



Write an e-mail message



To: City of Milwaukee Room 205 200 E. WRLW ST

Subject: Claim for personal injuries

On Feb. 25, 2004 Judith A Starz, herinafter claimant, was walking north in the 700~~x~~ block on the west side of the street on north Van Buren Street, Milwaukee, Wisconsin when she tripped and fell. The fall was caused by a difference in height between 2 adjacent blocks of cement sidewalk. Claimant estimates that the difference in levels was at least one inch. This took place in front of the side exit of the building located at 626 east Wis. Ave. Two young women coming out of the side exit saw the fall and helped claimant's husband get claimant to her feet. The names of these two women are unknown. Claimant's husband drove her to the Urgent Care Center at the Auroa Family Health Center located at 6901 W. Edgerton Ave., Greenfield, Wis. (421-8400). Claimant was seen and treated by Janice A. Gregory NP. Claimant was subsequently seen by Petre I. Wechsler MD after having been X-rayed. Diagnosis was a broken right elbow. Dr. W applied a splint and prescribed pain medication. Late that evening Claimant was suffering severe pain, called the Clinic and was told to go to the Emergency Room at St. Lukes Hospital. More X-rays were taken, the splint was loosened somewhat and C was told by the doctor to go back to the Clinic for furrther treatment. On Feb. 28 C went to the Urgent Care Center and was seen by Dr. Walter Clothier. C was complaining of pain and a rash caused by the splint padding, some of which was removed and medication was prescribed for the rash. C was advised to seek Physical Rehab treatment at St. Lukes Medical Center. C was further seen at the clinic on 3/3, 3/6, 3/17 and 4/07. C received rehab treatment at St. Lukes between 3/34 and 4/09 fir a total of 6 visits. C has been told she may never regain normal use of her right arm. C is right handed. C is asking for paymentr for medical bills, pain and suffering (which is ongoing to this date) and loss of consortium. C's husband, Robert L. Starz is asking for modest recompense for loss of consortium. Husband is a hale, hearty and lusty 73 year old male who is currently holding down two part-time jobs. C's husband, who practiced law for a few years (1964-1968) in a general law practice. AT that

MILWAUKEE CITY

OFFICE OF CITY ATTORNEY

04 JUN -9 PM 2:49

CITY OF MILWAUKEE RECEIVED

0111 500-3-1001

09 JUN -9 AM 12

CITY OF MILWAUKEE

time his office was asking for 3-5 times the amount of the specials. See attached for recap of the medical bills as well as copies of the actual bills. There is no loss of wages but other considerations are loss of normal use of right arm, present and future pain and suffering and loss of consortium. C went back to the scene to take pictures and measure the obstruction but the sidewalk had been repaired. This claim is being filed per Wis. Stat. 893.80. It is our request that you give this claim timely consideration:



CLAIMANT IS ASKING THE SUM OF \$10,497 (JUDITH)
" " " " " " 600 (ROBERT)

Judith A. Starz

JUDITH A. STARZ

Robert L. Starz

ROBERT L. STARZ
ATTORNEY AT LAW
WIS. BAR # 1007147

BOTH PARTIES RESIDE AT

8822 W. WATERBORD SQUARE SOUTH
GREENFIELD, WI 53228

(414) 329-0354

| DATE OF SERVICE | DOCTOR OR NP | X-RAY OR LAB | REHAB | HOSPITAL E.R. |
|-----------------|------------------------|----------------------|---------|---------------|
| 2/20 | 97.00 (NP) | | | |
| 2/25 | | | | 92.50 |
| 2/25 | 95.00 (DR. ALAUN) | | | |
| 2/25 | | 326.00 (DR. WACSLER) | | |
| 2/25 | 97.00 (DR. HOGEL HSEH) | | | |
| 2/25 | 1178.00 (DR. KAPLAN) | | | |
| 2/28 | 97.00 (DR. CLOTHIER) | | | |
| 3/03 | 111.00 (DR. KAPLAN) | | | |
| 3/06 | 97.00 (DR. CLOTHIER) | | | |
| 3/17 | | 123.00 (DR. RYMU) | | |
| 3/23-3/27 | | | 333.50 | |
| 4/07 | | 123.00 (DR. WACSLER) | | |
| 4/02-4/23 | | | 729.00 | |
| TOTAL | 1772.00 | 572.00 | 1062.50 | 92.50 |

