

July 4, 2016

RECEIVED

JUL 8 - 2016

OFFICE OF  
CITY ATTORNEY

Milwaukee City Clerk,

RE: C.I. File No. 1032-2016-919

Request for hearing

In response to a letter dated June 14<sup>th</sup> 2016, I would like to request a hearing to appeal the decision denying my claim. Please understand that I will not be able to receive mail correspondence from July 9<sup>th</sup> thru July 23<sup>rd</sup> as I will be out of town and my mail will be on hold. I can be contacted by phone 414-546-4645 or via email [jzadra@att.net](mailto:jzadra@att.net) if necessary. Please find a copy of the envelope with the postmarked date of the letter received.

Regards,



Jeffrey Zadra

CITY OF MILWAUKEE  
2016 JUL - 7 P 1:27  
CITY CLERK'S OFFICE

**CITY OF MILWAUKEE**  
OFFICE OF THE CITY ATTORNEY  
800 City Hall  
200 East Wells Street  
Milwaukee, Wisconsin 53202-3551

Mr. Jeffrey Zadra  
6401 West Dodge Place, Unit 202  
Milwaukee, WI 53220

PRESORTED  
FIRST CLASS



U.S. POSTAGE  
PITNEY BOWES  
ZIP 53202 \$000.37<sup>0</sup>  
02 1M  
0001396581 JUN 21 2016



EZE-SSB 53220



RECEIVED

JUL 8 - 2016

OFFICE OF  
CITY ATTORNEY

RECEIVED

APR 29 2016

OFFICE OF  
CITY ATTORNEY

To Milwaukee City Clerk,

CITY OF MILWAUKEE

2016 APR 29 A 11:37

CITY CLERK'S OFFICE

On the morning of February 4<sup>th</sup> 2016 I placed a phone call to the City of Milwaukee Police Department requesting assistance. I believed that there were some uninvited people in my condominium. I had left my residence prior to making the call. When the officers arrived we entered my unit together and found it empty with the stereo on and the volume set very high. We turned the stereo off and searched through the unit together and found that the unit was empty, there were no intruders. The officers then began to question me about the incident and I explained that I was convinced that there were strangers there when I left and called for assistance. Officer Jennifer Kain continued with the questions asking if I had been drinking and I explained that I had not. She asked when was the last time I had an alcoholic beverage and I explained that it had been days. She then asked if I had taken any drugs or medications. I told her yes but they were my normal medications prescribed by my primary care physician. Amlodipine-Benaz for high blood pressure, Gemfibrozil for cholesterol, Allopurinol for gout and occasionally a generic Ambian sleep aid called Zolpidem for insomnia. She asked if I had taken a Zolpidem last night and I explained that I had. When she heard that she pronounced, there's the problem! She immediately was convinced that I was having a reaction and had been hallucinating from taking the sleep aid Zolpidem. I explained that I was familiar with taking all of those medications and had never had a problem. It was at that time when the tone of the conversation changed. They were asking questions about firearms, reading the labels on my prescriptions and then started taking liberties searching through my condominium. Officer Kain's partner insisted on seeing what was in the safe that was in my bedroom. I gave him a key to the safe and asked him politely not to turn the dial because the dial was set and he only needed to use the key. During that time Officer Kain and I were talking and she asked how I was feeling and if she could call an ambulance to come and take some vital signs. I explained that I was fine; I was very tired and needed some sleep. I also told her that it wasn't necessary to call an ambulance and added that not only was it not necessary but I couldn't afford a bill for something that I didn't need. Her partner returned from searching my safe in the closet of my master bedroom. He had a

