

RECEIVED

OCT 7 2013

OFFICE OF
CITY ATTORNEY

10.02.2013

Office of City Attorney
800 City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202

Attn: Grant Langley c/o Kari Gipson

Re: C.I. File No. 1029-2013-137

This correspondence is in response to your claim denial letter dated 09.13.13, received 09.17.13

I am appealing your denial decision with additional information and additional pictures of repair done to the unsafe sidewalk in front of 2827 S. 67th street that my fall on 09.16.12 resulted from. Contrary to what you stated in your denial, there was city patching done after my fall in an attempt to make this sidewalk safer. The pictures included were taken May 29, 2013.

Please review this additional information, the pictures and recheck the City of Milwaukee's repair records.

After this review please reconsider the processing of my claim for the total amount of \$7268.69.

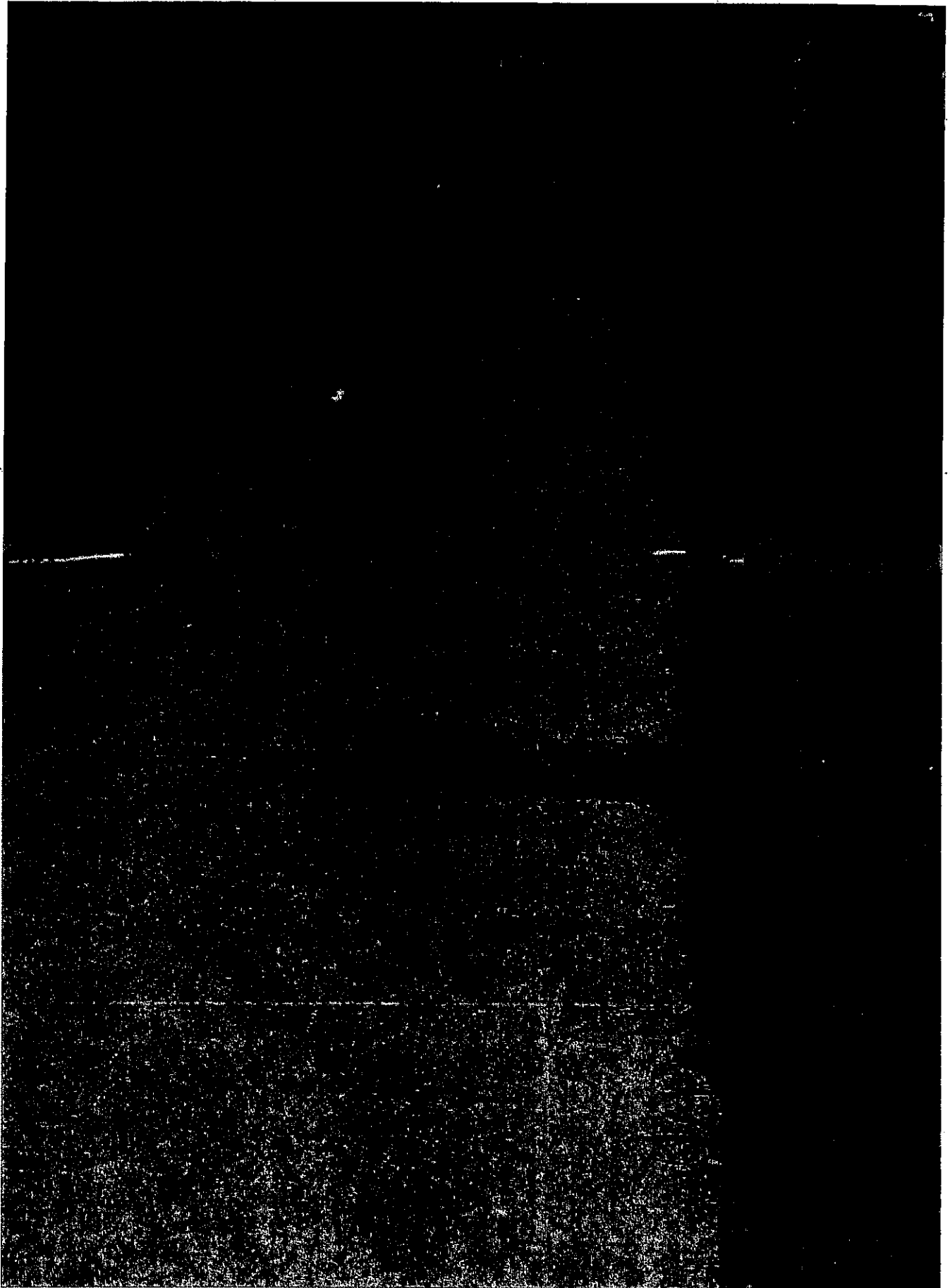
If an appeal hearing is necessary then please schedule this as soon as possible.

