

CITY OF MILWAUKEE
RECEIVED

2005 JUN 28 PM 3:40

OFFICE OF
CITY ATTORNEY

3407 South 15th Place
Milwaukee WI 53215

June 27, 2005

City Clerk
City of Milwaukee
Attn: CLAIMS
200 East Wells Street – Room 205
Milwaukee WI 53202-3567

Dear Sir or Madam:

I would like to file an accident claim (under Section 893.80 (1) Wisconsin Statutes) against the City of Milwaukee for an injury I suffered on a city sidewalk on the morning of Friday, February 4, 2005. At approximately 1:15 am I fell (while walking) on the sidewalk at 3350 South 15th Street and fractured my left leg and ankle.

Currently the outstanding bills I have received from the ambulance company, emergency room hospital, surgical hospital, attendant physicians, and other medical care providers total almost \$21,000.

Under normal circumstances I would never submit a claim against the City of Milwaukee for this type of injury however at the time of this accident (and currently) I was (and am) unemployed and subsequently did not have health insurance. I was not and am not eligible for any type of assistance from Milwaukee County (GAMP) or the State of Wisconsin. Therefore, as a longtime City of Milwaukee resident and taxpayer I would appreciate any type of monetary assistance towards the outstanding bills that I have incurred as a result of my injury.

I do not expect the City of Milwaukee to be responsible for the entire cost but in my present situation (unemployed) any type of monetary assistance towards the outstanding bills would be appreciated.

Included with this letter are copies of all bills that I received from the respective attendant medical service providers.

If you have any questions regarding any of the information I have provided, or if you need additional information or documentation to complete my claim please contact me at (414) 643-9461 or by email at mjzeral@yahoo.com

Sincerely,


Mark Zera

2005 JUN 28 PM 2:51
RONALD J. LEONARDI
CITY CLERK
CITY OF MILWAUKEE

STATEMENT OF HOSPITAL SERVICES



Aurora Health Care

ST. LUKE'S MEDICAL CENTER
PO BOX 341100
MILWAUKEE, WI 53234-1100

Responsible Party MR MARK J ZERA		Statement Date 03/12/2005
Your balance is due by: 04/02/2005	Amount You Owe \$1,904.63	
ACCOUNT NUMBER 101081577		

#101081577#
MR MARK J ZERA
3407 S 15 PLACE
MILWAUKEE, WI 53215

717

Make checks payable to:

ST. LUKE'S MEDICAL CENTER
PO BOX 341100
MILWAUKEE, WI 53234-1100

PAYMENT, ADDRESS AND INSURANCE INFORMATION LOCATED ON BACK
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION	CHARGES	INSURANCE ACTIVITY	PATIENT ACTIVITY
02/04/2005	101081577-5035	ZERA, MARK J Emergency Room Visit - ST. LUKE'S MEDICAL CENTER New charges Balance due	1,904.63	0.00	1,904.63
PLEASE PAY THIS AMOUNT →					\$1,904.63

Page 1 of 1

Thank you for choosing Aurora Health Care.
We appreciate your prompt payment.

ST. LUKE'S MEDICAL CENTER
PO BOX 341100
MILWAUKEE, WI 53234-1100
Tax Id: 39-0806181

Responsible Party	Account No	Statement Date	Insurance Amount Due	Amount Due By: 04/02/2005
MR MARK J ZERA	101081577	03/12/2005	\$0.00	\$1,904.63

For billing questions or payment arrangement, please call 800-958-6202.

Para preguntas relacionadas con su estado de cuenta o para arreglos de pagos, favor de llamar al 866-305-8185.

Contact us via e-mail at customerservice@aurora.org.
Comuniquese por correo electrónico a customerservice@aurora.org.

Contact us via the web at www.aurora.org/billing.
Comuniquese por internet a www.aurora.org/billing.