RECEIVED

APR 28 2016

OFFICE OF  
THE ATTORNEY

handful of keys that were on the desk of my smaller bedroom that I use for a home office. He put out his hand, showed me the keys and asked what these are for. I told him they were just old keys and not for anything specific. He persisted and asked why I am keeping them. I didn't quite understand why he would ask that question or why he was even in my office. I began to be very concerned about the direction this had headed. The Officers convened privately and Officer Kain again asked about the ambulance. I again explained that it wasn't necessary and I couldn't afford to pay for something that wasn't needed. She again convened with her partner. When they finished she then told me that I wouldn't be responsible for the charges and that the department would cover all of the costs. I thought about it and then confirmed what she said. I asked both of them again and they agreed and were very assuring that I would not be responsible for the cost. She explained that because she was making the request the department would pay all of the charges. At that point I was already concerned about where this was going and thought it would be in my best interest to cooperate with them and agreed to let them call the ambulance. When the ambulance arrived the paramedics came to the front door and rang the bell to my unit, I invited them in and opened the door. They came upstairs and started speaking with the officers. When they finished speaking with the officers they turned their attention to me. They started asking me some questions and proceeded to take my pulse, blood pressure and temperature. I explained to them that I felt fine and believed all of this was completely unnecessary. I also told them that the only reason I agreed to having them come out was because officer Kain requested it and assured me that the department would be responsible for the cost of their services. The gentleman with the long hair, who I later found out was the driver of the ambulance, was taking my blood pressure and the result was that my blood pressure was high. This was of no surprise to me at all. I take blood pressure medication for that very reason and I also had police officers and paramedics in my living room. When officer Kain heard that, she once again convened with her partner and then turned to me and asked if I would allow them to take me to Saint Luke's Hospital for further testing. I immediately disagreed and explained to her that would be completely unnecessary and that there was no way that I could afford a hospital visit. I explained to her that at this time I am between jobs and I

RECEIVED

APR 28 2013

OFFICE OF  
CITY ATTORNEY

don't have any health insurance that would pick up even a portion of the expenses involving a hospital visit to the emergency room. I also explained that not only was it not necessary but it would be a complete waste time and resources for everybody involved and it would be unbelievably expensive. She then explained again that I would not be responsible for the costs and because it was her making the request that the department would absorb all of the costs. I took a few minutes to think this through while she was speaking privately with her partner. I could not reasonably understand why she was so persistent. When she finished speaking with her partner she again turned to me and assured me that I would not be charged for anything. I was still apprehensive and asked her again if she was sure, if she was positive, and if she promised that I would not be responsible for the charges, and she said YES. I shook my head and told her "this is completely unnecessary, but if you want me to go and you'll pay for it fine, let's go. I rode in the ambulance and we all went to the hospital. On the way there I was speaking with the paramedics and was asking them questions. I was talking to the driver about everything that happened and whether or not they are familiar with the police department paying the hospital expenses. He explained that he has and told me there is a form they fill out specifically for this occasion. He said the form was a PP-42 form and would be filled out by the officers. He explained that he should get a copy if they fill it out. I asked if he would let me know if he got a copy of the PP-42 form and if he did could I please get a copy. Before he could answer someone handed him some paper work through the driver's side window. He paged through it and found a copy of the PP-42 form filled out and signed by Officer Jennifer Kain. I asked if I could get a copy and he told me that I can request a copy when I am discharged from the hospital. The copy of the PP-42 form the hospital gave me when I was leaving wasn't very legible. I later contacted Curtis ambulance and requested a copy of the form. The person from Curtis I spoke with emailed me a scanned copy of the PP-42 form.

It wasn't long after that when the medical bills started coming in. I contacted Aurora customer service and explained the incident; I asked her if she had a copy of the PP-42 form. She explained that she did but couldn't use it because it didn't have a booking number on it. She said because it didn't have a booking number I

RECEIVED

APR 29 2016

OFFICE OF  
CITY ATTORNEY

would be responsible for the entire amount. I was devastated the one bill from Aurora was just shy of four thousand dollars and there were other bills. There are bills from Curtis ambulance, ERMED SC, and Great Lakes Pathologists SC. I tried several times to contact Officer Kain leaving her voice mail after voice mail and never received a call back. One time I called, expecting to leave another voice mail, but officer Kain was there and I spoke with her and explained everything about the bills. I told her about the lady from Aurora customer service and what she said about the booking number on the PP-42 form and all of the other bills. She said she has never heard of that before, about the booking number. She asked about Curtis ambulance and I explained I had a bill from them also. I asked if it would be possible for her to contact Aurora customer service and Curtis ambulance. I gave her the phone numbers I had used to contact them. I explained that maybe if she called she would be able to clear up some of the confusion. That is the last time I spoke with officer Kain. I did call customer service at Aurora again to see if officer Kain had tried to reach them but the lady I was talking to didn't have any information about that. I explained the incident to her and she told me that I should contact a supervisor at the station she works at and possibly find out if there was some where I could send the bill's for payment. I called the district 6 station and spoke with Sgt. J. Metoxen. I explained the incident to him and he told me he would try to get some answers for me and call me back. He did call me back and explained that everyone he has spoken with has told him that the department would not be responsible for any of the charges and that officer Jennifer Kain was incorrect when telling me that the department would absorb the cost. He left me a voice mail explaining that Jennifer made a mistake telling me, actually assuring me, and convincing me that the department would pay all of the expenses. I explained to officer Kain on February 4th that the ambulance, the hospital visit, all of it wasn't necessary and I was absolutely correct. All of the tests done at the hospital were negative; there wasn't any reason for me to have been there. I completely cooperated with the officers and I believed officer Kain when she assured me that I wouldn't be held responsible for the medical bills, and that the department would absorb the cost because she was the one requesting the ambulance and the hospital visit.



