

1-13-03

STEVEN MARK BAJOREK

414-672-3972

I WENT FOR A WALK ON 1-13-03  
TO JACKSON PARK (SO. 43<sup>RD</sup> 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 43<sup>RD</sup> 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: <b>ST. MICHAEL HOSPITAL</b>	
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](mailto: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](http://www.covhealth.org)