

1-13-03

STEVEN MARK BAJOREK

414-672-3972

I WENT FOR A WALK ON 1-13-03
TO JACKSON PARK (SO. 43RD ST.)
WALKED THROUGH THE PARK, CAME
TO THE BRIDGE WALKED UP FIRST
SIDE OF BRIDGE, WALKED DOWN
THE SECOND SIDE, SLIPPED AND
FELL. WHEN I LANDED ON THE
GROUND MY ANKLE WAS TWISTED
AND MY LEG HURT. I COULD NOT GET
UP, HAD TO CRAWL TO 43RD ST.
FOR HELP.

Steven Bajorek
5-13-03

CITY OF MILWAUKEE

2003 MAY 14 PM 2:36

RONALD LEONHARDT
CITY CLERK

CITY OF MILWAUKEE
RECEIVED

'03 MAY 14 PM 3:41

OFFICE OF
CITY ATTORNEY

1-13-03 STEVEN BAJOREK
BILLS FROM HOSPITAL
1,716.65 ST MICHAEL HOSPITAL
100.00 WEST ALLIS HOSPITAL
42.55 ST MICHAEL HOSPITAL
= 1,859.20 HOSPITAL BILL

5,500.00 IN LOST WAGES
DUE TO INJURY OF LEG
Steven Bajorek 5-13-03

Address Service Requested

PATIENT NAME	
BAJOREK, STEVEN M	
AMOUNT DUE	PATIENT NUMBER
1716.65	5806454
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: ST. MICHAEL HOSPITAL	
AMOUNT ENCLOSED \$	

STATEMENT DATE	SERVICE FROM	SERVICE THROUGH
04/01/03	01/13/03	01/13/03

ST. MICHAEL HOSPITAL
BOX 68-9505
MILWAUKEE, WI 53268-9505

STEVEN BAJOREK
2256 S 37 ST
MILWAUKEE, WI 53215-2315

IF ADDRESS OR INSURANCE COMPANY HAS CHANGED, PLEASE CHECK HERE AND COMPLETE INFORMATION REQUESTED ON REVERSE SIDE.

IMPORTANT: PLEASE DETACH & ENCLOSE THIS PORTION WITH YOUR PAYMENT

Questions Concerning this Statement can be e-mailed to
covenantbusinessoffice@covhealth.org
CUSTOMER SERVICE: (414) 456-3000
(888) 553-5009

Thank you for choosing a Covenant Healthcare facility for your health care needs.

The remaining AMOUNT DUE for hospital services referenced in this statement is your responsibility. Please mail your payment today.

If you have already mailed your payment, please disregard this statement and accept our thanks for your prompt response.

DESCRIPTION	DEBITS	CREDITS
ADJUSTMENT	0.00	6459.76-
ANESTHESIA	2121.00	0.00
DAY SURGERY	665.75	0.00
LAB	236.50	0.00
OPERATING ROOMS	8280.25	0.00
PAYMENTS	0.00	5866.59-
PHARMACY	793.00	0.00
POST OPERATIVE RE	969.25	0.00
RADIOLOGY	977.25	0.00

THESE CREDIT CARDS ARE ACCEPTED.
COMPLETE INFORMATION ON THE REVERSE SIDE.



BALANCE DUE FROM PATIENT 1716.65
AS A COURTESY TO YOU, WE HAVE BILLED BOTH YOUR PRIMARY AND SECONDARY INSURANCE.

PATIENT NAME		PATIENT NUMBER		PRIMARY INSURANCE		SECONDARY INSURANCE	
BAJOREK, STEVEN M		5806454		UNITEDHEALTHCARE			
VISIT TYPE	SERVICE FROM	SERVICE THROUGH	TOTAL CHARGE	TOTAL PAYMENT / CREDIT	AMOUNT DUE		
ORTHOPAEDIC SURGERY	01/13/03	01/13/03	14043.00	12326.35-	1716.65		

KEEP THIS PORTION FOR YOUR RECORDS.
See reverse side for credit card and patient financial information.
Please visit our website for answers to frequently asked questions at www.covhealth.org