

**KECSKES & ASSOCIATES, PLLC**

30700 Telegraph Rd., Suite 3475  
Bingham Farms, Michigan 48025

Telephone (248) 644-8000  
Facsimile: (248) 644-1206

April 9, 2002

Bob Overholt, Esq.  
200 E. Wells, Room 800  
Milwaukee, Wisconsin 53202

Re: Tanya Dickson  
Our File No. 00-946

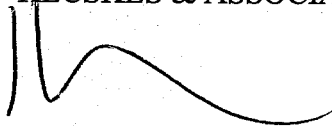
Dear Mr. Overholt:

Pursuant to our earlier telephone conversations, enclosed are photographs of the location of Ms. Dickson's fall, as well as photographs of her injuries.

If you recall, you requested this information in order to make a proper evaluation of Ms. Dickson's claim. Upon receipt of these materials, I request that you please contact me to discuss this matter in more detail.

Very Truly Yours,

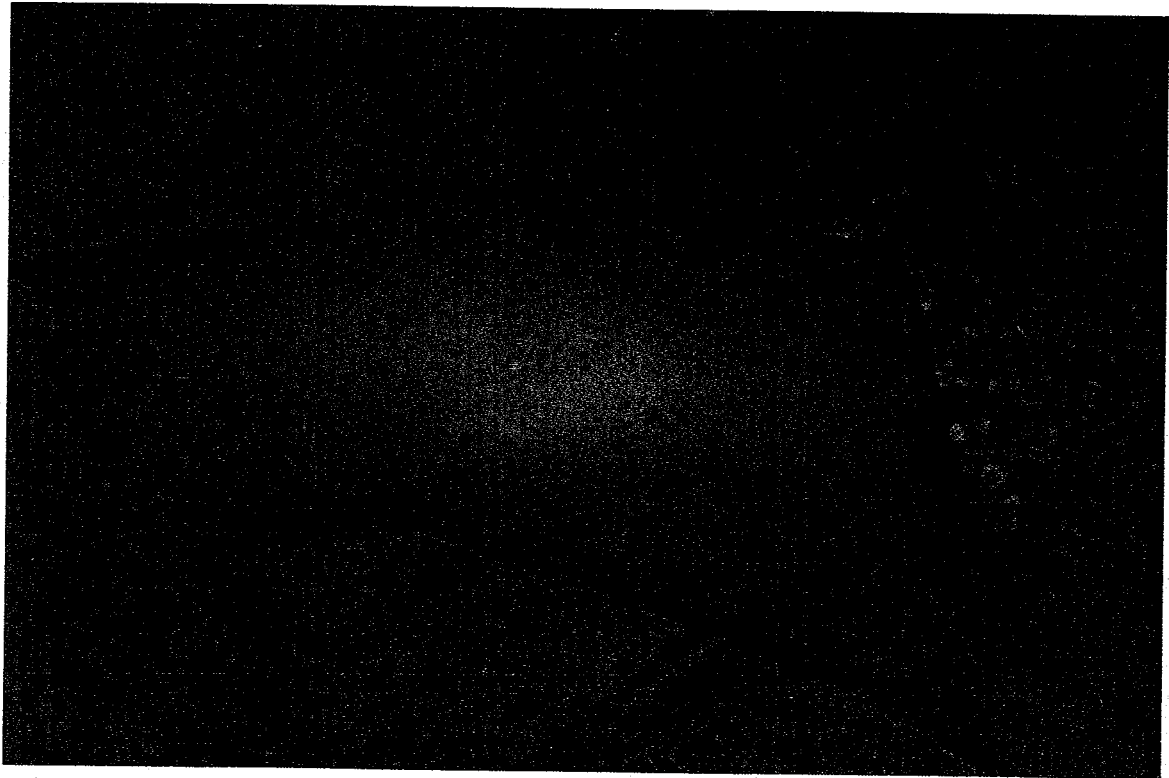
KECSKES & ASSOCIATES, PLLC

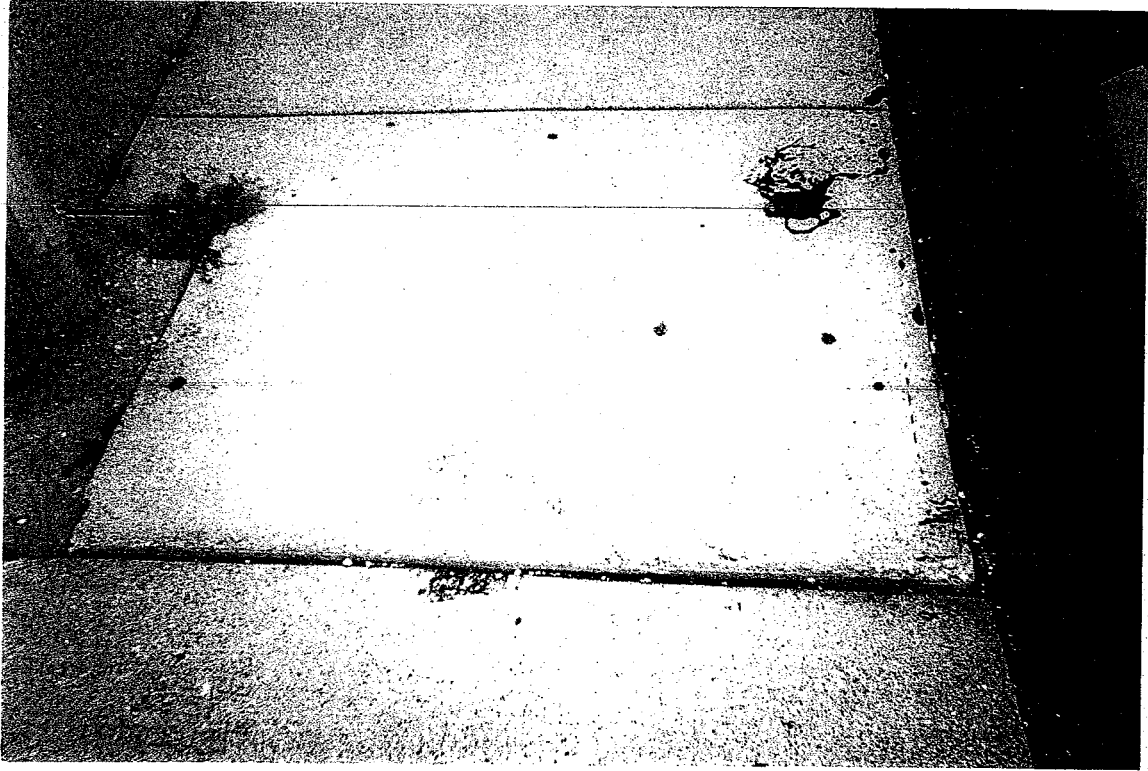


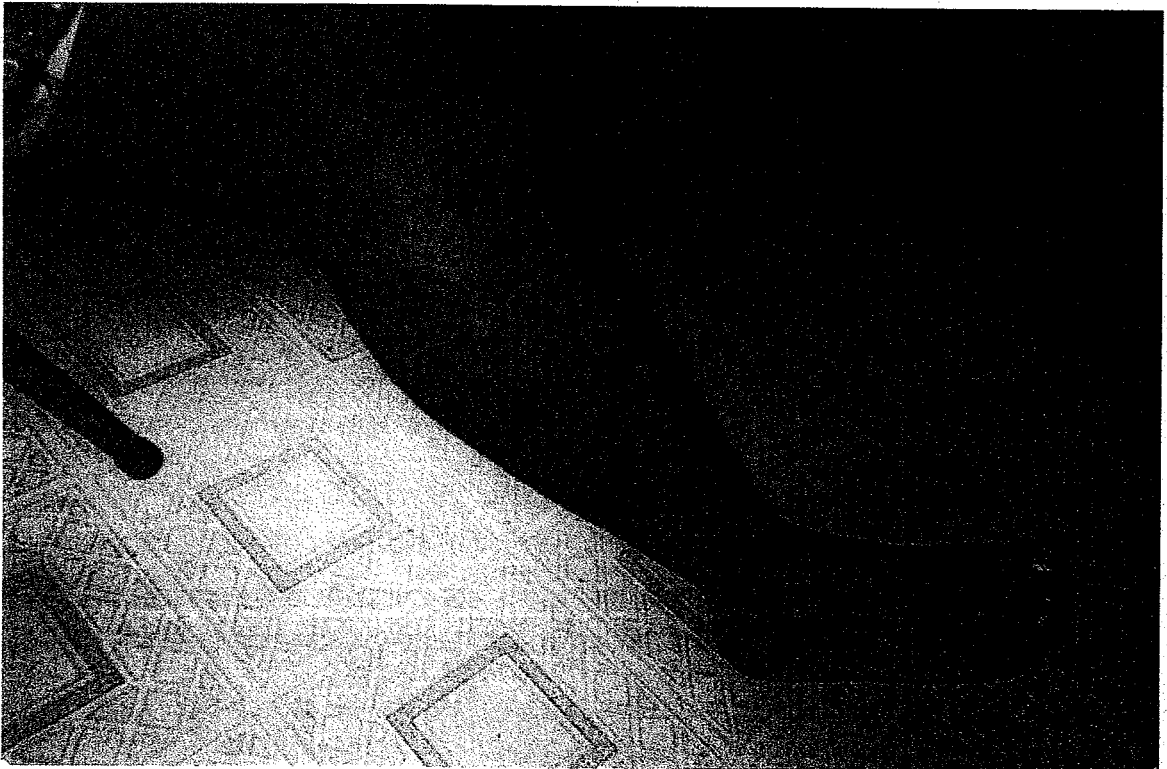
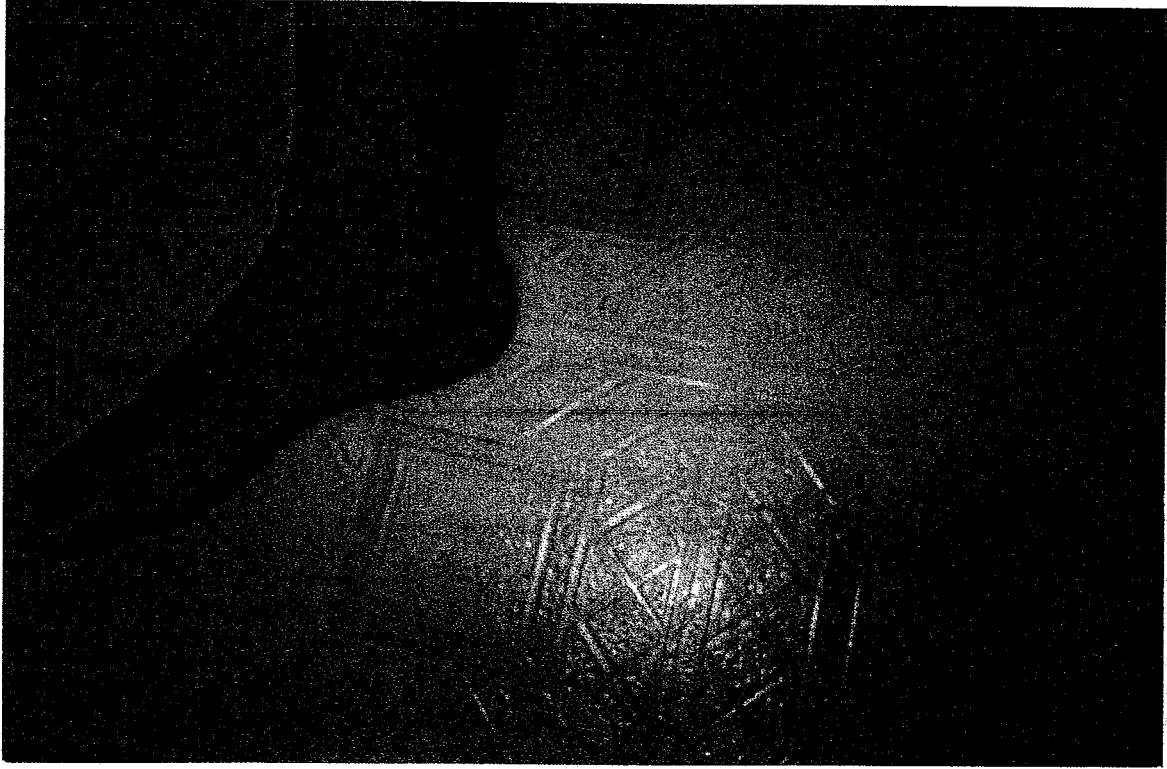
Keith J. Kecskes