(414) 486-4021



Service Date: 02/04/2005
Call Time: 01:25 AM
Reason(s) for Transport
959.7

Trip Number: B2005035005
Client Number: 68950
Client Name: ZERA, MARK J
Caller: MILWAUKEE FIRE DEPT.
From Location: S 15TH STREET/W HOLT AVE
To Location: ST LUKE'S HOSPITAL
Insurance Information

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

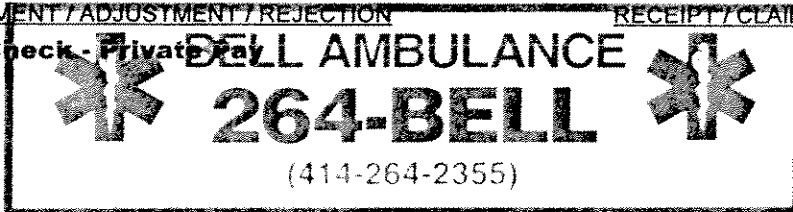
Billing Department: (414) 486-4055
Toll-Free: (800) 896-6200
PO BOX 070550
MILWAUKEE, WI 53207

DATE	DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
02/04/2005	Ambulance Base Charge - BLS	A0429			370.00
02/04/2005	Ground Mileage	A0425	2.0	9.35	18.70
02/04/2005	Routine Disposable Supplies	A0382			14.83

These rates are set by City of Milwaukee Ordinance 75-15 as amended.

Total Charges 403.53

DATE	DESCRIPTION OF PAYMENT / ADJUSTMENT / REJECTION	RECEIPT / CLAIM	AMOUNT
03/07/2005	Private Payment-Check - Private Pay		50.00



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"
PLEASE PAY THIS AMOUNT =>

Total Credits 50.00

\$50.00

PAYMENT PLAN: \$50.00/MONTHLY

Current Balance => \$353.53

For previously made payment - item payed...
If you have any questions, please call...
Thank you for your business.

129745

00190152

ERMED SC
7071 S 13TH
STE 104
OAK CREEK WI 53154

S
For your conveni
Master Card and
see back of stat

RETURN SERVICE REQUESTED

CHECK HER
SHOW AMOUN
PAID HERE

(414) 570-7100 02/27/05 00190152 01
OFFICE PHONE NUMBER CLOSING DATE YOUR ACCOUNT NUMBER PAGE NO.

MARK J ZERA
3407 S 15 PLACE
MILWAUKEE, WI 53215-5031

ERMED SC
7071 S 13TH
STE 104
OAK CREEK, WI 531

||||| |||||

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

PLEASE RETURN THIS PORT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BIL

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME
020405	DILLIG MD	CPT: 99283 EMERGENCY DEPT VISIT LEVEL M ZERA	
020405		CPT: 27840 TREAT ANKLE DISLOCATION	

This bill is for the Emergency Room Physician services at St.Lukes or South Shore hospital.

STATEMENT CLOSING DATE:	02/27/05	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:			
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PEND
1654.00				1654.00	0

SEND INQUIRIES TO:
ERMED SC (414) 570-7100
7071 S 13TH
STE 104
OAK CREEK WI 53154

MAKE CHECKS PAYABLE TO:

COLUMBIA CARD. CONSLT LTD
11716 W GREENFIELD AVE
WEST ALLIS, WI 53214

RETURN SERVICE REQUESTED

SELF PAY

IRS NO.	39-1450849
PHONE	414 778-3878

STATEMENT

RETURN UPPER PORTION OF
STATEMENT WITH PAYMENT

ADMITTING DOCTOR

FERGUSON, ANTHONY A

ACCOUNT #
7401037

MARK ZERA
3407 D 15TH ST
MILWAUKEE, WI 53215

PATIENT'S NAME	ZERA, MARK	CLOSING DATE	5/20/05	PAGE NUMBER	1	NEW BALANCE	447.00
----------------	------------	--------------	---------	-------------	---	-------------	--------

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE **\$**

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS
2/8/05	INTERPRETATION ONLY	33010		\$47.00	
<p>TOTAL PAYMENT DUE: \$ 47.00 By Client at this time.</p>					

STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
5/20/05		\$0.00	\$47.00	\$0.00	\$0.00	\$47.00	\$0.00

CURRENT BALANCE **\$47.00**



**THIS IS THE PHYSICIAN'S FEE FOR CARDIOLOGY SERVICES AT COLUMBIA HOSPITAL.

PLEASE PRINT CHECKS PAYABLE TO

ANTHONY FERGUSON, M.D.
3970 N OAKLAND STE 501
MILWAUKEE, WI 53211

ADDRESS

If paying by credit card please check below

 <input type="checkbox"/> MASTERCARD		CHECK CARD USING FOR PAYMENT		 <input type="checkbox"/> VISA
CARD NUMBER			AMOUNT	
SIGNATURE			EXP DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT #		
04 13 05	2606.30	03-12-03F		
ADDRESS			REMIT TO	

MARK J ZERA
3407 S. 15th Pl
MILWAUKEE, WI 53215

ANTHONY FERGUSON, M.D.
3970 N OAKLAND STE 501
MILWAUKEE, WI 53211

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

SHOW AMOUNT PAID HERE \$

STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	CHGS PYMNT ADJUST	INS. PAID	OTHER ADJUST/ PYMNT	PATIENT BALANCE DUE
02 04 05	MARK J	OV COMPREHENSIVE	130.00	0.00	39.00	91.00
02 08 05	MARK J	ORIF LAT MALLEOLUS W	2390.00	0.00	1195.00	1195.00
02 08 05	MARK J	OPEN TX DISTAL TIBIO	2175.00	0.00	1087.50	1087.50
02 24 05	MARK J	NO CHARGE	0.00	0.00	0.00	0.00
02 24 05	MARK J	ANKLE COMPLETE 3 VIE	67.90	0.00	0.00	67.90
03 10 05	MARK J	NO CHARGE	0.00	0.00	0.00	0.00
03 10 05	MARK J	ANKLE COMPLETE 3 VIE	67.90	0.00	0.00	67.90
04 07 05	MARK J	NO CHARGE	0.00	0.00	0.00	0.00
04 07 05	MARK J	ANKLE COMPLETE 3 VIE	97.00	0.00	0.00	97.00

ACCT. #
03-12-0

*** -indicates that this has been billed to your insurance company.

FOR BILLING QUESTIONS, PLEASE CALL: PATIENT ACCOUNTS
414 9610304

PATIENT DUE

CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	ACCT. BAL.	INS. BILLED	PATIENT DUE
164.90	2441.40	0.00	0.00	0.00		0.00	2606.30

GLENDALE ANESTHESIA ASSOCIATES
 4555 W SCHROEDER DR #170
 MILWAUKEE WI 53223-1496
 PHONE NO.: (414) 365-3210 FED. I.D. # 39-173061

PLEASE ENTER THIS ACCOUNT NUMBER ON YOUR CHECK AND ALL CORRESPONDENCE

MARK ZERA
 3407 S 15TH PL
 MILWAUKEE WI 53219

ACCOUNT NO. GA100419
 STATEMENT DATE 03/01/05

AMOUNT ENCLOSED

\$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DIAG. CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	LOC	DESCRIPTION	CHARGES/PAYMENT/ADJ.	
						PATIENT	INSURANCE
24.9	02/08/05	27822	MARK	OR	FRACTURE ANKLE OPEN W/WO INTER TIME:13:20-15:25 UNITS 12	1140.00	

ALL PAYMENTS AND BILLING QUESTIONS SHOULD BE DIRECTED TO OUR BILLING SERVICE (SEE TOP OF STATEMENT). THANK YOU

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
1140.00	.00	.00	.00	.00

PLEASE PAY THIS AMOUNT ▶

PATIENT	1140.00
---------	---------

ANALYSIS OF PATIENT NEW BALANCE

PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.