I have attached copies of the bills from 2-4-16 and the PP-42 form that Officer Jennifer Kain filled out and signed.

Claimant: Jeffrey D. Zadra  
6401 W. Dodge Pl. Unit 202  
Milwaukee, WI. 53220

RECEIVED  
APR 29 2016  
OFFICE OF  
CITY ATTORNEY

Relief Sought: The sum of medical bills directly related to this incident.

Receipts Attached

Aurora Health Care:	\$3622.65
Curtis Universal Ambulance:	\$660.71
ERMED SC:	\$728.00
Great Lakes Pathologists, S.C.	\$358.00

**Total Sum of Relief Sought: \$5369.36**



Jeffrey D. Zadra

4-26-16

Date: 4-26-2016

PROTECTIVE CUSTODY OR TRANSFER OF PRISONER FOR MEDICAL CARE

NAME - Last <i>Zaidka</i>	First <i>Jeffrey</i>	Address <i>6401 W Dodge</i>	Date of Birth <i>11/04/64</i>	Date Conveyed <i>02/01/16</i>	Time <i>9:14</i>	AM <input type="checkbox"/>	PM <input type="checkbox"/>
------------------------------	-------------------------	--------------------------------	----------------------------------	----------------------------------	---------------------	--------------------------------	--------------------------------

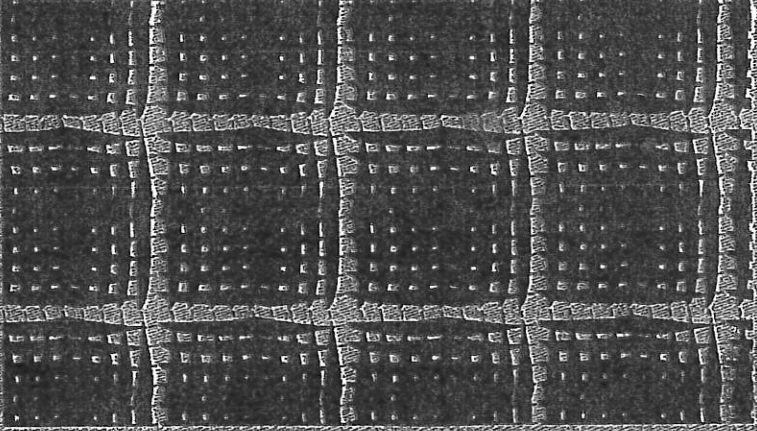
CONVEYED FROM - Address <i>6401 W Dodge</i>	RACE <i>M</i>	SEX <i>M</i>	CONVEYED TO - Hospital/Treatment Facility <i>St. Luke's</i>
--	------------------	-----------------	--

CONVEYED BY: <input type="checkbox"/> Police Vehicle - Sgt. # <i>23</i> / Amb. Co / Other	CONVEYED BY (Signature): <input type="checkbox"/> Officer - Emp. I.D. No. <i>003516</i> Dist. <i>1</i>	<input type="checkbox"/> Ambulance Attendant - EMT No. <i>1247</i>
---	--	--

PLACE OF EMPLOYMENT	HEALTH INSURANCE CARRIER
---------------------	--------------------------

HOMICIDE/SENSITIVE CRIMES DIVISION USE ONLY: DEPARTMENT ORDERED BLOOD TESTS/EVIDENCE COLLECTION FOR  HOMICIDE DIV.  SEN. CRIMES DIV.