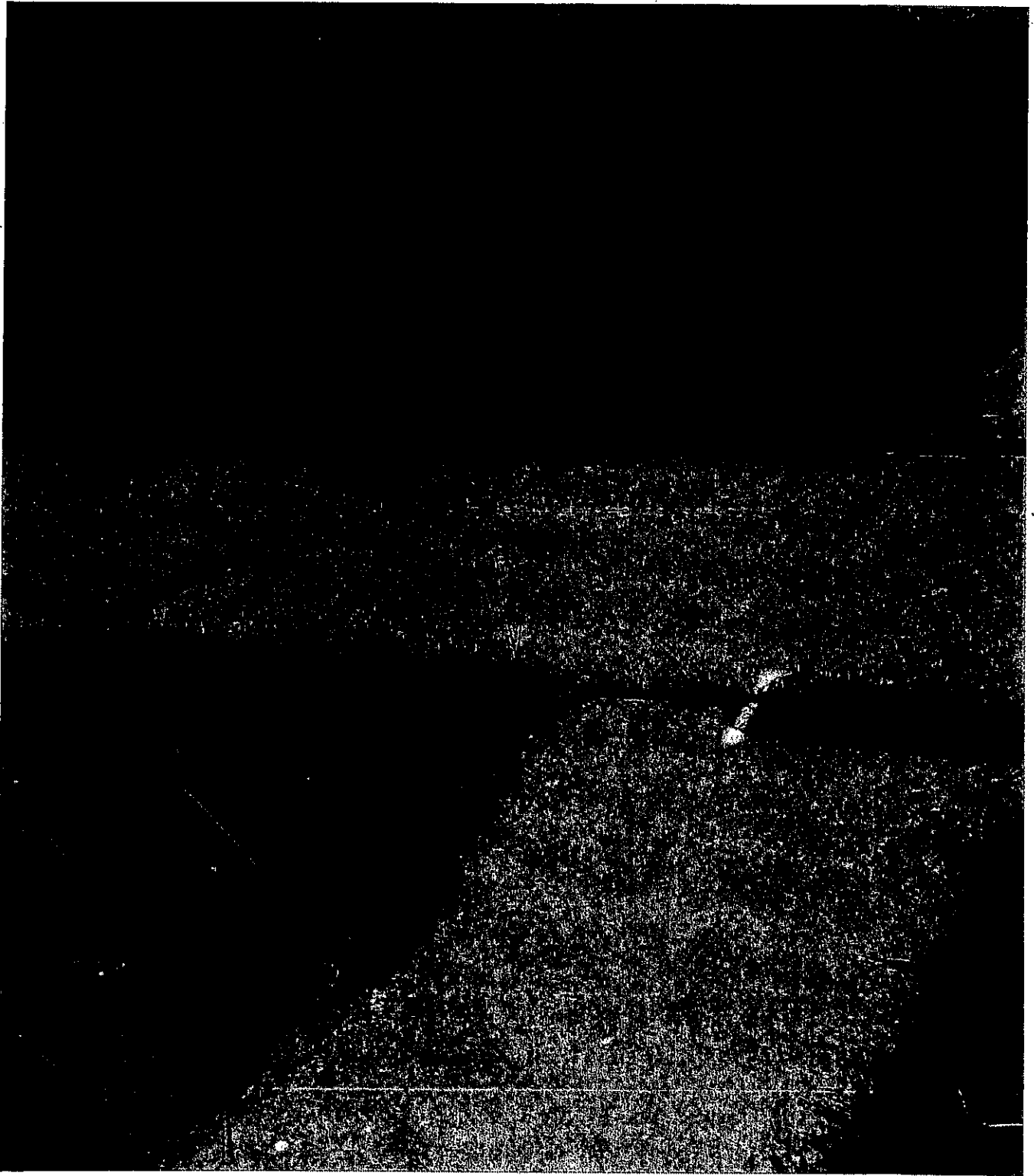
Thank you for your consideration of this appeal.