(5000)
 1772.00
 572.00
 1062.50
92.50
 3,499.00 TOTAL MEDICAL BILL



5

- Aurora Health Center, New Berlin 262-860-7800
- Aurora Medical Center, Hartford 262-670-7201
- Aurora Sinai Medical Center 414-219-6777
- Aurora Urgent Care Center 262-896-3922
- Franklin Urgent Care Center 414-529-9200
- New Berlin Urgent Care Center 262-827-2955
- St. Luke's Medical Center 414-649-6333
- St. Luke's South Shore 414-489-4055
- West Allis Memorial Hospital 414-328-6111

STARZ, NRE JUDITH
 04138713 31-07-87-48
 10/05/1942 F 51 DAO ER
 ERMET/PURLITSCHE, JOHN F
 * STAT *

EMERGENCY SERVICES DISCHARGE & AFTER CARE INSTRUCTIONS

GENERAL INSTRUCTIONS

- Abdominal Pain- X14454
 - Low Acid Diet
 - Low Fat Diet
 - Clear Liquid Diet
 - Constipation
 - Gastritis
 - Gastroenteritis
- Allergic Reaction- X5730
- Back/Neck Pain - X5729
- Burns - X11390
- Chest Wall Pain - X5729
- Contusion/Sprain/Strain/Fracture-X5735
- DVT- X11292
- Diaper Rash - X5730
- Eye Infection: Conjunctivitis - X5734
- Eye Injury - X5734
- Adult Fever - X5747
- Child Fever - X11799
- GI Bleed - X16274
- Head Injury - X5746
- Kidney Stones - X5733
- Nose Bleed - X10976
- Post Accident - X5746
- Post Sedation - X6850
- STD - X14452
- Threatened AB - X14453
- URI - Adult - X5747
- URI - Child - X16273
- UTI - X5733
- Wounds - X5732
 - Suture Removal ____ Days
 - Steri-strips
- Care Initiative
 - Asthma
 - Diabetes
 - CHF

Teaching materials given: _____

SPECIAL INSTRUCTIONS:

- Elevate arm
 - Apply ice to elbow.
 - Contact your doctor to determine a safe pain medication to take.

MEDICINE RECOMMENDED:

FOLLOW-UP CARE: It is your responsibility to arrange for follow-up care either with your health care provider, or as instructed below. Call as soon as possible to get an appointment time.

CALL:

- Dr. _____
- Doctor Referral Service 1-888/863-5502
M-Th 8 AM - 8 PM F 8 AM - 4 PM
- An appointment has been made with Dr. _____
- No immediate follow-up necessary

FOLLOW-UP:

- Within _____ day(s), sooner if worse.
- Within _____ day(s), if no improvement, sooner if worse.
- Date: _____
- Time: _____
- Where: _____

Call your health care provider again if you have questions or problems before the appointment. If you cannot reach your health care provider call or return to this facility. (Phone numbers are above.)

It is difficult to recognize all elements of any illness or injury in a single visit. The examination, treatment, and x-rays you receive have been provided on a preliminary basis only.

Any x-rays taken will be reviewed by a radiologist. If there is new information that changes the best care for your problem, we will contact you at the phone number you provided to us. Some test results may not be finished by the time of your discharge. If subsequent results require treatment, we will contact you or your health care provider. Most culture results are available in 2 to 3 days. It is essential that we have an accurate phone number by which we may contact you.

