1500 No. 18St milw Auker, Wisc.

att. Claims Dept 102 Mars 3 502 I Cleir Moore. Slipped and fell an ice on, 1-29-02. Place 823 Vo. James Leell Injures. Left ankle Oping. D'Both Shoulder. Deen at Ot, Joseph out Patient Dept. Dame day 1-29-02. Mou ifornation will be mail to you When discharge frame my primary physicists. My address is 1500 NO. 18 St milwhuker, Wis 53205 Jelephone 414-344-1389

	CITY OF MILWAUKEE a Pril X, 2002
Admin Company	2002 APR -9 PM 1:53
	2) C. t. () O D CITY CLERK
D	Lo city Clark CITY CLERK attni Claims Dept.
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	Inclase is Hospital, Duetor bills and the amount of time I lust from Work due to my injury I recieved On Jonunary 29, 2002.
oran papara oran , on	and the amount of time I lust from
	Duck and to my injury I received
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And and a second second second	L'ue already mailed a letter
-	그런 사람들은 그 사람들이 함께 하는 사람들이 되었다. 그는 항상 생생님이 하는 사람들이 생생하는 사람들이 되는 사람들이 하는 것이 되었다. 그는 사람들이 아름다는 사람들이 나는 사람들이 나는 사람들이 되었다.
-	to the Claim pept. on 3-4-02.
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	하다 그리 이의 아이를 했었다면 화면이 가겠다는 하루로 있다. 저를 바꿨다면 하는 그리고 하는 이 사람들은 하는 이 사람들이 되었다면 하는 이 사람들이 되었다면 하는 이 사람들이 되었다면 하는 이 사람들이 되었다면 하는데
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St. Michael Hospital

March 28, 2002

To whom it may concern:

Allie Moore was off work on Tuesday, January 29, Wednesday, January 30, Friday, February 1, 2002 for her injured ankle from a fall. She was also off February 9 & 11, 2002 due to recurrent ankle swelling.

Deborah Bowe, RN, Nurse Manager Dialysis, St. Michael Hospital 414-527-8359

Dellip Bour, m

St. Michael Hospital of Franciscan Sisters, Milwaukee, Inc. Sponsored by the Wheaton Franciscan Sisters





St. Michael Hospital

March 28, 2002

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Deborah Bowe, RN, Nurse Manager Dialysis, St. Michael Hospital 414-527-8359

Delly Bour, an

ST JOSEPHS HOSPITAL

BOX 68-9510 MILWAUKEE, WI 53268-9510 Statement on: 03/14/02 at 10:03 AM

Guarantor: MOORE ALLIE MAE

1500 N 18 ST

MILWAUKEE, WI 53205-0000

Patient: MOORE ALLIE MAE

PAGE:

Visit #: 70579353

Date	Svc Code	Description	Units	Debits	Credits
01/29/02 01/29/02 01/29/02 01/29/02 01/29/02 02/04/02	36947 37416 37887 38877 139940 9848270	ELBOW LT 3+ VIEWS HIP+AP PELVIS LT KNEE LT 3 VIEWS ANKLE LT 3 + VIEWS URGENT CARE LEVEL 2 ALLOW COMMUNITY HLTH	1 1 1 1 1	207.50 153.50 223.25 190.50 207.50	491.12-
* - Not pos	ted			Balance:	491.13

434542432 ALLIE M MOORE 1500 N 18TH ST MILWAUKEE, WI 53205

P.O. BOX 10888 GREEN BAY, WI 54307-0888 1-800-673-2245

PAGE:

2

CHECK NO : DATE PAID :

03-20-02 76500

GROUP: DIVISION:

120

PROVIDER DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL Charge	PROVIDER DISCOUNT	INELIGIBLE AMOUNT CD	DEDUCT AMOUNT	COINS	PAYMENT LEVEL	OTHER CARRIER	BENEFIT PAID
01/29-01/29/02		X-RAY/LAB	41.20	23.71	0.00	0.00	0.00	**	0.00	17.49
01/29-01/29/02 CLAIM 11442549	73510-26	X-RAY/LAB	47.00 	26.99	0.00	0.00	0.00		0.00	20.01
ALLIE M MOORE NETWORK : CPN			161.60	92.78	0.00	0.00	0.00		0.00	68.82
		TOTALS	1,422.03	640.52	0.00	30.00	8.92		0.00	742.59

Andrew Production of Angel Park Control of the Cont	a di Argentina	***	egi i Marabara	YOUR
PAYEE	CHECK NO.	PAYMENT	RESPONSIB	ILITY
ST JOSEPH REGIONAL MEDIC		0.00		15.00
MELISSA WALBRANDT, MD		0.00		23.92
ST JOSEPH REGIONAL MEDIC	52134	476.12		
RADIOLOGY ASSC OF MILWAU	52128	88.83		guyê s
COVENANT MEDICAL GROUP	52093	177.64	A North	Aut og

IF YOU HAVE QUESTIONS REGARDING YOUR CLAIM PAYMENTS PLEASE CONTACT CONVENANT BENEFIT SERVICES.