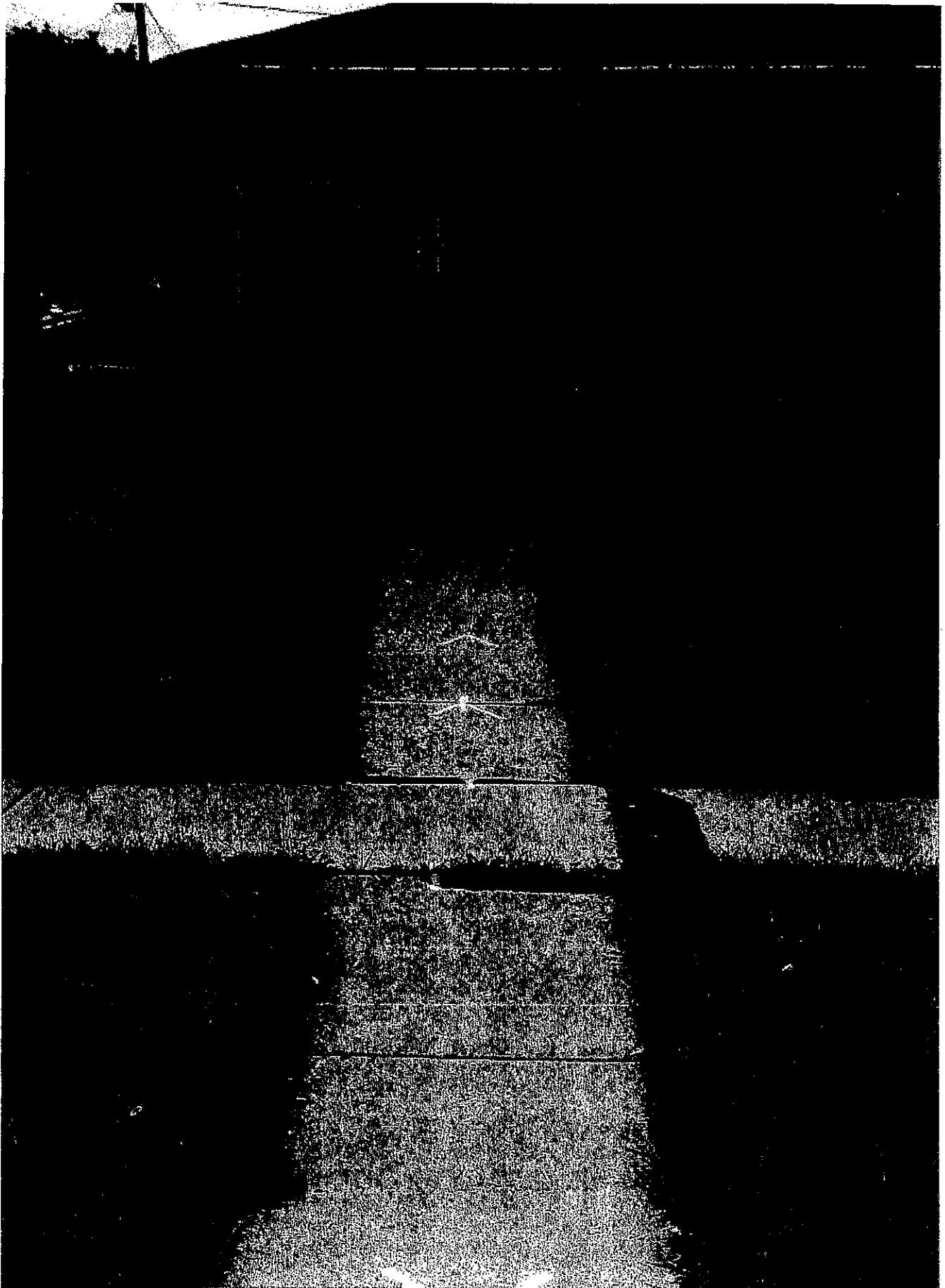


Mary Beth Heiter
6717 W. Cleveland Avenue
Milwaukee, WI 53219
414.299.7635 - work

CITY OF MILWAUKEE
2013 OCT -7 AM 11:06
CITY CLERK'S OFFICE







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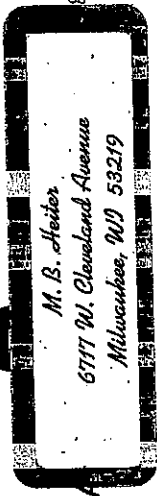
OCT 7 2013

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CERTIFIED MAIL™



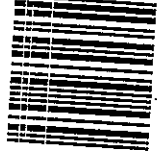
7012 2920 0002 2266 3239



M. B. Hester
6777 W. Cleveland Avenue
Milwaukee, WI 53219



1000



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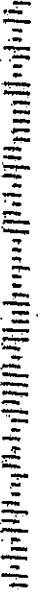
U.S. POSTAGE
PAID
MILWAUKEE, WI
53203
OCT 04, 13
AMOUNT
\$3.56
90053815-06

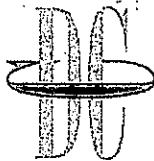
*City of Milwaukee
Supervisor of City Enterprises
Broad Street
200 East Wells Street
Milwaukee, WI 53202-3551*