SELF-CARE OR LEARNING NEEDS:

- None
- See Chart for comments
- Interpreter Used
- Discharged per: Ambulatory
- W/C
- Crutches
- Ambulance

Staff Initial: CT Discharge Time: 2:10 Date: 4/15/04

Accompanied By: 211



| PATIENT NAME | SERVICE DATE | CODE | DESCRIPTION | TRANSACTION DATE | PENDING INSURANCE | CURRENT PATIENT RESPONSIBI |
|--------------|--------------|-------|--|------------------|-------------------|----------------------------|
| JUDITH STARZ | 02/25/04 | | GREGORY NP, JANICE A AFN EDGERTON INVOICE: 20362916 | | | |
| | | 99213 | OFFICE/OUTPATIENT VISIT INSURANCE BILLED | 02/27/04 | | 97.00 |
| | | | INSURANCE PAYMENT AMOUNT: | 03/26/04 | | 0.00 |
| | | | Invoice: 20362916 Total: | | | 97.00 |
| | 02/25/04 | | WECSLER MD, PETRE I AFN EDGERTON INVOICE: 20399067 | | | |
| | | 73090 | XRAY: FOREARM | | | 106.00 |
| | | 73110 | XRAY: WRIST | | | 110.00 |
| | | 73110 | XRAY: WRIST INSURANCE BILLED | 03/01/04 | | 110.00 |
| | | | INSURANCE PAYMENT AMOUNT: | 03/26/04 | | 0.00 |
| | | | Invoice: 20399067 Total: | | | 326.00 |
| | 02/28/04 | | CLOTHIER MD, WALTER AFN EDGERTON URGENT CARE INVOICE: 20469222 | | | |
| | | 99213 | OFFICE/OUTPATIENT VISIT INSURANCE BILLED | 03/05/04 | | 97.00 |
| | | | INSURANCE PAYMENT AMOUNT: | 03/22/04 | | 42.90 |
| | | | INSURANCE CONTRACT DISCOUNT AMOUNT: | | | 29.10 |
| | | | Invoice: 20469222 Total: | | | 25.00 |
| | 03/06/04 | | CLOTHIER MD, WALTER AFN EDGERTON URGENT CARE INVOICE: 20544464 | | | |
| | | 99213 | OFFICE/OUTPATIENT VISIT INSURANCE BILLED | 03/11/04 | 97.00 | |
| | | | Invoice: 20544464 Total: | | | 97.00 |
| | 03/17/04 | | RYMUT MD, AUGUST AFN EDGERTON INVOICE: 20693379 | | | |
| | | 73080 | XRAY: ELBOW INSURANCE BILLED | 03/22/04 | 123.00 | |
| | | | Invoice: 20693379 Total: | | | 123.00 |
| | | | Charges Awaiting Insurance Reply: | | 220.00 | |
| | | | Patient Balance Due Now: | | | 448.00 |

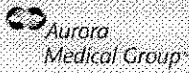
*If you have questions regarding this statement,
please call the billing office.
We are available to take your calls Monday through Thursday,
7:00am to 7:30pm, & Fridays, 7:00am to 6:00pm.*

Claims outstanding with your insurer more than 60 days may become the patient/guarantor's responsibility.

| INSURANCE SUMMARY | | | EFF | TERM |
|------------------------|----------------------|----------|------|------|
| INSURANCE COMPANY NAME | POLICY/GROUP NUMBER | DATE | DATE | DATE |
| WAUSAU | 398425662 / 76040178 | 01/01/04 | | |

For your records this statement includes all open invoices:
ACCOUNT NUMBER: 27795277
RESPONSIBLE PARTY: JUDITH STARZ
 For billing questions, call: **Toll Free 1-877-576-3544 Milwaukee 414-389-5930** or via e-mail at clinicustomerservice@aurora.org. You may also call the Account Specialist at your local clinic.
 Make checks payable to: AURORA MEDICAL GROUP PO BOX 341457 MILWAUKEE, WI 53234-1457

