and deceptive acts and practices engaged in by Defendants, as set forth herein, constitute unfair business practices in violation of 815 ILCS § 505/1 *et seq.* because they: (a) offend public policy; (b) are immoral, unethical, oppressive, or unscrupulous; and/or (c) cause substantial injury to consumers.

50. Plaintiff visited Defendants' emergency room and suffered an ascertainable loss of money because of Defendants' nondisclosure of Visitation Fees in violation of the ICFA and for billing those Visitation Fees to Plaintiff.

51. As a result of Defendants' past, present and future unfair and deceptive business practices with its surprise fee medical billing, Defendants have monetarily profited, and Plaintiff and the members of the Class have been monetarily damaged, and are likely to be continuously damaged by Defendants' aforesaid acts.

52. Defendants' conduct as aforesaid was wanton, willful, outrageous, and in reckless indifference to the rights of Plaintiff and others similarly situated and, therefore, warrants the imposition of punitive damages.

53. As a result of Defendants' willful unfair and deceptive business practices under Illinois law, Plaintiff and the Class are entitled to recover their costs and attorneys' fees.

**SECOND CAUSE OF ACTION**  
**Negligence Per Se – Violation of Medical Patient Rights Act, 410 ILCS 50/3 § 3(b)**  
**(On Behalf of Plaintiff and the Class)**

54. Plaintiff incorporates by reference the preceding paragraphs.

55. According to Illinois law, a violation of a statute or ordinance is prima facie evidence of negligence.

56. The Medical Patient Rights Act enumerates certain patient rights, including the “right of each patient, regardless of source of payment, to examine and receive a reasonable explanation of his total bill for services rendered by his physician or health care provider, including the itemized charges for specific services rendered. Each physician or health care provider shall be responsible only for a *reasonable explanation* of those specific services provided by such physician or health care provider.” 410 ILCS 50/3(b) (emphasis added).

57. Defendants violated the Medical Patient Rights Act by failing to provide Plaintiff and Class members with any explanation, let alone a reasonable explanation, of the substantial Visitation Fees it charges each time a patient simply visits its emergency room.

58. Here, Plaintiff Fisher visited Defendants’ emergency room on several occasions, and as set forth above, he received medical bills after each visit that significantly differed from the last without any reasonable explanation.

59. As a proximate result of Defendants’ violation and conduct alleged herein, Plaintiff and Class members have been damaged.

**THIRD CAUSE OF ACTION**  
**Unjust Enrichment**  
**(On Behalf of Plaintiff and the Class)**

60. Plaintiff incorporates by reference the preceding paragraphs.

61. Defendants are liable for unjustly enriching at the expense of Plaintiff and the Class.

62. Plaintiff and the Class members conferred a monetary benefit on Defendants when they chose to be treated at Defendant's emergency room and were billed for and/or paid for medical services.

63. As set forth above, Defendants knowingly concealed material facts in connection with its medical billing practices, when it charged its patients surprise and undisclosed Visitation Fees.

64. Defendants have continued to charge Plaintiff and Class members a Visitation Fee, and as set forth above, significantly increased the amount of such Fee without disclosing the reasoning for such increase to Plaintiff and Class members.

65. As a result, Defendants are unjustly enriched at the expense of Plaintiff and the Class.

66. Under principles of equity and good conscience, Defendants should not be permitted to retain the money belonging to Plaintiff and the Class that Defendants gained through deceptive and fraudulent material omissions in connection with its medical billing practices.

67. As a direct and proximate result of Defendants' conduct, Plaintiff and the Class members were charged a substantial Visitation Fee for each time they visited Defendants' emergency rooms, without being told of such Fee.

68. Accordingly, Plaintiff and the Class seek full disgorgement and restitution of the amounts Defendants have retained as a result of the unlawful and/or wrongful conduct alleged herein.

**FOURTH CAUSE OF ACTION**  
**Declaratory Judgment/Injunctive Relief**  
**pursuant to 735 ILCS 5/2-701 and 735 ILCS 5/11-101-02**  
**(On Behalf of Plaintiff and the Class)**

69. Plaintiff incorporates by reference the preceding paragraphs.

70. Pursuant to 735 ILCS 5/2-701, this Court has the power to declare rights or other legal relations of any interested party petitioning for such declaration, where, as here, there exists an actual controversy between Plaintiff and Defendants relating to their respective legal rights and duties under Illinois law.

71. Additionally, pursuant to 735 ILCS 5/11-101-2, this Court is authorized to grant injunctive relief, as necessary or appropriate in conjunction with Plaintiff's cause for declaratory judgment. Unless enjoined and restrained by this Court, Defendants will continue its acts of unfair and deceptive business practices, thereby deceiving and confusing the public and causing Plaintiff and the members of the Class immediate and irreparable harm, damage, and injury. Plaintiff is entitled to an Order of this Court enjoining Defendants' unlawful activities pursuant to the claims alleged herein.