Handwritten signature

145-431

5320233570





C Z A P L I C K I
FAMILY DENTISTRY

Donald J. Czaplicki, D.D.S. Cathleen M. Czaplicki, D.D.S.
COMPLETE FAMILY DENTISTRY • TMJ TREATMENT • ORTHODONTICS • COSMETICS

August 1, 2013

Re: Mary Beth Hardesty-Heiter

To Whom It May Concern:

My patient, Mary Beth Hardesty-Heiter, suffered a severe accident on September 16, 2012 in which she fell on her face fracturing bones in her face and breaking her nose. Upon falling on her face, the force of the fall injured her lower jaw and the TM joint that operates the jaw. The joint and its discs were dislocated causing a locking of the jaw, pain in the jaw, headaches and numbness in the face over these joints. The numbness is beginning to improve, but the TMJ's require treatment.

Mary Beth was missing several posterior teeth prior to the accident, causing no jaw problem, however, since the accident; more of the back teeth have been damaged and need to be removed. Most importantly, is the fact that these posterior teeth are used to support her jaw in function and without this support, her jaw cannot heal and function properly.

To date I have made her an orthotic (splint) to wear in her mouth to support the jaw joints so they can heal. Since inserting the splint, her TM joints have unlocked and her pain and symptoms in the joints and face have improved greatly. It was ^{the} accident that created the injury and pain in the TMJ and face.

The remainder of treatment required in her mouth is restorative in nature, for the purpose of replacing the missing and fractured teeth and establishing a properly functioning bite. This is required to support the TMJ's, allow her to chew properly, and to keep her out of pain. Without the support of the TMJ with teeth, the health of the TMJ's will fail.

Thank you for your support.

Sincerely,

Donald J. Czaplicki D.D.S.

Donald J. Czaplicki, D.D.S.

This work has not been completed yet and is pending. I cannot afford to pay for it at this time. Please add \$2054.00 to my previous claim and for annual...

SINGLE PATIENT LEDGER

Donald J. and Cathleen M. Czaplicki, DDS, SC

Date: 07/23/2013

Page: 1

Patient Name: Mary Beth Hardesty-Heiter
6717 W. Cleveland Ave.
Milwaukee, WI 53219

Chart Number: HA0057
Billing Type: 2

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
12/31/2012		Patient Balance Forward		48.10		48.10
* 05/13/2013		Brief History & Exam	Mary Beth	162.00		210.10
* 05/21/2013		Diagnostic Mounted Case	Mary Beth	214.00		424.10
* 05/21/2013		Panoramic film	Mary Beth	108.00		532.10
* 05/21/2013		Comprehensive History	Mary Beth	215.00		747.10
* 06/06/2013		Cranio Mandib/Orthopedic Applia	Mary Beth	1177.00		1924.10
* 06/07/2013		Care Credit Payment	Mary Beth		-2035.00	-110.90
* 06/12/2013		Dental Ins Payment - Assurant	Mary Beth		-31.00	-141.90
* 06/20/2013		Othotic/ Prosthetic checkout	Mary Beth	89.00		-52.90
07/18/2013		Dental Ins Payment - Assurant	Mary Beth		0.00	-52.90
07/23/2013		Othotic/ Prosthetic checkout	Mary Beth	89.00		36.10

TOTAL PATIENT BALANCE AS OF 07/23/2013: 36.10

TMS work

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	1 6 2 . 0 0 +
	2 1 4 . 0 0 +
	1 0 8 . 0 0 +
	2 1 5 . 0 0 +
	1, 1 7 7 . 0 0 +
	8 9 . 0 0 +
	8 9 . 0 0 +
<i>amount charged →</i>	2 0 5 4 . 0 0 *
	+ 0 . *
	0 . *

01.07.2013

To: City of Milwaukee City Clerk

ATTN: CLAIMS

200 E. Wells St., Room 205

Milwaukee, WI 53202-3567

From: Mary Beth Heiter

On September 16th, 2012, I was taking a walk with my dog on the sidewalk alongside 67th street. I was heading south on the west side of the street. I was unfamiliar with this route and do not recall if I had ever walked in this area before. While I was walking, I tripped over an elevated sidewalk slab located in front of 2857 S. 67th Street. I fell forward onto the sidewalk and I suffered multiple injuries to my body, face, and head. I believe I was down on the ground for several minutes in a stunned and confused state. I realized I needed help/medical attention and I was able to call a neighbor who drove me to the Emergency Room (ER).