Please Pay Promptly
By 04/12/04
448.00


 03/26/04



PO Box 8013 Wausau WI 54402-8013
 1-800-826-9781
 www.wausaubenefits.com

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: St Lukes Medical Center

Patient Account: 01047125

Claim Control Number: 04068150871

| | |
|------------------------|---------------------------|
| Employee Member Number | Judith Starz 398425662 |
| Patient Notice Date | Judith Starz 03-11-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

| Service Description | Dates of Service From: To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|----------------------|----------------------------|----------------|--------------------|------------------|-----------------|------------------|---|---------------------|---------------|-----------------------|
| 99281-Emergency Care | 02-25-04 02-25-04 | \$92.50 | \$27.75 \$64.75 | 908 858 | | | | | | \$64.75 |
| TOTALS | | \$92.50 | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$64.75 |

Note Section

908 Provider negotiated reduction. You are not responsible for this amount.
 858 Patient copayment, see Schedule of Benefits.

| | | |
|-----------------------|------------------------------|------------------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$375.80 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

| | |
|-----------------|----------------------|
| Employee | Judith Starz |
| Member Number | 398425662 |
| Patient | Judith Starz |
| Notice Date | 04-15-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

Provider: Hlava,Mark,A,MD

Patient Account: 41387131-01072768

Claim Control Number: 04082080388

| Service Description | Dates of Service From: | Dates of Service To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|----------------------|------------------------|----------------------|----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|----------------|-----------------------|
| 99282-Emergency Care | 02-25-04 | 02-25-04 | \$95.00 | \$14.25 | 930 | \$0.00 | \$80.75 | 100 | \$80.75 | \$80.75 | \$0.00 |
| TOTALS | | | \$95.00 | | | \$0.00 | \$80.75 | | \$80.75 | \$80.75 | \$0.00 |

Note Section

930 Charge reduced due to provider's discount.
 50 ADJUSTED CLAIM.

Payment To: Ermad S C

Payment Date: 04-15-04

Payment Amount:

\$30.75

Benefit Period Benefit Level
 \$2,000,000 Lifetime Maximum

Applied To Date
 \$798.45



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Weesler, Petre, MD

Patient Account: 0320399067

Claim Control Number: 04064066920

| | |
|------------------------|--|
| Employee Member Number | Judith Starz |
| Patient Notice Date | 398425662 04-15-04 |
| Employer Name | Judith Starz |
| Employer Number | Mu - Retirees Pre 65 7670-00-040178 |

| Service Description | Dates of Service From: | To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|------------------------|------------------------|----------|-----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|-----------------|-----------------------|
| 73090-Diagnostic X-Ray | 02-25-04 | 02-25-04 | \$106.00 | \$31.80 | 930 | | \$74.20 | 100 | \$74.20 | \$74.20 | |
| 73110-Diagnostic X-Ray | 02-25-04 | 02-25-04 | \$110.00 | \$33.00 | 930 | | \$77.00 | 100 | \$77.00 | \$77.00 | |
| 73110-Diagnostic X-Ray | 02-25-04 | 02-25-04 | \$110.00 | \$33.00 | 930 | | \$77.00 | 100 | \$77.00 | \$77.00 | |
| TOTALS | | | \$326.00 | | | \$0.00 | \$228.20 | | \$228.20 | \$228.20 | \$0.00 |

Note Section
 930 Charge reduced due to provider's discount.
 50 ADJUSTED CLAIM.