03/01/05 STATEMENT DATE		GA100419 ACCOUNT NUMBER	MAKE CHECKS PAYABLE TO
----------------------------	--	----------------------------	------------------------

GLENDALE ANESTHESIA ASSOCIATES

MILWAUKEE RADIOLOGISTS, LTD SC
PO BOX 78895
MILWAUKEE WI 53278-0895

Address Service Requested

Place of Service: ST LUKES MEDICAL CTR-ER
DT15*134*560471.1

ME1547A1DE0S0080F8.003142

MARK ZERA
3407 S 15TH PL
MILWAUKEE WI 53215-5031



MILWAUKEE RADIOLOGISTS, LTD SC
PO BOX 78895
MILWAUKEE WI 53278-0895



PATIENT NAME	
MARK ZERA	
ACCOUNT NUMBER	STATEMENT DATE
134*560471.1	02/25/2005
AMOUNT DUE	AMOUNT PAID
39.00	

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Page 1 of 1
Amount

Date	Doctor	Code	Description	Amount
02/04/2005		73610GC	ANKLE COMPLETE	39.00

Access your account: www.peryourhealth.com Account Nbr: 2698-560471 Password: JYBCLA

ANY QUESTIONS PLEASE CALL 1-866-211-2579 MON-FRI 8:30 AM - 5:00 PM EST
Billing questions call: 1-866-211-2579

ACCOUNT NUMBER	DATE OF STATEMENT	PAYMENTS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT	BALANCE	AMOUNT DUE
134*560471.1	02/25/2005			39.00

PATIENT NAME
MARK ZERA

PLEASE SEND YOUR PAYMENT TO THE ADDRESS INDICATED. IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE. THANK YOU.

Tax Id 39-1126363
Place of Service: ST LUKES MEDICAL CTR-ER
Referring Doctor: UNKNOWN UNKNOWN

MAKE CHECKS PAYABLE TO:
MILWAUKEE RADIOLOGISTS, LTD SC
PO BOX 78895
MILWAUKEE WI 53278-0895
1-866-211-2579



Service Date: 2/ 8/ 2005
Patient Name: Mark Zera
Account Number: 7401037

Total Charges: \$ 9147.00
Balance Due:\$ 9147.00

Private Pay Account

Thank you for using the Orthopaedic Hospital of Wisconsin. We do not have insurance information on file for the charges on your account listed above. If you have insurance, please our office at (262) 446-0240 to provide us with your insurance information.

If you do not have coverage at this time, please contact us so that we may assist you in establishing payment arrangements. Payment for the services is ultimately your responsibility. A payment envelope has been enclosed for your convenience.

03/03 Erin ex 126 -

Mar 30th - 7317.60

IMPORTANT

PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT

The Orthopaedic Hospital, LLC
Box 88878
Milwaukee, WI 53288-0878

February 21, 2005
Acct#: 7401037
Amount Due:\$ 9147.00

The Orthopaedic Hospital, LLC
Box 88878
Milwaukee, WI 53288-0878

Mark Zera
3407 S 15th Pl
Milwaukee, WI 53215

PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT

The Orthopaedic Hospital, LLC
Box 88878
Milwaukee, WI 53288-0878

June 15, 2005
Acct#: 7430838
Amount Due:\$ 3732.00

The Orthopaedic Hospital, LLC
Box 88878
Milwaukee, WI 53288-0878

Mark Zera
3407 S 15th Pl
Milwaukee, Wi 53215

Obtain Medical Advice Before Taking
Nonprescription Drugs. Some May Affect
The Action Of This Medication.

Swallow Whole. Do Not
Chew Or Crush.

Need
Email: _____ @ _____

Taking More Of This Medication Than
Recommended May Cause Serious Breathing
Problems.