Doctors in the ER diagnosed me with a concussion and a CT scanned revealed multiple maxofacial fractures which included nose and orbital bone fractures. Since my initial trip to the ER, I have had multiple follow-up appointments with my primary physician, an Ear/Nose/Throat specialist, and my ophthalmologist. I have also had two additional CT scans and an x-ray. In addition to the maxofacial fractures, I was diagnosed with a wrist sprain, abrasions, and vision loss. The vision loss has made it necessary to change my contact and eyeglass prescriptions. The left side of my face and mouth is still painful with broken dental crowns, resulting in my continued inability to chew solid food since the accident. The swelling in my face has not allowed an Ear/Nose/Throat specialist to make a final determination of the type of surgery necessary to correct the maxofacial fractures. I am still experiencing side effects from the concussion such nausea, dizziness, and general pain, and soreness from my injuries incurred from tripping on the raised sidewalk.

I have been in discussion with my health insurance company about the medical expenses that continue to accrue as a result of my injuries. They are aware my injuries were suffered while tripping on the raised sidewalk and that I have filed this claim. The following is not an exhaustive list as expenses continue to accrue.

To date, I have been billed for the following (copies of the bills are attached):

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CITY CLERK'S OFFICE

2013 JAN 11 AM 11:31

CITY OF MILWAUKEE

West Allis Memorial Hosp ER: DOS 09.16.12

Dr. Thomas Calvy DOS 09.16.12

ErMed S. C. DOS 09.16.12

Dr. Martin Samuel DOS 09.19.12 & 09.24.12

Dr. Lynne Langlois DOS 09.27.12

Wheaton Franciscan DOS 09.28.12

Dr. Henry Duffrin DOS 09.28.12

Dr. Martin Samuel DOS 10.11.12

Dr. Drew Brooks DOS 10.16.12

Dr. Philip Bainbridge DOS 10.17.12

St. Francis Hospital DOS 10.31.12

Dr. Martin Samuel DOS 10.25.12

Receipts for bifocals and contact lenses prescribed due to vision loss

Medical expenses so far per copies attached is \$3633.01

In addition to medical expenses, injuries from the fall had an adverse effect on my income. The loss of income is as follows:

\$673 – Week 1 (09.17.12 - 09.23.12), did not receive any disability or salary

\$168.25 – Week 2 (09.24.12 – 9.30.12), I received 75% of my \$673 salary with short term disability

\$168.25 – Week 3 (10.01.12 – 10.07.12), I received 75% of my \$673 salary with short term disability

\$168.25 – Week 4 (10.08.12 – 10.14.12), I received 75% of my \$673 salary with short term disability

\$168.25 – Week 5 (10.15.12 – 10.21.12), I received 75% of my \$673 salary with short term disability

\$81.41 – Week 6 (10.22.12 – 10.28.12), worked partial days where I received 100% of 20 hours and then 75% of the 18.75 hours not worked through short term disability (\$325.65)

\$78.56 – Week 7 (10.29.12 – 11.04.12) (See week 6 for explanation of dollar amount)

\$78.56 – Week 8 (11.05.12 – 11.11.12) (See week 6 for explanation of dollar amount)

= \$1581.68 total in lost wages as a result of the accident

Also attached is my weekly paystub to help verify loss income and pictures taken a day after the accident. They include images from accident location and the visible bodily injuries I suffered. The accident location shows the sidewalk location and address, multiple shots of the raised sidewalk, and the blood stained sidewalk. The images of my injuries show the bruising, discoloration, and swelling on my face and the abrasions to my arms and hands.

Tripping on the raised sidewalk has caused many expenses, a loss of income, pain and suffering, and a decline to the quality of my day-to-day life. Feel free to contact me if you need any clarification or have questions.

Thank you.

A handwritten signature in cursive script that reads "Mary Beth Heiter".

Mary Beth Heiter

6717 W. Cleveland Avenue

Milwaukee, WI 53219

414.327.5250 - home phone

Mbheiter@gmail.com

←
N

*landed
here*

Tripped here

①



*Close up of elevation in
sidewalk*

②



3



address of house
2857 S. 67th Street

④



(5)



6



①



9-17-12

(8)



9-17-12

①



19



P.O. Box 6248
Broomfield, CO 80021

November 7, 2012

Mary Beth Heiter
6717 W. Cleveland Avenue
Milwaukee, WI 53219

Dear Mary Heiter:

Assurant has contracted with the Reed Group to review and monitor requests for medical leave.

Your request for medical leave received 09/21/2012 for your absence beginning 09/17/2012, has been approved and extended through 11/11/2012 based upon your diagnosis and/or the additional medical information obtained from your Attending Physician. **4 hours per day 11/6/2012 - 11/11/2012.**

Please note that this is the only period for which your medical leave has been approved at this time. In the event that you and your Attending Physician determine that you can return to work prior to 11/12/2012, please contact us immediately to facilitate your return to work.

