

3804 10th Ave. So.  
Minneapolis, Mn 55407  
November 25, 2005

CITY OF MILWAUKEE

2005 NOV 30 AM 11:45

RONALD S. LEONHARDT  
CITY CLERK

Date: Friday - August 26, 2005

Time: Approx 4:15 p.m.

Location: In front of 4235 No. 17th  
Street Milwaukee Wis: 53207

Accident:

The sidewalk leading to the street was raised by tree roots and my shoe heel caught on the raised sidewalk. I fell forward hitting the bridge of my nose, my right knee and two toes on my right foot.

I was treated by the paramedics, fire department emergency and taken by ambulance to Columbia St. Mary's Emergency Hospital. I was treated at the hospital, etc.

Arrays

- 1) stitches
- 2) bandages
- 3) tetanus shot
- 4) medication

Enclosures — 15 items

The total of the medical bills are not known depending on the payments of my insurances.

I have permanent scars on my nose (bridge), right knee and the two toes on my right foot are still in pain when I put shoes on.

I am experiencing some blurring in my vision. The degree of injury, blurring, is still to be determined.

Reimbursement - All medical bills  
In excess of \$50,000 for permanent scars pain and blurring of vision.

Sincerely,

Betty L. Ellison-Harpole  
3804 10th Ave So.  
Milwaukee Wisc.  
55407

612-824-0142 (Home)

612-668-2930 (work)

762429

N:  
Columbia-St Mary's  
ATTN: Patient Accounts  
PO Box 2014  
Milwaukee WI 53201-2014



SEPTEMBER 04, 2005

**PATIENT INFORMATION**

**Account #:**  
114552011

**Patient Name:**  
ELLISON-HARPOLE  
BETTY L

**Date of Service:**  
8/26/05

**Health Plan 1:**  
COMMERCIAL

**Total Charges:**  
\$2,849.77

|||||  
BETTY L ELLISON-HARPOLE  
3804 10TH AVE S  
MINNEAPOLIS MN 55407-2624

**Summary of Services**  
**This is not a Bill**

Dear Betty L Ellison-Harpole,

As a service to you, our customer, we are providing this statement summarizing the status of your account.

Thank you for choosing **Columbia St. Mary's, Milwaukee Campus** for your health care needs. You were a patient at our facility on 8/26/05. Listed on the reverse side is a summary of the charges for your review. If you would like an itemized statement, please contact our Customer Service Center at **(414) 326-1900**.

**We have submitted a claim to the insurance carrier(s) listed above. If this information is not correct, please call our customer service center at (414) 326-1900. We will routinely follow up with them for payment. If your carrier has not responded to our requests for payment in 45 days, you will receive a follow up notice. Once the claim has been processed by your insurance carrier(s), you will be billed for any remaining patient responsibility.**

This statement contains charges for hospital services only. If you received professional services from a physician or medical specialist, bills for those services will be sent to you separately. If you have any questions regarding their bills, please contact them directly.

If you have any questions regarding your account(s) with **Columbia St. Mary's**, please contact us at **(414) 326-1900**. Please remember that due to federal privacy guidelines, we can only discuss this bill with the patient or legal guardian.

Thank you.

**Customer Service Center**  
**(414) 326-1900**  
Monday through Friday  
8:00 a.m. to 4:30 p.m.

**THIS IS NOT  
A BILL**

MEDICA INSURANCE COMPANY  
P.O. BOX 659752  
SAN ANTONIO TX 78265-9752

If you have any questions, please write or  
call our Customer Service Department at:

BETTY ELLISON-HARPOLE  
3804 10TH AVE SOUTH  
MINNEAPOLIS MN 55407

CUSTOMER SERVICE  
ROUTE 0501  
P.O. BOX 9310  
MINNEAPOLIS

MN 55440-9310  
952-945-8000 OR  
1-800-952-3455  
TDD 952-992-3190 OR  
1-800-841-6753



## EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Patient: BETTY ELLISON-HARPOLE  
Number: 68100-847209764-00

Date: 10/26/05  
Policy: MPS ACTIVES & LOA

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Not Covered Amount	Deductible	Copay	Total Patient Cost
82314673-00	N PARATECH AMBULANCE SERVICE						
	TRANSPORT	8/26/05	370.00	0.00	0.00	74.00	74.00
	TRANSPORT	8/26/05	5.07	0.00	0.00	1.01	1.01
	TRANSPORT	8/26/05	46.75	0.00	0.00	9.35	9.35
<b>TOTALS</b>			421.82	0.00	0.00	84.36	84.36

Payment has been made to: Amount: Deductible/Copay Accumulations for: 9/01/04- 8/31/05