<input checked="" type="checkbox"/> REASON FOR CONVEYANCE - CHECK
<input type="checkbox"/> PROTECTIVE CUSTODY - INCAPACITATED PERSON in accordance with Sec. 51.45 (1) (b) Wis. Statutes (see below)
<input type="checkbox"/> EMERGENCY DETENTION - MENTALLY ILL, DRUG DEPENDENT or DEVELOPMENTALLY DISABLED in accordance with Sec. 51.15, Wis. Statutes (see below) • NOTE: Complete and attach FORM PE-18 Statement of Emergency Detention
<input type="checkbox"/> TRANSFER OF PRISONER FOR MEDICAL CARE in accordance with Sec. 53.38, Wis. Statutes (see below) • BOX AT RIGHT MUST BE COMPLETED ON WHITE COPY ONLY
<input type="checkbox"/> PROTECTIVE CUSTODY - INTOXICATED BY ALCOHOL in accordance with Sec. 51.45 (1) (a) Wis. Statutes (see below)
<input type="checkbox"/> VOLUNTARY CONVEYANCE FOR MENTAL EVALUATION
STATE NATURE OF SICKNESS/INJURY: <i>Medical clearance</i>



Officer Filing Report (Signature): <i>D. J. Kain</i>	Emp. I.D. No. <i>003516</i>	Dist. <i>1</i>
---	--------------------------------	-------------------

REVIEWED FOR ACCURACY AND COMPLETENESS BY:

Supervisor Signature	Emp. I.D. No.	Dist.
----------------------	---------------	-------

**PROTECTIVE CUSTODY - INTOXICATED PERSON**  
Section 51.45 (1) (a), Wisconsin Statutes, states that a law enforcement officer or designated person on request of a law enforcement officer may assist a person who appears to be intoxicated in a public place and to be in need of help to a public treatment facility or other health facility or other health facility provided the person consents to the conveyance.

Section 51.45 defines "Intoxicated Person" as follows: **INTOXICATED PERSON** means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol. (A person who appears to be intoxicated may be assisted to an approved public treatment facility only if he appears to be in need of help and he consents to a conveyance to the treatment facility.)

**PROTECTIVE CUSTODY - INCAPACITATED PERSON**  
Section 51.45 (1) (b), Wisconsin Statutes, states that a person who appears to be incapacitated by alcohol shall be placed under protective custody by a law enforcement officer. It states that either the officer or person designated by him shall bring such person to a public treatment facility, except that when it appears to the officer that the person is in need of emergency medical treatment, the officer or designated person at the request of the officer, shall take him to an emergency medical facility.

"Incapacitated by Alcohol" means a person, as a result of the use of or withdrawal from alcohol, is unconscious or has his or her judgment otherwise so impaired that he or she is incapable of making a rational decision, as evidenced objectively by such indicators as extreme physical debilitation, physical harm or threats of harm to himself or herself or to any other person, or to property.

**EMERGENCY DETENTION - (Complete Form PE-18)**  
Section 51.15, Wisconsin Statutes, relating to Temporary Emergency Detention provides that a law enforcement officer may take an individual into custody if the officer has cause to believe that such individual is mentally ill, drug dependent, developmentally disabled or that taking the person into custody is the least restrictive alternative appropriate to the person's needs.

and that such belief is based on specific information concerning a recent threatened act, attempt or threat to act, or omission that the law enforcement officer personally observed or that was reliably reported to the law enforcement officer.

The act, attempt or threat to act or omission may consist of one or more of the following:

1. A substantial probability of physical harm as manifested by recent threat or attempt at suicide or serious bodily harm.
2. A substantial probability of physical harm to other persons as manifested by recent homicidal or other violent behavior or by recent attempt or threat to do serious physical harm.
3. A substantial probability of physical impairment or injury as manifested by a recent act or omission evidencing impaired judgment.
4. A substantial probability of death, serious physical debilitation, serious physical disease due to mental illness as manifested by the inability to satisfy basic needs for nourishment, medical care, shelter or safety.
5. A substantial probability, as demonstrated by both the individual's treatment history and his or her recent acts or omissions, that the individual needs care or treatment to prevent further disability or deterioration and a substantial probability that he or she will, if left untreated, lack services necessary for his or her health or safety and suffer severe mental, emotional or physical harm.

**TRANSFER OF PRISONER - MEDICAL CARE 302.38**  
1. If a prisoner needs medical or hospital care or is intoxicated or incapacitated by alcohol, the sheriff or other keeper of the jail shall provide appropriate care or treatment and may transfer the prisoner to a hospital or to an approved treatment facility under s. 51.45 (2) (b) and (c), making provision for the security of the prisoner.