In the event that you are unable to return to work by 11/12/2012, it is your responsibility to ensure that your Attending Physician provides Reed Group, in advance, with additional medical documentation that supports your leave beyond that date. If this additional medical documentation is received and approved, you will receive an additional letter from us indicating the extended approval and authorization of disability. If the additional medical documentation is not provided or does not support extension of medical leave you will receive a letter from us providing you with the reason for the denial of the extension.

Please call 866-829-8859 if you have any questions or concerns.

Thank you,

Reed Group

PLEASE NOTE: If you are eligible for any Federal/State family leave benefits (FMLA) they will run concurrently with any approved medical leave.

If you are eligible for STD you may be eligible to receive up to 75% (50% if you have been employed for less than one year but at least 91 days, at Assurant at the time your leave begins) of your base salary up to a maximum of 12 weeks. If your leave is approved beyond 13 weeks you may be eligible to receive a Short Term Disability (STD) benefit equal to 60% (50% if you have been employed for less than one year at Assurant at the time your leave begins) of your base pay (minus any offsets) for up to a maximum of 13 weeks. Please refer to your Summary Plan Description for more details on how benefits are calculated.

You are logged in as MARY B HEITER

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Claim Details

[Learn More About Your Claim Details](#)

Member: MARY (You)
 Date(s) of Service: 09/16/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$3,669.71
Your plan pays:	\$0.00
Amount you can expect to pay out of pocket:	\$2,422.01

Claim Summary		
Claim ID#: EAAA3DWLK Payment: Made on 10/03/2012 to Provider		
Status: Completed EFT Number: 812271580002994		
Health Care Professional: Aurora West Allis Medical Center		
	Amount	Your Plan Pays
Bill received by Aetna on 09/25/2012	\$3,669.71	
Your Aetna member rate	\$2,422.01	\$0.00
SERVICES IN THIS CLAIM: Open All		
ONDANSETRON ORAL		
CAT SCAN OF FACE JAW		
CAT SCAN OF HEAD OR BRAIN		
EMERGENCY SERVICES		
REPAIR SUPERFICIAL WOUND(S)		
Not paid (excluded by plan)		\$0.00
Amount paid toward meeting your deductible		\$2,422.01
Amount paid toward your remaining coinsurance		\$0.00
Your copay amount		\$0.00
Your total responsibility:		\$2,422.01

Take Action

- [Print this claim](#)
- [View Explanation of Benefits \(EOB\) for this claim](#)
- [Contact Member Services](#)
- [Ask a question](#)

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Claim Details

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Member: MARY (You)
 Date(s) of Service: 09/16/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$781.00
Your plan pays:	\$0.00
Amount you can expect to pay out of pocket:	\$468.60

Claim Summary			
Claim ID#: EDF33FMB9 Payment: Made on 10/03/2012 to Provider			
Status: Completed EFT Number: 812271460003054			
Health Care Professional: Thomas Calvy			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 09/25/2012	\$781.00		
Your Aetna member rate	\$468.60	\$0.00	
SERVICES IN THIS CLAIM: Open All			
CAT SCAN OF FACE, JAW			
CAT SCAN OF HEAD OR BRAIN			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$468.60
Amount paid toward your remaining coinsurance			\$0.00
Your copay amount			\$0.00
Your total responsibility:			\$468.60

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Claim Details

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Member: MARY (You)
 Date(s) of Service: 09/16/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$1,500.00
Your plan pays:	\$261.83
Amount you can expect to pay out of pocket:	\$29.10

Claim Summary

Claim ID#: E6PA24226 Payment: Made on 10/31/2012 to Provider
 Status: Completed EFT Number: 812299420003852

Health Care Professional: ERMed S.C.

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/11/2012	\$1,500.00		
Your Aetna member rate	\$290.93	\$261.83	
SERVICES IN THIS CLAIM: Open All			
<u>EMERGENCY SERVICES</u>			
<u>TREATMENT OF NOSE FRACTURE</u>			
<u>REPAIR SUPERFICIAL WOUND(S)</u>			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$29.10
Your copay amount			\$0.00
	Your total responsibility:		\$29.10

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Member: MARY (You)
 Date(s) of Service: 09/19/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$268.00
Your plan pays:	\$78.75
Amount you can expect to pay out of pocket:	\$95.60

Claim Summary

Claim ID#: EDYZ3D4M6 Payment: Made on 10/18/2012 to Provider
 Status: Completed Check Number: 09822-005282933

Health Care Professional: Martin Samuel

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 09/25/2012	\$258.00		
Your Aetna member rate	\$174.35	\$78.75	
SERVICES IN THIS CLAIM: Open All			
CONSULTATIONS			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$86.85
Amount paid toward your remaining coinsurance			\$8.75
Your copay amount			\$0.00
	Your total responsibility:		\$95.60