You may obtain a review of this benefit determination by writing to this address with your comments and employer's name. You have a right to review the documents that pertain to your claim. A written request for a review must be received in this office within 60 days of your receipt of this statement and you should receive a determination within 60 days of our receipt of your correspondence. For more information review the claim denial and ERISA rights section of your summary plan description.

****** PATIENT IS NOT RESPONSIBLE FOR PROVIDER DISCOUNTED AMOUNT ******

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NON-NEGOTIABLE

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FOR ADDITIONAL INFORMATION CONTACT CLIENT SERVICES 1-800-673-2245

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434542432 ALLIE M MOORE 1500 N 18TH ST MILWAUKEE WI 53205

P.O. BOX 10888 GREEN BAY, WI 54307-0888 1-800-673-2245

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CHECK NO .

DATE PAID : 03-20-02

GROUP :

76500 DIVISION :

EMPLOYEE PAYMENT REPORT

PROVIDER PROC	TYPE OF	TOTAL	PROVIDER	INELIGIBLE	DEDUCT	COINS	PAYMENT	OTHER	BENEFIT
DATES OF SERVICE CODE	SERVICE	CHARGE	DISCOUNT	AMOUNT CD	AMOUNT	COPAY	LEVEL	CARRIER	PAID
RICHARD BUSH, MD									
01/29-01/29/02 73080-20	6 X-RAY/LAB	36.70	21.04	0.00	0.00	0.00		0.00	15.66
01/29-01/29/02 73610-26	6 X-RAY/LAB	36.70	21.04	0.00	0.00	0.00		0.00	15.66
01/29-01/29/02 73562-26	6 X-RAY/LAB	41.20	23.71	0.00	0.00	0.00		0.00	17.49
01/29-01/29/02 73510-26	6 X-RAY/LAB	47.00	26.99	0.00	0.00	0.00		0.00	20.01
CLAIM 11442549									,
ALLIE M MOORE		161.60	92.78	0.00	0.00	0.00		/ 0.00	68.82
NETWORK : CPN	44. 300								
	organis series explorer € for the explorer					;	1.0		
	TOTALS	161.60	92.78	0.00	0.00	0.00	1111	0.00	68.82
				nga nganggan ngangga Nganggan nganggan ng					
		Carlotte Control		Control Control			100	Programme and the second	

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***** PATIENT IS NOT RESPONSIBLE FOR PROVIDER DISCOUNTED AMOUNT *****



EXPLANATION OF BENEFITS (THIS IS NOT A BILL)

POST OFFICE BOX 10888 GREEN BAY, WI 54307-0888 1-800-673-2245

FOR ADDITIONAL INFORMATION CONTACT CLIENT SERVICES 1-800-673-2245

ALLIE M MOORE 1500 N 18TH ST MILWAUKEE WI 53205

SSN	GROUP	DIVISION
434542432	76500	120
	GROUP NAME	
COVENANT HEA	LTHCARE SYSTEM	
	INSURED NAME	
ALLIE M MOOR	R	
DATE PRINTED	03/27/0	2

ALLIE M MOORE 1500 N 18TH ST

MILWAUKEE WI 53205

P.O. BOX 10888 GREEN BAY, WI 54307-0888 1-800-673-2245

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03-20-02

DATE PAID :

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DIVISION :

GROUP :