PARATECH AMBULANCE SERVICE 337.46 300.00 OF 300 INDIVIDUAL IN-NETWORK DEDUCTIBLE  
300.00 OF 600 FAMILY IN-NETWORK DEDUCTIBLE  
500.00 OF 500 INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE  
500.00 OF 1000 FAMILY OUT-OF-NETWORK DEDUCTIBLE  
1096.02 OF 1200 INDIVIDUAL IN-NETWORK OUT-OF-POCKET  
1096.02 OF 4000 FAMILY IN-NETWORK OUT-OF-POCKET  
529.78 OF 2000 INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET

**ST MARY'S MILWAUKEE  
DISCHARGE INSTRUCTIONS**

PLEASE READ CAREFULLY

You/Your significant other have received examination and treatment on an emergency basis. Contact your doctor or the physician we have referred you to within 24 hours to arrange for follow up care. Return to this facility if you have any problems, or are unable to contact your physician.

**XRAY'S**

The interpretation of x-rays at the time of the emergency visit may only be a preliminary report. You will be notified if there is a change in the interpretation when the x-rays are reviewed by the radiologist.

**CULTURES**

Results from cultures taken at the time of the emergency visit will not be ready for 48 to 72 hours. If culture results are positive, you will be notified.

**SPECIAL INSTRUCTIONS**

YOUR SUTURES ON THE NOSE ARE DISSOLVABLE, THEY DON'T NEED TO BE TAKEN OUT. WASH DAILY WITH SOAP AND WATER, APPLY FRESH VASELINE GUAZE DAILY TO AREA FOR 7 DAYS. FOLLOW UP WITH YOUR DOCTOR IN 7 DAYS. RETURN WITH CONFUSION, VISION CHANGES, SEVERE HEADACHE OR NOSE BLEED THAT DOESN'T STOP.

**MEDICAL INSTRUCTIONS**

**HEAD INJURY**

**HEAD INJURY PRECAUTIONS:**

At this point, there is no evidence that your head injury is serious. Observation is necessary, however.

Take only clear liquids for the first eight to 24 hours, unless told otherwise by the doctor. If no pain medication was prescribed, you may take acetaminophen according to the directions on the bottle. Do not take any medication that may alter your level of alertness (unless you've discussed it with the doctor first).

Limit activity for the first 24 hours. Bed rest is best. Several times during the first 24 hours, check to see if the pupils are equal in size and that the patient is easily arousable and responds normally.

Contact your doctor or go to the hospital if any of the following things occur: Persistent or projectile vomiting, unequal pupil size, difficulty in arousing the patient, worsening or continued headache, or failure to improve as expected.

**CUT, FACE**

10/24/2005

8-3732381

INFINITY HEALTHCARE PHYSICIANS, SC  
1251 W GLEN OAKS LANE  
MEQUON, WI 53092-3378

PROFESSIONAL SERVICES  
FOR BETTY ELLISONHARPOLE  
BY JAMES ERICKSON M.D.  
AT CSM-MILWAUKEE CAMPUS

318

BETTY ELLISONHARPOLE  
3804 10 AVE S  
MINNEAPOLIS, MN 55407

QUESTIONS REGARDING THIS STATEMENT?  
PLEASE CALL 414-290-6720 OR TOLL FREE  
888-290-6720, MONDAY THROUGH FRIDAY  
8 AM to 4 PM.



- CHANGE OF ADDRESS INFORMATION ON REVERSE SIDE

- MASTERCARD / VISA PAYMENTS - SEE REVERSE SIDE

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
08/26/2005	(CPT:12001) LAC S SNT 2.5	\$264.00
10/18/2005	MEDICA:PD PER CONTRACT	-\$211.20
08/26/2005	(CPT:9928425) LEVEL 4: EVALUATION	\$275.00
10/18/2005	MEDICA:PD PER CONTRACT	-\$220.00
REMAINING BALANCE IS YOUR INSURANCE COPAY AND/OR DEDUCTIBLE. PLEASE REMIT PROMPT PAYMENT.		
THESE CHARGES ARE FOR EMERGENCY PHYSICIAN SERVICES ONLY. THEY ARE NOT INCLUDED IN YOUR HOSPITAL BILL.		
	PAYMENT DUE by 11/07/2005----->	\$107.80

INFINITY HEALTHCARE PHYSICIANS, SC  
1251 W GLEN OAKS LANE  
MEQUON, WI 53092-3378

8-3732381

TAX ID# 39-1861457



Southdale Otolaryngology  
 7373 FRANCE AVE S STE 302  
 EDINA MN 55435

Address Service Requested

<input type="checkbox"/> M C		<input type="checkbox"/> VISA	
CARD NUMBER		3 Digit Number	AMOUNT
SIGNATURE		EXP. DATE	
STATEMENT DATE	ACCT.#	AMOUNT DUE	AMOUNT ENCLOSED
10/18/05	211508	\$ 20.00	