2. The prisoner is liable for the costs of medical and hospital care outside of the jail. If the prisoner is unable to pay the costs, the county shall pay the costs in the case of persons held under the state criminal laws or (b) contempt of court and, except as provided in s. 302.36 (2) and (3) (b), a municipality shall pay the costs in the case of persons held under municipal ordinance by the municipality.





# Aurora Health Care®

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
Our email address is: customerservice@aurora.org  
En Español por favor llamar al 866-629-6033



4821469 - 00331



### Addressee

JEFFREY D ZADRA  
6401 W DODGE PL APT 202  
MILWAUKEE WI 53220-1855

Page 1 of 1

If paying by credit card, fill out below

Check credit card using for payment

Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name \_\_\_\_\_

Bill Date 02/22/2016	Account Number 462055	Pay This Amount \$3,953.02	Amount Paid
-------------------------	--------------------------	-------------------------------	-------------

You can pay your bill online at [my.aurorahealthcare.org](http://my.aurorahealthcare.org)

### Please make checks payable and remit to:

Aurora Health Care Inc  
PO BOX 809418  
Chicago IL 60680-9418

000001790753 022216 0000462055 0000395302 0

Document Code: P-MXXZY-97291-GLFLRK

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
462055	JEFFREY D ZADRA	02/22/2016	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
<b>Previous Visit Balance - Visit # 138271968 - Date of Service - 11/18/2015 - JEFFREY D ZADRA</b>					
02/19/16	PATIENT PAYMENT - Thank You <b>CURRENT TOTAL VISIT BALANCE</b>		\$-50.00	\$0.00	\$136.22
<b>Date of Service 2/4/2016 - Visit # 140185832 - JEFFREY D ZADRA</b> <i>Hospital Services - AURORA ST LUKES MEDICAL CENTER</i>					
02/11/16	CT Scan EKG/ECG Emergency Room IV Therapy Laboratory Pharmacy PATIENT ADJUSTMENT <b>HOSPITAL SERVICES BALANCE</b>	\$1,340.00 \$391.00 \$2,310.00 \$555.00 \$1,627.00 \$363.63	\$-2,963.98	\$0.00	\$3,622.65
<b>Date of Service 2/4/2016 - Visit # 140235532 - JEFFREY D ZADRA</b> <i>Professional/Clinic Services - William B MacDonald, MD</i>					
02/04/16 02/06/16	CT HEAD/BRAIN NO CONTRAST PATIENT ADJUSTMENT <b>PROFESSIONAL/CLINIC SERVICES BALANCE</b>	\$353.00	\$-158.85	\$0.00 \$0.00	\$194.15

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

### Message:

Your account is past due. Please mail the entire amount due today or call Customer Service to discuss payment options.

### Please Pay This Amount

\$3,953.02

If you have a question on your statement, please call toll free: 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
En Español por favor llamar al 866-629-6033 Mon - Fri, 8:30 am - 5:00 pm

**CURTIS UNIVERSAL AMBULANCE**

P.O. Box 2007, Milwaukee WI 53201-2007

Milwaukee Madison **MEDIX** Adams Janesville

Toll Free: (888)245-8116 (414) 276-9890 Ext.

Federal Tax ID # 39-1133823

**PATIENT NAME:** ZADRA, JEFFREY

Phone Number (414) 546-4645

JEFFREY ZADRA  
6401 W DODGE PL  
202  
MILWAUKEE, WI 53220

**TRIP NUMBER:** 16 - 2658  
**DATE OF CALL:** 2/4/2016  
**TIME OF CALL:** 08:55  
**CALLER:**

**FROM:** RESIDENCE  
**TO:** ST LUKES MEDICAL CENTER

**PRIMARY PAYOR** Bill Patient  
**SECONDARY PAYOR**

<u>DESCRIPTION</u>	<u>RECEIPT</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>PAYMENT DATE</u>	<u>AMOUNT</u>
BLS ER Base - MFD		1	\$614.00		\$614.00
Mileage BLS - MFD		2	\$19.32		\$38.64
Gloves (Non-Sterile) -BLS		3	\$2.69		\$8.07

Call 888-245-8116 to see if you qualify for a discount for prompt pay.