KJK/eap  
Enclosure

cc: Ms. Tanya Dickson (w/ encls.)







S

**Ms. Tanya Dickson  
38629 Landcaster Drive  
Farmington Hills, Michigan 48331**

*Notification Under Section 893.80(1), Wis. Stats.*

CITY OF MILWAUKEE  
2002 JAN 28 AM 11:44  
RONALD D. LEONHARDT  
CITY CLERK

City Clerk  
City of Milwaukee  
Attn: Claims  
200 E. Wells St., Room 205  
Milwaukee, Wisconsin 53202-3567

Dear Sir or Madam:

On September 14, 2000, I was walking to a religious conference in the City of Milwaukee at the Milwaukee Auditorium, which began at 7:30 p.m. While walking on the sidewalk I tripped on a raised section of the sidewalk and sustained bodily injury.

I was taken by ambulance to Sinai Samaritan Hospital where it was determined that I had jaw and facial trauma and had swelling and pain in my right knee. Due to a lack of insurance, I have not been able to fully determine the extent of the injury to my knee.

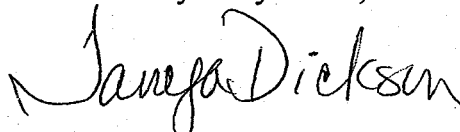
I request that you please pay my outstanding medical bills and costs associated with my fall as well as some compensation for my pain and suffering.

To that end, I have enclosed for your review photocopies of some pictures where I fell, ambulance records, medical records, medical bills and proof of my stay at the Ramada Inn in downtown Milwaukee.

My address is 38629 Landcaster Drive, Farmington Hills, Michigan 48331, my telephone number is (313) 289-5709 which I can be reached during business hours. I have an attorney who you can contact, his name is Keith Kecskes and he can be reached at (248) 644-8000 during normal business hours.