72. Plaintiff and members of the Class are also entitled to a declaration that Defendants' practice of charging undisclosed emergency room facility fees, in addition to the charges for specific services and treatments provided, is a deceptive and unfair billing practice.

73. Plaintiff and members of the Class are entitled to a further declaration that Defendants owed Plaintiff and Class Members a duty to disclose its intention to charge a Visitation Fee, in advance of providing treatment that would trigger a Visitation Fee, because of (1) the



substantial nature of Defendants' Visitation Fee; (2) the relationship between Defendants and their emergency room patients; (3) the hidden nature of Defendants' Visitation Fee; (4) the general lack of knowledge of emergency room patients as to Defendants intent to bill them such a Visitation Fee; (5) the lack of reasonable opportunity for an emergency room patient to find out about such a Visitation Fee; and (6) Defendants are aware that a typical emergency room patient is not aware of their intention to add a Visitation Fee to the patient's bill.

74. The declarations above are necessary and appropriate since Plaintiff and the Class have been impacted financially by Defendants' excessive, undisclosed Visitation Fees. Plaintiff and Class Members have been billed these fees and owe this debt to Defendants. Even for those patients whose Visitations Fees has not yet been paid, they should not have to wait until collection efforts are underway, or their credit is ruined by negative credit entries, or lawsuits are instituted by Defendants, before obtaining a legal determination of their obligations with respect to Defendants' Visitation Fees.

75. Plaintiff is also entitled to declaratory and injunctive relief to prohibit Defendants from continuing to charge undisclosed Visitation Fees, and from pursuing existing collection activity for such undisclosed Visitation Fees.

### **REQUEST FOR RELIEF**

**WHEREFORE**, Plaintiff, individually and on behalf of the Class, respectfully request that the Court:

- a. Certification for this matter to proceed as a class action under 735 ILCS 5/2-801;
- b. Award Plaintiff and the Class statutory, actual, and punitive damages in an amount to be proven at trial;
- c. Award Plaintiff and the Class restitution in an amount to be proven at trial;

- d. Award Plaintiff and the Class pre- and post-judgment interest in the amount permitted by law;
  - e. Award Plaintiff and the Class attorneys' fees and costs as permitted by law;
  - f. Enjoin Defendants from engaging in the practices outlined herein;
  - g. Grant the declarations prayed for herein;
  - h. Grant Plaintiff and the Class a trial by jury;
  - i. Grant leave to amend these pleadings to conform to evidence produced at trial;
- and
- j. Grant such other relief as the Court deems just and proper.

**JURY DEMAND**

Plaintiff, by counsel, demands trial by jury.

Respectfully submitted,

Dated: February 9, 2023

/s/ Jacob W. Plattenberger  
Tor A. Hoerman, IL 6229439  
Jacob W. Plattenberger, IL 6297431  
Tyler J. Schneider, IL 6313923  
TORHOERMAN LAW LLC  
210 S. Main Street  
Edwardsville, IL 62025  
618-656-4400 Phone  
618-656-4401 Fax  
CookCountyService@thlawyer.com

John F. Garvey\*  
Colleen Garvey (#6337571)  
BRANSTETTER, STRANCH  
& JENNINGS, PLLC  
701 Market Street, Suite 1510  
St. Louis, Missouri 63101  
Tel: (314) 390-6750  
jackg@bsjfirm.com  
colleeng@bsjfirm.com

Lynn A. Toops\*  
COHEN & MALAD, LLP  
One Indiana Square, Suite 1400  
Indianapolis, Indiana 46204  
Phone: (317) 636-6481  
ltoops@cohenandmalad.com

J. Gerard Stranch, IV\*  
BRANSTETTER, STRANCH &  
JENNINGS, PLLC  
223 Rosa L. Parks Avenue, Suite 200  
Nashville, Tennessee 37203  
Phone: (615) 254-8801  
gerards@bsjfirm.com

Christopher D. Jennings\*  
JOHNSON FIRM  
610 President Clinton Avenue, Suite 300  
Little Rock, Arkansas 72201  
Phone: (501) 372-1300  
Fax: (888) 505-0909  
chris@yourattorney.com

\* *Pro Hac Vice* forthcoming

***Counsel for Plaintiff and the Proposed  
Plaintiff Class***

# ClassAction.org

This complaint is part of ClassAction.org's searchable class action lawsuit database and can be found in this post: [UChicago Medicine Unlawfully Charges Emergency Care Patients Undisclosed Visitation Fees, Class Action Says](#)

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