**PLEASE PAY THIS AMOUNT** **\$660.71**

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

**PATIENT NAME:** ZADRA, JEFFREY

**TRIP NUMBER:** 16 - 2658  
**CURRENT DATE:** 02/18/16

**AMOUNT ENCLOSED:** \$

**REMIT TO:** CURTIS UNIVERSAL AMBULANCE  
P.O. BOX 2007  
MILWAUKEE, WI 53201-2007

Please have your social security number and date of birth ready for the billing office employee when you call with any question you may have. We will need this information in order to talk to you about your account.

Thank you for choosing ERMED SC for your health care needs.

Statement Date: 2/22/16  
Responsible Party: JEFFREY D ZADRA  
Account Number: 836\*0044270772  
Due Date: Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$ 728.00
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 728.00</b>

Your prompt payment is appreciated! Please see the following page for transaction details.

Important Message:





Thank you for using our services. You are receiving this statement because we do not have your insurance information on file.

If you would like us to bill your insurance you can fill out the stub on the back of the statement or contact our office as soon as possible.

If you do not have insurance or do not provide us with insurance information the balance due is your responsibility.


To receive a discount of 15.00%, payment in the amount of \$ 618.80 must be mailed within 30 days of receiving this statement.

Payment, Insurance, & Billing Information







**Pay by credit card online anytime, day or night!**  
[www.peryourhealth.com](http://www.peryourhealth.com)

Pay by credit card via phone: 866-898-7147  
Certified, safe and secure credit card processing.



Visit us at [www.peryourhealth.com](http://www.peryourhealth.com) to update your insurance, address, view your account, or send a message to our billing office.  
ID: 836\*0044270772 Access key: HM8711



To contact the billing office, please call 866-898-7147  
MON-FRI 8:00 AM - 5:00 PM CST  
Para asistencia en Español llame al numero de arriba.

RECEIVED  
APR 29 2016  
OFFICE OF  
CITY ATTORNEY

ERMED SC  
P.O. BOX 808  
GRAND RAPIDS, MI 49518-0808  
Temp - Return Service Requested

Pay By Mail -- Please detach and return bottom stub with your check  
-- Include account number on check and correspondence

Account		Patient	
836*0044270772		JEFFREY D. ZADRA	
Statement Date	Amount Due	Due Date	Amount Paid
2/22/16	\$ 728.00	Upon Receipt	


For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:



ERMED SC  
PO BOX 78012  
MILWAUKEE, WI 53278-8012

004939  
GRAP\*0595\*0044270772\*C836  
459745 361718 220002021  
JEFFREY D ZADRA  
6401 W DODGE PL APT 202  
MILWAUKEE, WI 53220-1855



Statement Date: 2/22/16  
 Responsible Party: JEFFREY D ZADRA  
 Account Number: 836\*004427072  
 Due Date: Upon Receipt

Pay by credit card online anytime, day or night!  
[www.peryourhealth.com](http://www.peryourhealth.com)

Patient: JEFFREY D. ZADRA		Site of Service: ST LUKES MEDICAL CENTER		Primary: Self Pay	
Account: 836*004427072		Refer Prov:		Secondary:	
Service Dt.	Provider	Service Description	Charges	Payments	Adjustments
02/04/16	WILLIAM D LIEBER, MD	99285-EMERGENCY DEPT VISIT	663.00		
02/04/16	WILLIAM D LIEBER, MD	93010-ELECTROCARDIOGRAM REPORT	65.00		
Total Amount You Owe			728.00		

**\$ 728.00**

Please be aware that the above summary represents PROFESSIONAL services from your medical provider.

You may receive a separate statement for services provided by the hospital.

CHANGE OF:  Address  Primary Insurance  Supplemental Insurance

Complete this form or go online to [www.peryourhealth.com](http://www.peryourhealth.com) to make changes.

JEFFREY D ZADRA  
 836\*004427072

New Patient Address, City, State, Zip		New Patient Address, City, State, Zip	
Primary Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Employer Name	Address, City, State, Zip		
Work connected illness or injury?	Auto Accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Onset or Accident			



Thank you for choosing Great Lakes Pathologists, SC for your health care needs.

Statement Date: 2/22/16  
 Responsible Party: JEFFREY ZADRA  
 Account Number: 3720\*304031  
 Due Date: Upon Receipt

**REQUEST FOR PAYMENT**

**Summary of Account**

<b>Total Charges</b>	<b>\$ 358.00</b>
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 358.00</b>

Your prompt payment is appreciated! Please see the following page for transaction details.