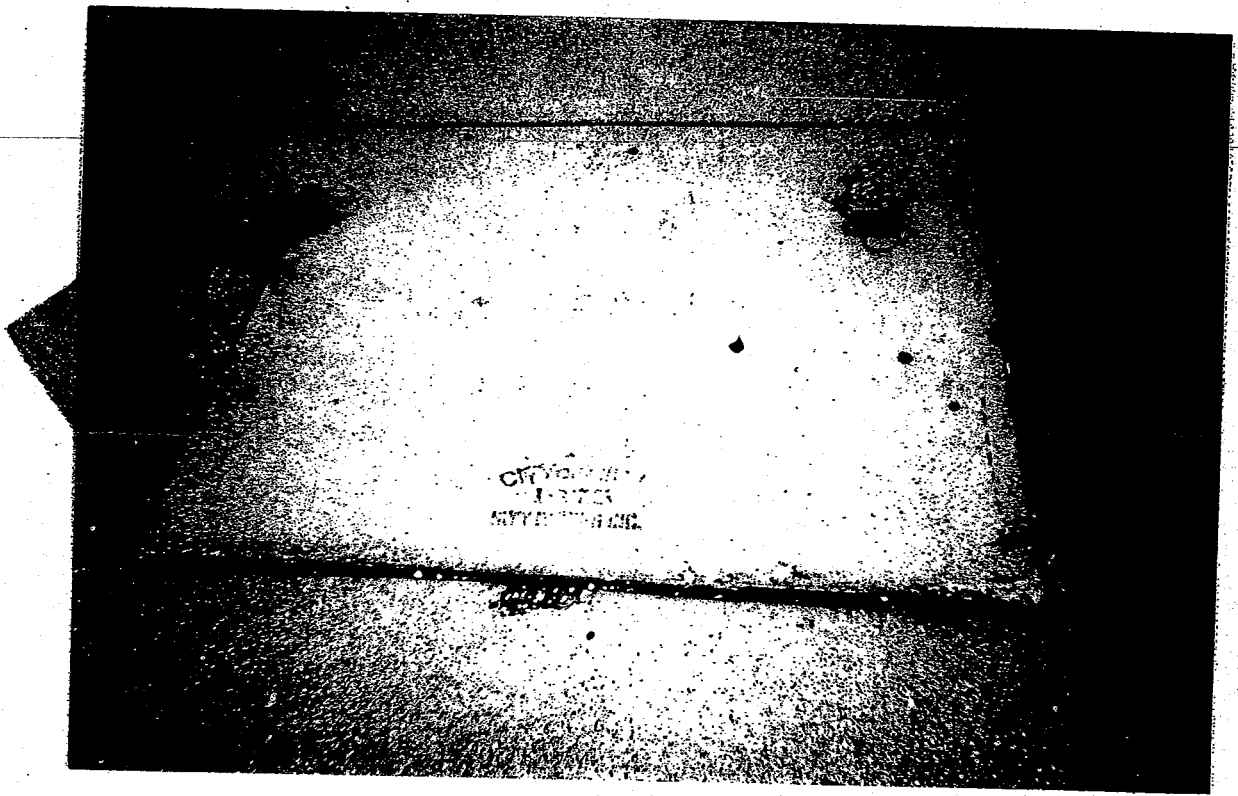
I look forward to hearing from you soon.

Very Truly Yours,



Tanya Dickson

CITY OF MILWAUKEE  
RECEIVED  
2002 JAN 28 PM 3:58  
CITY CLERK



CHRYSLER  
1-3754  
MAY 1954

1954



RAMADA INN - DOWNTOWN MILWAUKEE  
 633 W. MICHIGAN ST.  
 MILWAUKEE, WI 53203  
 414-272-8410 FAX: 414-272-4651

0914090623A 623 74.00  
 FOLIO NUMBER ROOM NUMBER ROOM RATE  
 14SEP00 2 1 1 0  
 09:21am  
 ARRIVAL DATE NO. OF NIGHTS NO. OF ROOMS NO. OF ADULTS NO. OF CHILDREN

16SEP00 JS

RUSSELL TANYA  
 1099 MERIDIAN ST  
 INDIANAPOLIS IN 46204

DEPARTURE DATE TIME OF DEPARTURE CLERK

CA

METHOD OF PAYMENT  
 SUPERSAVER  
 COMPANY

TRANSACTION SEQUENCE	DATE	TRANSACTION	REFERENCE	CHARGES	CREDITS
1780	14SEP	CASH	ROOM AND TAX		169.60
			Balance Due	-169.60	

*We hope you enjoyed your stay with us*



For Your Well Being

Sinai Samaritan Medical Center



Aurora HealthCare®

Emergency Department  
945 North 12th Street  
Milwaukee, WI 53233  
Tel (414) 219-6666  
Fax (414) 219-6650

RUSSELL, TANYA L  
02759479 79-38-908  
11/17/1952 F 57 046 ED  
EMERGENCY, ENCL  
11/15/97 9960

### Standard Discharge Instructions

You have been evaluated by our specially trained Emergency Department Staff and have received Emergency Care Only. It is important for you to make an appointment with your doctor to be checked again.

Diagnosis: ① Mandibular fracture ② CHI ③ lower lip lacer

Follow up with your private doctor Nadeer in 2-3 days.

Call your physician or insurance provider for referral for follow up and/or further treatment in \_\_\_\_\_ days, sooner if no improvement after taking prescribed medications or treatment.

Return to ED if you feel worse before being able to follow up with your doctor/clinic.

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Care Clinic (414) 219-7136                | <input type="checkbox"/> Genesis (414) 425-3323            |
| <input type="checkbox"/> Aurora Occupational Medical Clinic (414) 219-6639 | <input type="checkbox"/> I-Care (414) 223-4847             |
| <input type="checkbox"/> Call A Nurse (414) 342-RNRN                       | <input type="checkbox"/> Family Health Plan (414) 423-5155 |
| <input type="checkbox"/> Compcare (414) 226-5153                           | <input type="checkbox"/> Prime Care (414) 443-4000         |
| <input type="checkbox"/> WHO (414) 223-3300                                | <input type="checkbox"/> Maxicare (414) 321-1227           |
| <input type="checkbox"/> Managed Health (414) 321-1227                     |  |

Many of these HMO's provide help with rides to/from the doctor's offices when going for follow-up if transportation is a concern.