Payment To: Aurora Med Grp Adc

Payment Date: 04-15-04

Payment Amount: \$228.20

| | | |
|-----------------------|------------------------------|------------------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$717.70 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Kuglitsch, John, F, MD

Patient Account: 0320362916

Claim Control Number: 04063076974

| | |
|------------------------|----------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | 398425662 |
| Employer Name | Judith Starz |
| Employer Number | 04-15-04 |
| | Mu - Retirees Pre 65 |
| | 7670-00-040178 |

| Service Description | Dates of Service From: | To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|---------------------------|------------------------|----------|----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|----------------|-----------------------|
| 99213-Medical Examination | 02-25-04 | 02-25-04 | \$97.00 | \$29.10 \$40.00 | 930 858 | \$0.00 | \$27.90 | 100 | \$27.90 | \$27.90 | \$40.00 |
| TOTALS | | | \$97.00 | | | \$0.00 | \$27.90 | | \$27.90 | \$27.90 | \$40.00 |

Note Section
 930 Charge reduced due to provider's discount.
 858 Patient copayment, see Schedule of Benefits.
 50 ADJUSTED CLAIM.

Payment To: Aurora Med Gp Adc

Payment Date: 04-15-04

Payment Amount:

\$27.90

| | | |
|----------------|------------------------------|-----------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$489.50 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

| | |
|------------------------|---------------------------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | 398425662 Judith Starz 04-22-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

Provider: Kaplan, Steven, J MD

Patient Account: 732181

Claim Control Number: 64075009383

| Service Description | Dates of Service From: | Dates of Service To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|--|------------------------|----------------------|----------------------|---------------------|------------------|-----------------|---------------------|------------|---------------------|---------------------|-----------------------|
| 24650-Surgery Q4018-Medical Service | 02-25-04 02-25-04 | 02-25-04 02-25-04 | \$1083.00 \$95.00 | \$324.90 \$28.50 | 930 930 | | \$758.10 \$66.50 | 100 100 | \$758.10 \$66.50 | \$758.10 \$66.50 | |
| TOTALS | | | \$1178.00 | | | \$0.00 | \$824.60 | | \$824.60 | \$824.60 | \$0.00 |

Note Section
 930 Charge reduced due to provider's discount.

Payment To: Milwaukee Ortho

Payment Date: 04-22-04

Payment Amount: \$824.60

| | | |
|----------------|------------------------------|-----------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$1,980.30 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Clothier, Walter, K, MD

Patient Account: 0320469222

Claim Control Number: 04070085147

| | |
|-----------------|----------------------|
| Employee | Judith Starz |
| Member Number | 398425662 |
| Patient | Judith Starz |
| Notice Date | 03-11-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

| Service Description | Dates of Service From: | To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|---------------------------|------------------------|----------|----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|----------------|-----------------------|
| 99213-Medical Examination | 02-28-04 | 02-28-04 | \$97.00 | \$29.10 \$25.00 | 930 858 | \$0.00 | \$42.90 | 100 | \$42.90 | \$42.90 | \$25.00 |
| TOTALS | | | \$97.00 | | | \$0.00 | \$42.90 | | \$42.90 | \$42.90 | \$25.00 |

Note Section

930 Charge reduced due to provider's discount.
 858 Patient copayment, see Schedule of Benefits.

Payment To: Aurora Med Grp Adc

Payment Date: 03-11-04

Payment Amount:

\$42.90

| | | |
|----------------|------------------------------|-----------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$418.70 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Kaplan, Steven, J, MD

Patient Account: 732291

Claim Control Number: 64075009384

| | |
|------------------------|-----------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | Judith Starz 04-15-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

| Service Description | Dates of Service From: To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|---------------------------|----------------------------|-----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|----------------|-----------------------|
| 99213-Medical Examination | 03-03-04 03-03-04 | \$111.00 | \$33.30 \$40.00 | 930 858 | \$0.00 | \$37.70 | 100 | \$37.70 | \$37.70 | \$40.00 |
| TOTALS | | \$111.00 | | | | \$37.70 | | \$37.70 | \$37.70 | \$40.00 |

Note Section

- 930 Charge reduced due to provider's discount.
- 858 Patient copayment, see Schedule of Benefits.
- 50 REPROCESSED CLAIM.