EMPL	OYEE	PAT	MENT	REPORT
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PROVIDER	PROC	TYPE OF	TOTAL	PROVIDER	INELIGI	BLE DEDUCT	COINS	PAYMENT	OTHER	BENEFIT
DATES OF SERVICE	CODE	SERVICE	CHARGE	DISCOUNT	AMOUNT	CD AMOUN	COPAY	LEVEL	CARRIER	PAID
							332,112	22,122	Carderen	PAID
ST JOSEPH REGIONAL	MEDICAL C	ENTER		:						
01/29-01/29/02	73080	HOSP OUTPT	207.50	103.75	0.00	0.00	0.00		0.00	103.75
01/29-01/29/02	73510	HOSP OUTPT	153.50	76.75	0.00	0.00	0.00	:	0.00	76.75
01/29-01/29/02	73562	HOSP OUTPT	223.25	111.63	0.00	0.00	0.00		0.00	111.62
01/29-01/29/02	73610	HOSP OUTPT	190.50	95.25	0.00	0.00	0.00		0.00	95.25
01/29-01/29/02	99282	OFFICE VISIT	207.50	103.75	0.00	15.00	0.00		0.00	88.75
CLAIM 11432053										
ALLIE M MOORE			982.25	491.13	0.00	15.00	0.00		0.00	476.12
NETWORK : CPN							•			
\$ 15.00 OF THE DEDU	CTIBLE AM	OUNT REPRESENTS THE	E COPAYMENT (S) <u></u>	41.				in the	
eri Kanada salah s		TOTALS	982.25	491.13	0.00) , 0 . 00 .	of San Jangaran	0.00	476.12

		3.25			YOUR
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ST JOSEPH	DECTONAL M	DTC			
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ST JOSEPH	REGIONAL M	EDIC	52134	476.12	1.00 (1.1.1)

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FOR ADDITIONAL INFORMATION CONTACT CLIENT SERVICES 1-800-673-2245

ALLIE M MOORE 1500 N 18TH ST MILWAUKEE 53205

SSN	GROUP	DIVISION
434542432	76500	120
	GROUP NAME	
COVENANT HEA	LTHCARE SYSTEM	
	INSURED NAME	
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DATE PRINTED	03/27/0	2

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434542432 ALLIE M MOORE 1500 N 18TH ST MILWAUKEE WI 53205

P.O. BOX 10888 GREEN BAY, WI 54307-0888 1-800-673-2245

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CHECK NO :

DATE PAID : 03-20-02

GROUP :

76500 DIVISION : 120

EMPLOYEE PAYMENT REPORT

PROVIDER DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER	INELIGIE AMOUNT	BLE DEDUCT CD AMOUNT			OTHER BENEFIT
MELISSA WALBRANDT,	MD								
02/08-02/08/02	99214	OFFICE VISIT	121.50	9.12	0.00	15.00	0.00		0.00 97.38
02/08-02/08/02 CLAIM 11436092	L4350-LT	DURABLE MED EQUI	111.48	22.30	0.00	0.00	8.92	90%	0.00 80.26
ALLIE M MOORE NETWORK : CPN			232.98	31.42	0.00	15.00	8.92		0.00 177.64
\$ 15.00 OF THE DEDUC	TIBLE AMOU	INT REPRESENTS THE	COPAYMENT (S	a. Prop					
		TOTALS	232.98	31.42	0.00	15.00	8.92		0.00 177.64

CHECK NO. 3 PAYMENT RESPONSIBILITY

MELISSA WALBRANDT, MD

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23.92

The profit of Spirit Spirit Co.

COVENANT MEDICAL GROUP 52093 177.64

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	INSURED NAME	
ALLIE M MOORE	3	
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ALLIE M MOORE 1500 N 18TH ST MILWAUKEE WI 53205

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76500 DIVISION:

EMPLOYEE PAYMENT REPORT

PROVIDER	PROC '	TYPE OF		TOTAL	PROVIDER	INELIGI	BLE	DEDUCT	COINS	PAYMENT	OTHER	BENEFIT
DATES OF SERVICE	CODE	SERVICE		CHARGE	DISCOUNT	AMOUNT	CD	AMOTERE				-
				CIMMOD	DISCOUNT	AMOUNT	CD	AMOUNT	COPAY	LEVEL	CARRIER	PAID
MELISSA WALBRANDT,	MD											
02/27-02/27/02	99213	OFFICE VISIT		81.00	0.17							
				81.00	9.11	0.00		15.00	0.00		0.00	56.89
02/27-02/27/02	A4614	SUPPLIES MISC		34.13	6.83	0.00		0.00	0.00		0.00	27.30
CLAIM 11448836												27.30
ALLIE M MOORE				115.13	15.04					·		
				115.13	15.94	0.00		15.00	0.00		0.00	84.19
NETWORK : CPN												
\$ 15.00 OF THE DEDUC	CTIBLE AMO	UNT REPRESENTS	THE COP	AYMENT (S)	95		NJ.				
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A Comment												
Samuel Control		TOTALS		115.13	15.94	0.00		15.00				
		-0.100		113.13	13.94	0.00		15.00	0.00	A LONG TO SERVICE	0.00	84.19
				134 34 6								1.0
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CHECK NO. PAYMENT RESPONSIBILITY PAYER MELISSA WALBRANDT, MD 0.00 COVENANT MEDICAL GROUP 51392 84.19

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