Call clinic of your choice from back of this page. If possible, call before going to the clinic.

Other Instructions: \_\_\_\_\_

① No work => 9-17-00

② Ice/Elevation

③ Hydrocortisone 300mg tid

④ Return to work

Special Instructions Sheets Given:

- |   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Head Injury | <input type="checkbox"/> Wound Care   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PID                    | <input type="checkbox"/> Fever/Otitis | <input type="checkbox"/> _____ |
| <input type="checkbox"/> STD                    | <input type="checkbox"/> N/V/D        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> UTI                    | <input type="checkbox"/> _____        | <input type="checkbox"/> _____ |

Patient and/or guardian verbalizes an understanding of the above instructions.

Signature: Tanya Russell

Relationship: \_\_\_\_\_

Date: 09/15/00

Time: 1:35 Initials: TR



GREAT LAKES RADIOLOGISTS, S.C.  
P.O. BOX 510350  
NEW BERLIN, WI 53151-0000

SHOW AMOUNT PAID HERE \$

Forwarding Service Requested

**STATEMENT**

Phone No: **262-780-0355**

ACCOUNT NO.	STATEMENT DATE	PAY THIS AMOUNT
05-07-02759479	10/16/00	132.00

Tax Id: 39-1936263  
PAGE - 1  
**Regardless of insurance coverage, you are responsible for this bill.**

GREAT LAKES RADIOLOGISTS, S.C.  
P.O. BOX 510350  
NEW BERLIN, WI 53151-3200

\*\*\*\*\* MIXED AADC 350  
00002129 1 FP 0.305 01  
TANYA L RUSSELL  
30212 SOUTHVILLE RD  
APT 137  
SOUTHVILLE MI 48037

2-13-01-1- -0- - - -01218-00000-131-0

Check box if your address is incorrect or insurance information has changed. Indicate change(s) on reverse side.

**If payment has been sent, please disregard this notice.**

**RETAIN THIS PORTION OF STATEMENT FOR YOUR TAX RECORDS.**

**DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT**

ACCOUNT NO.	STATEMENT DATE	PATIENT PHONE NO.	PATIENT
05-07-02759479	10/16/00	248/645-0052	RUSSELL, TANYA

DATE	*	PROCEDURE CODE	DESCRIPTION	DX CODE	AMOUNT
09/15/00	4	70110-26	MANDIBLE	784.0	56.00
09/15/00	4	70150-26	FACIAL BONES MIN 3 VIEWS	784.0	35.00
09/15/00	4	73562-26	KNEE, AP, LAT, & OBL	719.46	41.00

REFERRING PHYSICIAN	DATE ADMITTED	DATE DISCHARGED	PHYSICIAN PERFORMING SERVICE	BALANCE DUE
TRUPPE, ROBERT M.D.	09/15/00		CHESBROUGH, RICHARD M.D.	132.00

PLACE OF SERVICE	DATE OF BIRTH	INJURY DATE
SINAI CAMPUS 945 N. 12TH STREET MILWAUKEE WI 53233	10/12/52	

**NOTE**  
WE BILLED YOUR INSURANCE COMPANY OVER\*\*\*  
30 DAYS AGO. THEY HAVE NOT RESPONDED\*\*\*\*  
THIS BILL IS YOUR RESPONSIBILITY \*\*\*\*\*  
\*WE ACCEPT VISA AND MASTERCARD\*\*\*\*\*

*PLACE OF SERVICE	EMPLOYER	DATE OF BIRTH	INJURY DATE
1. INPATIENT HOSPITAL 2. OUTPATIENT HOSPITAL 3. INDEPENDENT LAB 4. EMERGENCY ROOM 5. OFFICE 6. NURSING HOME 7. OTHER	➤	10/12/52	
PRIMARY INSURANCE	➤	DOLLAR TREE	
SECONDARY INSURANCE	➤	0180771610	



Bio-Magnetic Resonance, Inc.  
 Spect Imaging, Inc.  
 Bio-Metabolic Imaging, Inc.  
 MRI/MRA • NUCLEAR MEDICINE • PET IMAGING CENTER