Payment To: Milwaukee Ortho

Payment Date: 04-15-04

Payment Amount:

\$37.70

| | | |
|----------------|------------------------------|-----------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$936.15 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Clothier, Walter, K, MD

Patient Account: 0320544464

Claim Control Number: 64076072768

| | |
|------------------------|----------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | 398425662 |
| Employer Name | Judith Starz |
| Employer Number | 03-25-04 |
| | Mu - Retirees Pre 65 |
| | 7670-00-040178 |

| Service Description | Dates of Service From: To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|---------------------------|----------------------------|----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|----------------|-----------------------|
| 99213-Medical Examination | 03-06-04 03-06-04 | \$97.00 | \$29.10 \$25.00 | 930 858 | | \$42.90 | 100 | \$42.90 | \$42.90 | \$25.00 |
| TOTALS | | \$97.00 | | | \$0.00 | \$42.90 | | \$42.90 | \$42.90 | \$25.00 |

Note Section
 930 Charge reduced due to provider's discount.
 858 Patient copayment, see Schedule of Benefits.

Payment To: Aurora Med Grp Adc

Payment Date: 03-25-04

Payment Amount: \$42.90

| | | |
|----------------|------------------------------|-----------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$461.60 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

| | |
|------------------------|-----------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | 398425662 04-08-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

Provider: Rymut, August, F, Jr, Jr

Patient Account: 0320693379

Claim Control Number: 04085072585

| Service Description | Dates of Service From: To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|------------------------|----------------------------|-----------------|--------------------|------------------|-----------------|------------------|---|---------------------|---------------|-----------------------|
| 73080-Diagnostic X-Ray | 03-17-04 03-17-04 | \$123.00 | \$123.00 | 998 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$123.00 |
| TOTALS | | \$123.00 | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$123.00 |

Note Section

998 We have requested accident information from you. Please contact Wausau Benefits so we may process your claim.

| | | |
|-----------------------|------------------------------|------------------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$461.60 |



PO Box 8013 Wausau WI 54402-8013
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 www.wausaubenefits.com

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

| | |
|------------------------|-----------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | Judith Starz 04-09-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

Provider: St Lukes Medical Center Patient Account: 01080802 Claim Control Number: 04092151135

| Service Description | Dates of Service | | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|-----------------------|------------------|----------|-----------------|--------------------|------------------|-----------------|------------------|-----------------------|---------------|-----------------------|
| | From: | To: | | | | | | | | |
| 97035-Medical Service | 03-27-04 | 03-27-04 | \$73.50 | \$73.50 | 998 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$73.50 |
| 97110-Medical Service | 03-27-04 | 03-27-04 | \$81.00 | \$81.00 | 998 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$81.00 |
| 97003-Medical Service | 03-23-04 | 03-23-04 | \$179.00 | \$179.00 | 998 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$179.00 |
| TOTALS | | | \$333.50 | | | \$0.00 | \$0.00 | | \$0.00 | \$333.50 |

Note Section
 998 We have requested accident information from you. Please contact Wausau Benefits so we may process your claim.

| | | |
|-----------------------|------------------------------|------------------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$461.60 |



PO Box 8013 Wausau WI 54402-8013
 1-800-826-9781
 www.wausaubenefits.com

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

| | |
|------------------------|----------------------|
| Employee Member Number | Judith Starz |
| Patient Notice Date | 398425662 |
| Employer Name | Judith Starz |
| Employer Number | 04-29-04 |
| | Mu - Retirees Pre 65 |
| | 7670-00-040178 |

Provider: Weesler, Petre, MD

Patient Account: 0321019130

Claim Control Number: 04107065697

| Service Description | Dates of Service From: To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|------------------------|----------------------------|-----------------|--------------------|------------------|-----------------|------------------|---|---------------------|---------------|-----------------------|
| 73080-Diagnostic X-Ray | 04-07-04 04-07-04 | \$123.00 | \$123.00 | 998 | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$123.00 |
| TOTALS | | \$123.00 | | | \$0.00 | \$0.00 | | \$0.00 | \$0.00 | \$123.00 |