9527 S 27TH ST FRANKLIN, WI 53132

PH (414)304-1239

PATIENT PH (414)643-9461

MARK J ZERA

3407 SOUTH 15TH PLACE

MILWAUKEE, WI 53215

NO 0191531-05884 DATE 02/08/05

OXYCONTIN 20MG TABLETS

QTY 30 NO REFILLS

NEW

\$ 100.29

KMM/ / /TMF

A. FERGUSON, DO

Walgreens Customer Receipt

PEEL HERE →

9527 S 27TH ST FRANKLIN, WI 53132

PH (414)304-1239

PATIENT PH (414)643-9461

MARK J ZERA

3407 SOUTH 15TH PLACE

MILWAUKEE, WI 53215

NO 0191531-05884 DATE 02/08/05

OXYCONTIN 20MG TABLETS

QTY 30 NO REFILLS

NEW

\$ 100.29

KMM/ / /TMF

A. FERGUSON, DO

NDC 59011-0103-10
MFG PURDUE-FREDERICK

Walgreens Duplicate Receipt

STAPLE
HERE

Do not take other Acetaminophen-containing
products at the same time without first
checking with your doctor. Check all medicine
labels carefully.

Taking More Of This Medication Than
Recommended May Cause Serious Breathing
Problems.

Need
Email: _____ @ _____

This medicine contains Acetaminophen.
Taking more Acetaminophen than
recommended may cause serious liver
problems.

9527 S 27TH ST FRANKLIN, WI 53132

PH (414)304-1239

PATIENT PH (414)643-9461

MARK J ZERA

3407 SOUTH 15TH PLACE

MILWAUKEE, WI 53215

NO 0198305-05884 DATE 04/07/05

OXYCODONE/APAP 5MG-325MG TABLETS

QTY 50 NO REFILLS

NEW

Actual Savings \$86.00

\$ 23.99

KMM/ / /TMF

A. FERGUSON, DO

Walgreens Customer Receipt

PEEL HERE →

9527 S 27TH ST FRANKLIN, WI 53132

PH (414)304-1239

PATIENT PH (414)643-9461

MARK J ZERA

3407 SOUTH 15TH PLACE

MILWAUKEE, WI 53215

NO 0198305-05884 DATE 04/07/05

OXYCODONE/APAP 5MG-325MG TABLETS

QTY 50 NO REFILLS

NEW

Actual Savings \$86.00

\$ 23.99

KMM/ / /TMF

A. FERGUSON, DO

NDC 00406-0512-05
MFG MALLINCKRODT

Walgreens Duplicate Receipt

Obtain Medical Advice Before Taking
Nonprescription Drugs. Some May Affect
The Action Of This Medication.

Need
Email: @

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215

NO 0191921-05884 DATE 02/11/05

OXYCODONE 5MG CAPSULES

QTY 60 NO REFILLS
NEW

PH (414)304-1239

PATIENT PH (414)643-9461

NDC 58177-0041-04
MFG ETHEX

\$21.49

HJS/ / /NMR

A. FERGUSON, DO

Walgreens Customer Receipt

PEEL HERE ↓

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215

NO 0191921-05884 DATE 02/11/05

OXYCODONE 5MG CAPSULES

QTY 60 NO REFILLS
NEW

PH (414)304-1239

PATIENT PH (414)643-9461



\$21.49

HJS/ / /NMR

A. FERGUSON, DO

NDC 58177-0041-04
MFG ETHEX

Walgreens Duplicate Receipt

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215

NO 0198306-05884 DATE 04/09/05

AMBIEN 10MG TABLETS

QTY 10 1 REFILL BEFORE 10/06/05
NEW

PH (414)304-1239

PATIENT PH (414)643-9461

NDC 00024-5421-31
MFG SANOFI

\$43.69

PNB/ / /NMR

A. FERGUSON, DO

Walgreens Customer Receipt

PEEL HERE ↓

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215

NO 0198306-05884 DATE 04/09/05

AMBIEN 10MG TABLETS

QTY 10 1 REFILL BEFORE 10/06/05
NEW

PH (414)304-1239

PATIENT PH (414)643-9461



\$43.69

PNB/ / /NMR

A. FERGUSON, DO

NDC 00024-5421-31
MFG SANOFI

Walgreens Duplicate Receipt

11

Nominate kids with a whole lot of heart
Kohl's will honor over 1,250 young
volunteers and award \$185,000 in
scholarships. Visit Customer Service @
www.kohls.com for details.
Deadline is March 15.