**'Professionals in Service, Partners in Care'**

**30781 Stephenson Highway, Madison Heights, MI 48071**  
**(248) 585-5115 - FAX (248) 585-0234**

**PATIENT INFORMATION**

Date 11-28-00

NAME: Russell, Tanya SEX:  M  F AGE: 48 CLAUSTROPHOBIC:  Y  N

**REFERRING PHYSICIAN INFORMATION**

NAME: Steven Kacagranes, DO. PHONE # 248-661-6470

EMERGENCY READING:  Y  N COMPARISON FILMS SENT W/ PATIENT  Y  N

COPIES OF NEW STUDY REQUESTED:  Y  N SEND W/ PATIENT:  Y  N COURIER DELIVERED:  Y  N

PHYSICIAN SIGNATURE: \_\_\_\_\_

**CLINICAL DIAGNOSIS:**

**MRI**

**HEAD**

BRAIN MRI  
 Circle Attention To: IAC's  
 Sinuses  
 Pituitary

BRAIN MRA  
 BRAIN MRV  
 CAROTIDS MRA  
 ORBITS  
 NECK

Circle Attention To: Parotoid  
 Thyroid  
 Palpable Mass

TMJ      L      R

**SPINE**

CERVICAL  
 THORACIC  
 LUMBAR

**ABDOMEN MRI**

AORTA  
 RENAL  
 LIVER / SPLEEN  
 KIDNEYS  
 PANCREAS  
 GALLBLADDER / BILIARY  
 ADRENAL  
 ENTIRE  
 MRA  MRV

**EXTREMITIES**

SHOULDER      (L)      (R)  
 HIP      (L)      (R)  
 KNEE      (L)  (R)  
 ANKLE      (L)      (R)  
 FOOT      (L)      (R)  
 ELBOW      (L)      (R)  
 WRIST      (L)      (R)  
 HAND      (L)      (R)

**OTHER**

PELVIS  
 BRACHIAL PLEXUS  
 SPECIFY: \_\_\_\_\_

**PET**

WHOLE BODY  
 BRAIN  
 HEART

*R/o T.m.m. vs O.C.D.*

**NUCLEAR MEDICINE**

**BRAIN**

SPECT  
 FLOW

**BONE**

(3) PHASE  
 LIMITED  
 WHOLE BODY

**CARDIAC**

EXERCISE STRESS  
 PHARMACOLOGICAL STRESS  
 MUGA

**LIVER**

LIVER SCAN SPECT  
 GALLBLADDER  
 CCK

**OTHER**

GI BLEEDING  
 GALLIUM  
 RENAL  
 SPECT SPECIFY AREA: \_\_\_\_\_

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

R. A. Zehner & Associates, Inc.

d/b/a Bell Ambulance Service

P. O. BOX 070550

MILWAUKEE, WI 53207-0072

BILLING DEPARTMENT (414) 486-2000

WISCONSIN TOLL-FREE NUMBER (800) 896-6200

OUTSIDE MILWAUKEE COUNTY

CLIENT NAME: RUSSELL, TANYA

SERVICE DATE: 09/15/2000

TRIP NUMBER:

**B2000259026**

AMOUNT DUE: 275.52

RUSSELL, TANYA

58629 LANCASTER DR

FARMINGTON HILLS MI 48331

## REFERRAL OF ACCOUNT FOR COLLECTION

The above account has been turned over to this department for collection. This is to advise you that unless the balance due is paid in full or other payment arrangements have been made within ten (10) days of the above date, we will be forced to proceed with further collection measures. To make payment arrangements regarding this account call 486-2000.

CLIENT NAME: RUSSELL, TANYA

TRIP NUMBER:

SERVICE DATE: 09/15/2000

**B2000259026**

BILLING DATE: 01/18/2001

AMOUNT DUE: 275.52



This charge can be put on your MasterCard or Visa account. Simply fill out the following blanks, sign, and return in the enclosed envelope.

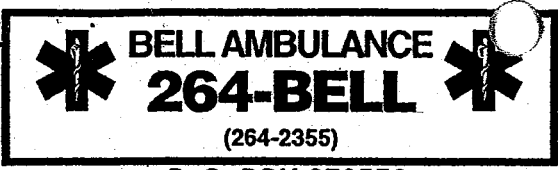


**B2000259026**

Trip Number(s): \_\_\_\_\_ Amount of Billing: \$ 275.52

Card Number: \_\_\_\_\_ Interbank Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_



P. O. BOX 070550  
MILWAUKEE, WI 53207-0550

CLIENT NAME: RUSSELL, TANYA

SERVICE DATE: 09/15/2000

TRIP NUMBER:



AMOUNT DUE: 275.52

BILLING DATE: 01/03/2001

RUSSELL, TANYA

30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037

BILLING DEPARTMENT: (414) 486-4055 WISCONSIN TOLL-FREE NUMBER: (800) 896-6200



BILLING DEPARTMENT: (414) 486-4055  
WISCONSIN TOLL-FREE NUMBER: (800) 896-6200  
(OUTSIDE MILWAUKEE COUNTY)  
P. O. BOX 070550  
MILWAUKEE, WI 53207-0550

BILLING DATE 01/03/2001 BILL TO: RUSSELL, TANYA  
30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037  
DUE DATE 10/15/2000 CLIENT: RUSSELL, TANYA  
30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037