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Member: MARY (You)
 Date(s) of Service: 09/24/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$135.00
Your plan pays:	\$95.99
Amount you can expect to pay out of pocket:	\$10.67

Claim Summary			
Claim ID#: EQTV3GB08 Payment: Made on 10/18/2012 to Provider			
Status: Completed Check Number: 09822-005282933			
Health Care Professional: Martin Samuel			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 09/25/2012	\$135.00		
Your Aetna member rate	\$106.66	\$95.99	
SERVICES IN THIS CLAIM: Open All			
<u>OFFICE VISIT</u>			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$10.67
Your copay amount			\$0.00
	Your total responsibility:		\$10.67

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Claim Details

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Member: MARY (You)
 Date(s) of Service: 09/27/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$207.00
Your plan pays:	\$96.29
Amount you can expect to pay out of pocket:	\$10.70

Claim Summary

Claim ID#: EVT23MP4 Payment: Made on 10/31/2012 to Provider
 Status: Completed EFT Number: 812299510003783

Health Care Professional: Lynne Langlois

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/04/2012	\$207.00		
Your Aetna member rate	\$106.99	\$96.29	
SERVICES IN THIS CLAIM: Open All			
<u>OFFICE VISIT</u>			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$10.70
Your copay amount			\$0.00
	Your total responsibility:		\$10.70

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Member: MARY (You)
 Date(s) of Service: 09/28/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$676.00
Your plan pays:	\$486.72
Amount you can expect to pay out of pocket:	\$54.08

Claim Summary

Claim ID#: E9AA3BSPT Payment: Made on 10/31/2012 to Provider
 Status: Completed EFT Number: 812289440003841

Health Care Professional: Wheaton Franciscan Inc.

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/19/2012	\$676.00		
Your Aetna member rate	\$540.80	\$486.72	
SERVICES IN THIS CLAIM: Open All			
X-RAY EXAM OF HAND			
X-RAY EXAM OF WRIST			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$54.08
Your copay amount			\$0.00
Your total responsibility:			\$54.08

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Member: MARY (You)
 Date(s) of Service: 09/28/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$119.00
Your plan pays:	\$91.03
Amount you can expect to pay out of pocket:	\$10.12

Claim Summary			
Claim ID#: ERFA319PB Payment: Made on 11/15/2012 to Provider			
Status: Completed Check Number: 09822-005840751			
Health Care Professional: Henry Duffrin			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 11/03/2012	\$119.00		
Your Aetna member rate	\$101.15	\$91.03	
SERVICES IN THIS CLAIM: Open All			
X-RAY EXAM OF HAND			
X-RAY EXAM OF WRIST			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$10.12
Your copay amount			\$0.00
	Your total responsibility:		\$10.12

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Member: MARY (You)
 Date(s) of Service: 10/11/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$257.00
Your plan pays:	\$191.43
Amount you can expect to pay out of pocket:	\$21.27

Claim Summary			
Claim ID#: ET3429TJ1 Payment: Made on 11/08/2012 to Provider			
Status: Completed Check Number: 09822-005723215			
Health Care Professional: Martin Samuel			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/17/2012	\$257.00		
Your Aetna member rate	\$212.70	\$191.43	
SERVICES IN THIS CLAIM: Open All			
OFFICE VISIT			
TYMPANOMETRY-IMPEDANCE TEST			
SPEECH RECOGNITION			
PURE TONE AUDIOMETRY, AIR			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$21.27
Your copay amount			\$0.00
	Your total responsibility:		\$21.27

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Member: MARY (You)
 Date(s) of Service: 10/16/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$168.00
Your plan pays:	\$137.83
Amount you can expect to pay out of pocket:	\$15.31

Claim Summary			
Claim ID#: EMTV3WXB5 Payment: Made on 10/25/2012 to Provider			
Status: Completed		Check Number: 09822-005441125	
Health Care Professional: Drew Brooks			
	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/24/2012	\$168.00		
Your Aetna member rate	\$153.14	\$137.83	
SERVICES IN THIS CLAIM: Open All			
VISUAL FIELD EXAMINATION(S)			
DETERMINATION OF REFRACTIVE			
EYE EXAM & TREATMENT			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$15.31
Your copay amount			\$0.00
	Your total responsibility:		\$15.31

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Member: MARY (You)
 Date(s) of Service: 10/17/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$254.00
Your plan pays:	\$114.19
Amount you can expect to pay out of pocket:	\$12.69

Claim Summary

Claim ID#: EFYZ3WV6R Payment: Made on 11/21/2012 to Provider
 Status: Completed EFT Number: 812320410002688