CASH 50.00
CHANGE 33.10
SUBTOTAL 16.00
TAX 0.90
TOTAL 16.90
MENS LOUNGEWEAR 400052528536 * 8.00
MENS LOUNGEWEAR 098593469175 * 8.00

02-05-05 10:09A 0109/0008/3622/4 1089X
ID# 999-9794-9489-9058-9890-9163-7729

Oak Creek
Oak Creek, WI
(414) 764-7200

KOHL'S

Merchandise
Charge

Most Insurance allow refill on or after 05/04/2005

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist. Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

Need Email: @

Need Email: @

9527 S 27TH ST FRANKLIN, WI 53132

JOHN ZERA

10744 S 60TH ST
FRANKLIN, WI 53132
NO 0199934-05884 DATE 04/22/05
AMBIEN 10MG TABLETS
QTY 15 1 REFILL BEFORE 10/21/05
NEW \$62.49 Your Insurance Saved You: \$57.78

PH (414)304-1239 →
PATIENT PH (414)421-7628

NDC 00024-5421-31
MFG SANOFI

\$4.71

HJS/ / /NMR
PLAN AETNA
GROUP# 600540036

D. KLEHM, MD
CLAIM REF# 30000284201800

Walgreens Customer Receipt

PEEL HERE →

9527 S 27TH ST FRANKLIN, WI 53132

JOHN ZERA

10744 S 60TH ST
FRANKLIN, WI 53132
NO 0199934-05884 DATE 04/22/05
AMBIEN 10MG TABLETS
QTY 15 1 REFILL BEFORE 10/21/05
NEW \$62.49 Your Insurance Saved You: \$57.78

PH (414)304-1239
PATIENT PH (414)421-7628



\$4.71

HJS/ / /NMR
PLAN AETNA
GROUP# 600540036

D. KLEHM, MD
CLAIM REF# 30000284201800

NDC 00024-5421-31
MFG SANOFI
Walgreens Duplicate Receipt

problems.

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215
NO 0193177-05884 DATE 02/22/05
OXYCODONE/APAP 5MG-325MG TABLETS
QTY 60 NO REFILLS
NEW \$26.99

PH (414)304-1239 →
PATIENT PH (414)643-9461

NDC 00406-0512-05
MFG MALLINCKRODT

\$26.99

KMM/ / /TMF

A. FERGUSON, DO

Walgreens Customer Receipt

PEEL HERE →

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215
NO 0193177-05884 DATE 02/22/05
OXYCODONE/APAP 5MG-325MG TABLETS
QTY 60 NO REFILLS
NEW \$26.99

PH (414)304-1239
PATIENT PH (414)643-9461



\$26.99

KMM/ / /TMF

A. FERGUSON, DO

NDC 00406-0512-05
MFG MALLINCKRODT
Walgreens Duplicate Receipt

Need Email: @

Taking More Of This Medication Than Recommended May Cause Serious Breathing Problems.

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215
NO 0191083-05884 DATE 02/04/05
OXYCODONE 5MG CAPSULES
QTY 100 NO REFILLS
NEW \$32.59

PH (414)304-1239 →
PATIENT PH (414)643-9461

NDC 58177-0041-04
MFG ETHEX

\$32.59

HJS/ / /TMF

A. FERGUSON, DO

Walgreens Customer Receipt

PEEL HERE →

9527 S 27TH ST FRANKLIN, WI 53132

MARK J ZERA

3407 SOUTH 15TH PLACE
MILWAUKEE, WI 53215
NO 0191083-05884 DATE 02/04/05
OXYCODONE 5MG CAPSULES
QTY 100 NO REFILLS
NEW \$32.59

PH (414)304-1239
PATIENT PH (414)643-9461



\$32.59

HJS/ / /TMF

A. FERGUSON, DO

NDC 58177-0041-04
MFG ETHEX
Walgreens Duplicate Receipt