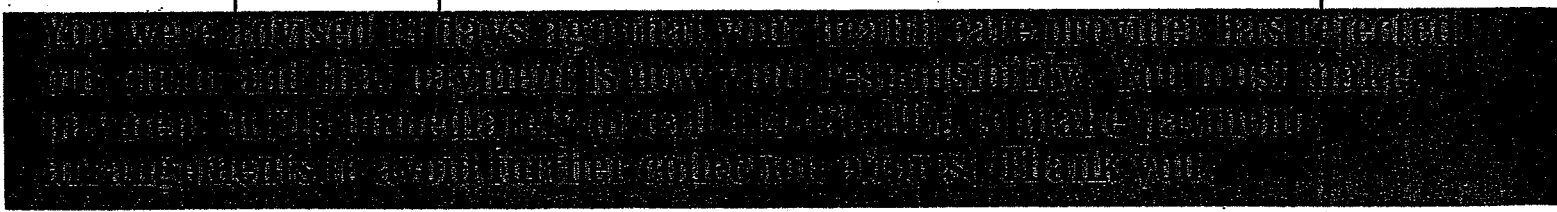
2001010316105500089

IR- 1

TRIP NUMBER	SERVICE DATE	SERVICE DESCRIPTION	AMOUNT
B2000259026	09/15/2000	FROM: \RAMADA INN 633 W MICHIGAN ST TO: SINAI-SAMARITAN MSC 945 N 12TH ST	
	09/15/2000	1-BASE REATE	252.55
	09/15/2000	.9-MILEAGE EMS	6.74
	09/15/2000	2-GLOVES (PAIR)	3.24
	09/15/2000	1-LINENS MESS	4.95
	10/20/2000	LATE PAYMENT PENALTY	2.68
	11/19/2000	LATE PAYMENT PENALTY	2.68
	12/19/2000	LATE PAYMENT PENALTY	2.68
		TOTAL AMOUNT DUE ----->	275.52



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!" SM





(264-2355)

P. O. BOX 070550  
MILWAUKEE, WI 53207-0550

CLIENT NAME: RUSSELL, TANYA

SERVICE DATE: 09/15/2000

TRIP NUMBER:



AMOUNT DUE: 275.52

RUSSELL, TANYA

BILLING DATE: 12/20/2000

30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037

BILLING DEPARTMENT: (414) 486-4055 WISCONSIN TOLL-FREE NUMBER: (800) 896-6200



(264-2355)

BILLING DEPARTMENT: (414) 486-4055  
WISCONSIN TOLL-FREE NUMBER: (800) 896-6200  
(OUTSIDE MILWAUKEE COUNTY)

P. O. BOX 070550  
MILWAUKEE, WI 53207-0550

BILLING DATE 12/20/2000 BILL TO: RUSSELL, TANYA  
30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037

DUE DATE 10/15/2000 CLIENT: RUSSELL, TANYA  
30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037

2000122015472200147

IR- 1

TRIP NUMBER	SERVICE DATE	SERVICE DESCRIPTION	AMOUNT
B2000259026	09/15/2000	FROM: \RAMADA INN 633 W MICHIGAN ST TO: SINAI-SAMARITAN MSC 945 N 12TH ST	
	09/15/2000	1-BASE REATE	252.55
	09/15/2000	.9-MILEAGE EMS	6.74
	09/15/2000	2-GLOVES (PAIR)	3.24
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		TOTAL AMOUNT DUE ----->	275.52



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!" SM

SINAI SAMARITAN MED CNTR



Aurora Health Care

PO BOX 341100

MILWAUKEE WI 53234-1100

STATEMENT - All balances due upon receipt

Responsible Party / Number TANYA L RUSSELL / 108013746		Statement Date 11/20/2000
Amount You Owe \$14.15		
<input type="checkbox"/> Check	<input type="checkbox"/>	<input type="checkbox"/>
Card # _____		Expires On _____
Signature for credit card _____		

Your payment of \$14.15 is due upon receipt

4535 #10 Address Service Requested 108013746

TANYA L RUSSELL  
APT 137  
30212 SOUTHVILLE RD  
SOUTHVILLE MI 48037

SINAI SAMARITAN MED CNTR  
PO BOX 341100  
MILWAUKEE WI 53234-1100



ADDRESS AND INSURANCE CHANGES LOCATED ON BACK

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION	INSURANCE ACTIVITY	PATIENT ACTIVITY
09/15/2000	108013746-0259	RUSSELL, TANYA L EMERGENCY ROOM VISIT - SINAI SAMARITAN MED CNTR NEW CHARGES CLAIM SENT TO PHYSICIANS MUTUAL ON 10/19/2000 BALANCE DUE	1,620.77    1,606.62	    14.15
<b>PAY THIS AMOUNT--&gt;</b>				<b>\$14.15</b>

Page 1 of 1


THANK YOU FOR CHOOSING AURORA HEALTH CARE  
WE APPRECIATE YOUR PROMPT PAYMENT

SINAI SAMARITAN MED CNTR  
Aurora Health Care  
PO BOX 341100  
MILWAUKEE WI 53234-1100




Responsible Party / Number	Statement Date	Insurance Amount Due	Tax I.D.
TANYA L RUSSELL / 108013746	11/20/2000	\$1,606.62	39-1597102
	Current Amount Due	Past Due Amount	Amount You Owe
	\$0.00	\$14.15	\$14.15

For billing questions call: 1-800-958-6202. Office hours: Mon thru Thu 8am-7pm, Friday 9am-4:30pm.