Note Section
 998 We have requested accident information from you. Please contact Wausau Benefits so we may process your claim.

| | | |
|-----------------------|------------------------------|------------------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$1,980.30 |



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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: St Lukes Medical Center

Patient Account: 01122321

Claim Control Number: 04125152339

| | |
|------------------------|------------------------|
| Employee Member Number | Judith Starz 398405662 |
| Patient Notice Date | Judith Starz 05-13-04 |
| Employer Name | Mu - Retirees Pre 65 |
| Employer Number | 7670-00-040178 |

| Service Description | Dates of Service From: | To: | Amount Billed | Amount Not Payable | See Note Section | Less Deductible | Allowable Amount | % | Plan Benefit Amount | Amount Paid | You Owe Your Provider |
|-----------------------|------------------------|----------|-----------------|--------------------|------------------|-----------------|------------------|-----|---------------------|-----------------|-----------------------|
| 97110-Medical Service | 04-23-04 | 04-23-04 | \$81.00 | \$24.30 | 908 | | \$56.70 | 100 | \$56.70 | \$56.70 | |
| 97110-Medical Service | 03-29-04 | 03-29-04 | \$162.00 | \$48.60 | 908 | | \$113.40 | 100 | \$113.40 | \$113.40 | |
| 97110-Medical Service | 04-02-04 | 04-02-04 | \$162.00 | \$48.60 | 908 | | \$113.40 | 100 | \$113.40 | \$113.40 | |
| 97110-Medical Service | 04-06-04 | 04-06-04 | \$162.00 | \$48.60 | 908 | | \$113.40 | 100 | \$113.40 | \$113.40 | |
| 97110-Medical Service | 04-08-04 | 04-08-04 | \$162.00 | \$48.60 | 908 | | \$113.40 | 100 | \$113.40 | \$113.40 | |
| TOTALS | | | \$729.00 | | | \$0.00 | \$510.30 | | \$510.30 | \$510.30 | \$0.00 |

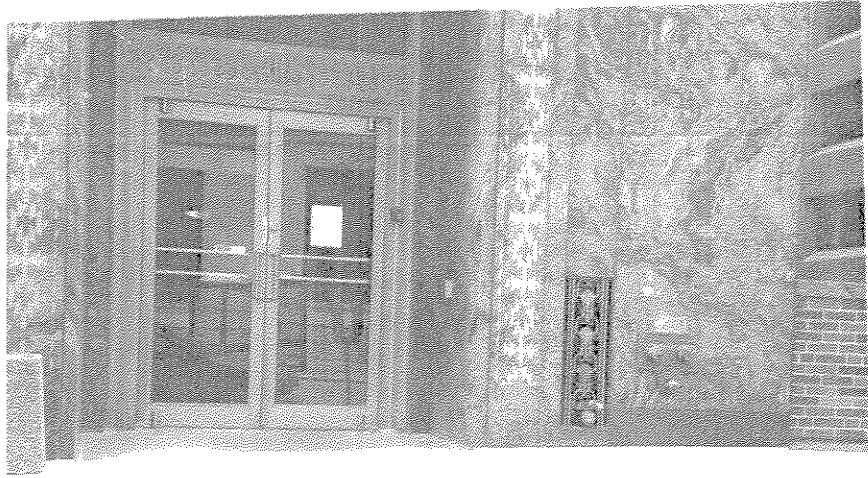
Note Section
 908 Provider negotiated reduction. You are not responsible for this amount.

Payment To: St Luke Medical Center

Payment Date: 05-13-04

Payment Amount: \$510.30

| | | |
|----------------|------------------------------|-----------------|
| Benefit Period | Benefit Level | Applied To Date |
| | \$2,000,000 Lifetime Maximum | \$2,490.60 |



Entrance to Bldg. Wis Ave