**Important Message:**



Thank you for using our services. The balance due is your responsibility. Please make payment in full using a payment method listed to the left on the statement. Thank you for your prompt attention.

Gracias por usar nuestros servicios. El balance de esta cuenta es su responsabilidad. Por favor haga su pago usando los metodos indicados en la parte izquierda de este estado de cuenta. Gracias por su pronta atencion.


This bill is for the professional services of Great Lakes Pathologists, SC who provide pathology services for Aurora Health Care facilities.


No insurance coverage indicated for the visit shown above.

**Payment, Insurance, & Billing Information**

  **Pay by credit card online anytime, day or night!**  
[www.peryourhealth.com](http://www.peryourhealth.com)

Pay by credit card via phone: 877/270-5630  
 Certified, safe and secure credit card processing.

 Visit us at [www.peryourhealth.com](http://www.peryourhealth.com) to update your insurance, address, view your account, or send a message to our billing office.  
 ID: 3720\*304031 Access key: ZU8B2Y

 To contact the billing office, please call 877/270-5630 8:30AM - 6:00PM EST Mon-Fri  
 Para asistencia en Español llame al numero de arriba.


**Pay By Mail**

-- Please detach and return bottom stub with your check  
 -- Include account number on check and correspondence

Account		Patient	
3720*304031		JEFFREY ZADRA	
Statement Date	Amount Due	Due Date	Amount Paid
2/22/16	\$ 358.00	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:

  
**Great Lakes Pathologists, SC**  
 PO Box 78420  
 Milwaukee, WI 53278-0420

**GLP GREAT LAKES PATHOLOGISTS, S.C.** Great Lakes Pathologists, SC  
 8085 Rivers Ave #100  
 N Charleston, SC 29406

Temp - Return Service Requested

017813  
 WIS\*688\*304031C3720  
 457907 361787 220040725  
 JEFFREY ZADRA  
 6401 W DODGE PL APT 202  
 MILWAUKEE, WI 53220-1855

Pay by credit card online anytime, day or night!

Statement Date: \_\_\_\_\_  
 Responsible Party: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

2/22/16  
 JEFFREY ZADRA  
 3720\*304031  
 Upon Receipt

Patient: JEFFREY ZADRA      Site of Service: ST LUKES ER/CP      Primary: Self Pay      Secondary: Self Pay  
 Account: 3720\*304031.1      Refer Prov: WILLIAM D LIEBER MD

Service Dt	Service Description	Qty	Charges	Payments	Adjustments	You Owe
02/04/16	80329 ANAESTHESICS NON OPIOID 1 OR 2	2	102.00			
02/04/16	80320 ALCOHOLS	1	50.00			
02/04/16	82435 CHLORIDE SERUM	1	15.00			
02/04/16	82565 CREATININE, BLOOD	1	15.00			
02/04/16	82803 GASES BLOOD, ANY COMBINATION	1	58.00			
02/04/16	82947 GLUCOSE, QUANT	1	16.00			
02/04/16	84132 POTASSIUM SERUM	1	13.00			
02/04/16	84295 SODIUM SERUM	1	15.00			
02/04/16	84520 UREA NITROGEN, QUANT	1	13.00			
02/04/16	85014 BLOOD COUNT, OTHER THAN HEMATOCRIT	1	11.00			
02/04/16	85025 BLOOD COUNT, HEMOGRAM/PLATELET CNT AUT DIFF(WBC)	1	23.00			
02/04/16	80048 BASIC METABOLIC PANEL	1	27.00			
						<b>Total Amount You Owe</b>
						<b>\$ 358.00</b>

**RECEIVED**  
**APR 29 2016**  
 OFFICE OF  
 CITY ATTORNEY

Please be aware that the above summary represents Pathology services from your medical provider. You may receive a separate statement for services provided by the hospital.  
 CHANGE OF:  Address  Primary Insurance  Supplemental Insurance  
 Complete this form or go online to [www.peryourhealth.com](http://www.peryourhealth.com) to make changes.

JEFFREY ZADRA  
 3720\*304031

New Patient Address, City, State, Zip		New Phone#	
Primary Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group Insurance, name of group (employer/union/association)		
Work connected illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset or Accident	
Employer Name	Address, City, State, Zip		