**SINAI SAMARITAN MED CNTR**  
 **Aurora Health Care**  
 PO BOX 341100  
 MILWAUKEE WI 53234-1100

**STATEMENT - All Balances Due upon receipt**

<b>Responsible Party / Number</b> TANYA L RUSSELL / 108013746	<b>Statement Date</b> 12/20/2000
<b>Amount You Owe</b> \$14.15	
<input type="checkbox"/> Check <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	
Card # _____	Expires On _____
Signature for credit card _____	

**Your payment of \$14.15 is due upon receipt**

1895 #10 Address Service Requested 108013746

**TANYA L RUSSELL**  
 APT 137  
 30212 SOUTHVILLE RD  
 SOUTHVILLE MI 48037

SINAI SAMARITAN MED CNTR  
 PO BOX 341100  
 MILWAUKEE WI 53234-1100



ADDRESS AND INSURANCE CHANGES LOCATED ON BACK

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION	INSURANCE ACTIVITY	PATIENT ACTIVITY
09/15/2000	108013746-0259	RUSSELL, TANYA L EMERGENCY ROOM VISIT - SINAI SAMARITAN MED CNTR		
		PREVIOUS BALANCE	1,620.77	
		NEW CHARGES	156.75	
		CLAIM SENT TO PHYSICIANS MUTUAL ON 11/29/2000		
		BALANCE DUE	1,763.37	14.15
<b>PAY THIS AMOUNT--&gt;</b>				<b>\$14.15</b>

Page 1 of 1

IF YOU ARE UNABLE TO PAY YOUR ACCOUNT IN FULL  
 PLEASE CONTACT CUSTOMER SERVICE AT THE NUMBER  
 LISTED BELOW. YOUR ATTENTION IS REQUIRED!

SINAI SAMARITAN MED CNTR  
 **Aurora Health Care**  
 PO BOX 341100  
 MILWAUKEE WI 53234-1100

<b>Responsible Party / Number</b>	<b>Statement Date</b>	<b>Insurance Amount Due</b>	<b>Tax I.D.</b>
TANYA L RUSSELL / 108013746	12/20/2000	\$1,763.37	39-1597102
	<b>Current Amount Due</b>	<b>Past Due Amount</b>	<b>Amount You Owe</b>
	\$0.00	\$14.15	\$14.15

For billing questions call: 1-800-958-6202. Office hours: Mon thru Thu 8am-7pm, Friday 9am-4:30pm.





DATE	SITE	SERVICE DESCRIPTION	DIAGNOSIS	CHARGE	INSURANCE AMOUNT	PATIENT RESPONSIBILITY
		PREV BALANCE				394.00
		HOSPITAL/CLINIC SERVICES				
01/02/01	3	9711 P.T. HOT/COLD PACKS	8361	58.00		
01/02/01	3	P.T. THERAPEUTIC EXERCISES	8361	116.00		
01/02/01	3	P.T. EVALUATION	8361	137.00		
01/11/01	3	P.T. THERAPEUTIC EXERCISES	8361	116.00		
01/11/01	3	P.T. ULTRASOUND	8361	58.00		
						485.00
						879.00



FEDERAL I.D. 38-1357020

**RUSSELL, TANYA**

14665943

01/14/01

STATEMENT OF SERVICES

	394.00
	485.00
	0.00
	879.00

OUR RECORDS INDICATE THAT YOUR ACCOUNT HAS NOT BEEN PAID IN FULL. PLEASE SEND YOUR PAYMENT BY THE DUE DATE INDICATED ON YOUR STATEMENT.

--PAY THIS AMOUNT----->

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PAGE 1 OF 1  
 QUESTIONS? PLEASE CALL:  
 CUSTOMER SERVICE DEPT.  
 PHONE: 248-641-2940  
 OR 1-800-999-5829

PLEASE DETACH AT PERFORATION AND RETURN THIS PORTION WITH YOUR PAYMENT

**RUSSELL, TANYA**

14665943

TANYA RUSSELL  
 38629 LANCASTER DR  
 FARMINGTON HILLS MI  
 48331-1620

01/14/01	02/03/01
AMOUNT DUE	879.00

PLEASE MAKE CHECKS PAYABLE TO: HENRY FORD HEALTH SYSTEM

YOU MAY PAY THIS BILL WITH YOUR MASTERCARD, VISA, AMERICAN EXPRESS OR DISCOVER.

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CHECK ONE

MASTERCARD  DISCOVER  AMERICAN EXPRESS  VISA

CARD HOLDER NAME \_\_\_\_\_

DOLLAR AMOUNT TO BE CHARGED \_\_\_\_\_

RUSSELL TA01466594300087900

PLEASE DETACH AT PERFORATION

Recent payments may not be reflected on this statement.

When inquiring about this account or when informing us of changes in personal information, (insurance coverage, address, etc.) please indicate the Medical Record Number and Date of Service.

INTERNET ADDRESS:  
[www.henryfordhealth.org](http://www.henryfordhealth.org)

DIRECT LETTERS TO: DIRECT PAYMENTS TO:  
 CUSTOMER SERVICES DEPT. 55115  
 BOX 339 HENRY FORD HEALTH SYSTEM  
 TROY, MI 48099-0339 P.O. BOX 55000  
 DETROIT, MI 48255-0115

Please pay amount due before the due date. Any account balance that extends beyond that date may be subject to the collection process.

\$ 15.00 will be charged for returned checks

