

December 7, 2006

Milwaukee City Clerk
200 East Wells Street

Re: Isadore Bilbrew
File No. 06-S-312

Dear City Clerk,

I am writing to you because I would like to appeal the City's decision on the above case.

Thank You
Isadore Bilbrew



CITY OF MILWAUKEE
2006 DEC 11 PM 1:56
RONALD D. LEONHARDT
CITY CLERK

CITY OF MILWAUKEE
RECEIVED
2006 DEC 11 PM 3:21
OFFICE OF
CITY ATTORNEY

10/12/2006

I was arrested by the Milwaukee Police Department on 8/6/06. During that I was handcuffed behind my back by one of the Officers. Although I had a broken arm, which I suffered the day before the arrest. (However it was still very sore.)

I was taken to the emergency room at St. Joseph Hospital. I had asked if I could bring my insurance card. The Police said, " You don't need it because You are in jail." Had I been able to take my insurance card I would not have a huge hospital bill.

There I sit in jail for three days without being charged with anything, that's Why I should not have to be out three days pay.

Please find enclosed itemized list:

Isadore Bilbrew



CITY OF MILWAUKEE
RECEIVED

2006 OCT 16 PM 4:44

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2006 OCT 16 AM 9:49
RONALD D. LEONHARDT
CITY CLERK

10/12/2006

1. Three days pay. (Gross).....516.00
2. Two views of the forearm.....48.00
3. Emergency Dept.....472.00
4. Pharmacy.....4.00
5. Radiology.....269.00

Total Charges.....1,309.00

DO NOT SEND PAYMENTS OR CORRESPONDENCE TO THIS ADDRESS
Radiology Associates Of Milwaukee, S.C.
 PO Box 835
 Oaks, PA 19456



FOR BILLING QUESTIONS,
 PLEASE CALL 414-475-2933
 Fax: 414-475-2935
 Office Hours: 9:00AM-4:00PM MON-FRI

SEND TO:

ISADORE BILBREW
 3733 N 40TH ST
 MILWAUKEE WI 53216-3026

4392-1040

REMIT TO: **PLEASE SEND ALL PAYMENTS AND CORRESPONDENCE TO THIS ADDRESS.**

Radiology Associates Of Milwaukee, S.C.
 PO BOX 14367
 MILWAUKEE WI 53214-0367



Patient: ISADORE BILBREW

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient: **ISADORE BILBREW** Referring Physician: **ROBINSON JOYCE**
 Account No: **71602340** Services Were Provided at: **ST JOSEPH REGIONAL MEDICAL CENTER**

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

MASTERCARD VISA

CARD NUMBER EXP. DATE AMOUNT

SIGNATURE MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE: 09-01-06 PAY THIS AMOUNT: \$48.00 ACCOUNT NO.: 71602340

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT PAID HERE \$

DATE	PROC CODE	DIAGNOSIS	UNITS	DESCRIPTION OF SERVICES	CHARGES	PAY/ADJ	INSUR. PENDING BALANCE	PATIENT BALANCE
08-07-06	73090	959.3	1	Forearm 2 Views	48.00			48.00



Wheaton Franciscan Healthcare

ST. JOSEPH

YOUR STATEMENT

Dear ISADORE BILBREW,

Thank you for choosing our facility for your health care needs. This is a second notice bill reminding you of the amount due for which you are responsible. This amount due is now considered **OUTSTANDING**. To prevent delays in scheduling of future services*, please send payment in full by due date or call our office today with any questions or to make payment arrangements. If you feel this bill is in error, please contact your insurance company and our office to discuss the situation and make corrections. If you have already mailed payment in full, please disregard this statement and accept our thanks for your response.

* Urgent or emergent medical needs, as determined by a physician, will not be delayed.

▶ **SUMMARY OF CHARGES**

EMERGENCY DEPT	472.00
PHARMACY	4.00
RADIOLOGY	269.25
Total Charges	\$745.25

▶ **ACCOUNT SUMMARY**

Account Number	71602340
Patient Name	BILBREW, ISADORE
Statement Date	09/13/06
Date of Service	08/07/06
Total Charges	\$745.25
Payments/Adjustments Received	-\$335.36

▶ **INSURANCE INFORMATION**

Primary	
Insurance Name	None listed
Secondary	
Insurance Name	None listed

▶ **QUESTIONS**

Billing questions or an itemized bill request? Call your customer service representative at 414-456-3000 (local) or 888-553-5009, Monday - Friday, 8:00 am to 5:00 pm. Questions concerning this statement can be emailed to wheatonbusinessoffice@wfhc.org. **See back for more information.**

Si tienes preguntas sobre tu cuenta porfavor llama 414-456-3000 or 888-553-5009.

This is your balance **\$409.89**