Health Care Professional: Phillip Bainbridge

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/23/2012	\$254.00		
Your Aetna member rate	\$126.88	\$114.19	
SERVICES IN THIS CLAIM: Open All			
CAT SCAN OF FACE, JAW			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$12.69
Your copay amount			\$0.00
Your total responsibility:			\$12.69

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Member: MARY (You)
 Date(s) of Service: 10/17/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$1,800.00
Your plan pays:	\$1,296.00
Amount you can expect to pay out of pocket:	\$144.00

Claim Summary

Claim ID#: E5TV3D3QN Payment: Made on 10/31/2012 to Provider
 Status: Completed EFT Number: 812299380003726

Health Care Professional: St. Francis Hospital

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/24/2012	\$1,800.00		
Your Aetna member rate	\$1,440.00	\$1,296.00	
SERVICES IN THIS CLAIM: Open All			
<u>CAT SCAN OF FACE, JAW</u>			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$144.00
Your copay amount			\$0.00
Your total responsibility:			\$144.00

You are logged in as MARY B HEITER

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Claim Details

[Learn More About Your Claim Details](#)

Member: MARY (You)
 Date(s) of Service: 10/25/2012
 Type: Medical
 Status: Completed

Total Amount billed by Health Care Professional:	\$135.00
Your plan pays:	\$95.99
Amount you can expect to pay out of pocket:	\$10.67

Claim Summary

Claim ID#: ECJK3Z6VM Payment: Made on 11/22/2012 to Provider
 Status: Completed Check Number: 09822-006000738

Health Care Professional: Martin Samuel

	Amount	Your Plan Pays	You Pay
Bill received by Aetna on 10/30/2012	\$135.00		
Your Aetna member rate	\$106.66	\$95.99	
SERVICES IN THIS CLAIM: Open All			
<u>OFFICE VISIT</u>			
Not paid (excluded by plan)			\$0.00
Amount paid toward meeting your deductible			\$0.00
Amount paid toward your remaining coinsurance			\$10.67
Your copay amount			\$0.00
Your total responsibility:			\$10.67



SHIP DATE: 01/01/2013

ORDER #: 03300341904901

Phone: 1-800-847-4663
Fax: 1-866-236-9114
Email: service@visiondirect.com

SHIP TO: Mary Beth Hardesty
6717 W. Cleveland Avenue
Milwaukee WI 53219

Product Name	Color	Power	BC	DIA	CYL	AXIS	Notes	Quantity	TOTAL
Acuvue Oasys		+3.25	8.4	14.0				4	103.96
Acuvue Oasys		+3.50	8.4	14.0				4	103.96

*Contacts ordered
for vision change*

If you have any questions about your order, please contact us at: service@visiondirect.com. To make a return, go to visiondirect.com/returns or contact us at: service@visiondirect.com. Please include your order number located at the top of this invoice.

Certain items on your order may have been backordered. They will ship separately as soon as they become available. To review your order status online, or for a detailed receipt, go to visiondirect.com and click on Your Account.

Subtotal	207.92
Discount Amount	-23.00
Shipping & Handling	1.99
Tax	0.00
Total Charge To Card	186.91

REORDER NOW in 3 easy steps!

- 1 www.visiondirect.com/reorder
- 2 Select your lenses
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RECEIPT

Aurora Vision Center
12500 W Bluemound Rd, ste 201
Elm Grove, WI 53122-2600

Ms. MARY BETH HEITER
6717 W CLEVELAND AVE
MILWAUKEE, WI 53219

Account #: 65503
Patient(s): HEITER, MARY BETH

DATE	DOS	PATIENT	ACTIVITY	ID	UNITS	AMOUNT	ADJUST	CREDIT
11/12/12	11/12/12	MARY BETH	Frame [DY4610B]	165	1.0	\$190.00	\$0.00	
11/12/12	11/12/12	MARY BETH	CR39 COMFORT 2	165	1.0	\$139.50	\$0.00	
11/12/12	11/12/12	MARY BETH	CR39 COMFORT 2	165	1.0	\$139.50	\$0.00	
11/12/12			Trunk Show	***		\$0.00	\$122.90	
11/12/12			Pmt - Credit Card	***		\$0.00	\$0.00	\$346.10
Grand Totals for the period beginning 11/12/2012:						\$ 469.00	\$ 122.90	\$ 346.10
Total Receipt Balance:								\$ 0.00
Responsible Balance:			\$	0.00	Previous Balance:		\$	0.00
Amount Expected from Insurance:			\$	0.00	Account Balance:		\$	0.00

Thank you for choosing Aurora Vision Center for your optical needs

*New glasses
for vision
changes*