FOR BILLING INQUIRIES: 952-896-0130  
 FOR APPOINTMENTS: 952-896-3166

\*\*\*\*\*AUTO\*\*ALL FOR AADC 553  
 00000550 1 AB 0.301 01  
 BETTY ELLISON HARPOLE  
 3804 10TH AVE S  
 MINNEAPOLIS MN 55407-2624

SOUTHDAL OTOLARYNGOLOGY  
 7373 FRANCE AVE S  
 SUITE 302  
 EDINA MN 55435-4538



PLEASE PRINT FULL AND CORRECT TEST REPORTS WITH THIS REPORT DATE. (PLEASE DO NOT PRINT THIS)

DATES OF SERVICE	DESCRIPTION	PROVIDER	CHARGES	PAYMENTS ADJMNTS	INSURANCE BALANCE	PATIENT BALANCE
Visit for 09/16/05	BETTY ELLISON HARPOLE on	09/16/05				
	OFFICE OR OTHER	Rosenberg	179.00		179.00	
	OUTPATIENT SERVICES					
09/16/05	\$179.00 MEDCAINSURANCE FILED	09/19/05				
09/16/05	PATIENT PAYMENT			15.00-		15.00-
	2785					
09/16/05	PT RESPONSIBILITY				15.00-	15.00
09/16/05	MEDICA DISALLOW			59.96-	59.96-	
09/16/05	MEDICA RESERVE			12.61-	12.61-	
09/16/05	MEDICA PAYMENT			71.43-	71.43-	
	COPAY IS \$35					
09/16/05	PT RESPONSIBILITY				20.00-	20.00
	Visit Summary 09/16/05		179.00	159.00-		20.00

ACCOUNT#	211508	DUE DATE:				PAY THIS AMOUNT \$ 20.00	
BILLING DATE	CURRENT	30 - 60 DAYS	60 - 90 DAYS	90 - 120 DAYS	120 - 150 DAYS	OVER 150	
10/18/05	20.00	.00	.00	.00	.00	.00	
TOTAL BAL.	20.00	INSURANCE BAL.	.00	PATIENT BAL.	20.00		

MESSAGE: All accounts are due 30 days from statement date.



MEDICA INSURANCE COMPANY  
P.O. BOX 659752  
SAN ANTONIO TX 78265-9752

If you have any questions, please write or  
call our Customer Service Department at:

BETTY ELLISON-HARPOLE  
3804 10TH AVE SOUTH  
MINNEAPOLIS MN 55407

CUSTOMER SERVICE  
ROUTE 0501  
P.O. BOX 9310  
MINNEAPOLIS

MN 55440-9310  
952-945-8000 OR  
1-800-952-3455  
TDD 952-992-3190 OR  
1-800-841-6753



## EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Patient: BETTY ELLISON-HARPOLE  
Number: 68100-847209764-00

Date: 10/12/05  
Policy: MPS ACTIVES & LOA

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Not Covered Amount	Deductible	Copay	Total Patient Cost
81843136-00	N INFINITY HEALTHCARE PHYSICIANS LLC EMERGENCY RM SURGICAL SVC	8/26/05 8/26/05	275.00 264.00	0.00 0.00	0.00 0.00	55.00 52.80	55.00 52.80
<b>TOTALS</b>			539.00	0.00	0.00	107.80	107.80

Payment has been made to:

Amount: 431.20 Deductible/Copay Accumulations for: 9/01/04- 8/31/05

INFINITY HEALTHCARE PHYSICI

431.20

300.00 OF 300 INDIVIDUAL IN-NETWORK DEDUCTIBLE  
300.00 OF 600 FAMILY IN-NETWORK DEDUCTIBLE  
500.00 OF 500 INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE  
500.00 OF 1000 FAMILY OUT-OF-NETWORK DEDUCTIBLE  
1011.66 OF 1200 INDIVIDUAL IN-NETWORK OUT-OF-POCKET  
1011.66 OF 4000 FAMILY IN-NETWORK OUT-OF-POCKET  
529.78 OF 2000 INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET

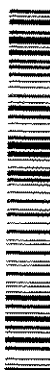
MEDICA INSURANCE COMPANY  
P.O. BOX 659752  
SAN ANTONIO TX 78265-9752

BETTY ELLISON-HARPOLE  
3804 10TH AVE SOUTH  
MINNEAPOLIS MN 55407

If you have any questions, please write or  
call our Customer Service Department at:

CUSTOMER SERVICE  
ROUTE 0501  
P.O. BOX 9310  
MINNEAPOLIS

MN 55440-9310  
952-945-8000 OR  
1-800-952-3455  
TDD 952-992-3190 OR  
1-800-841-6753



## EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Patient: BETTY ELLISON-HARPOLE  
Number: 68100-847209764-00

Date: 9/24/05  
Policy: MPS ACTIVES & LOA

Claim Number	Provider Type of Service	Date of Service From-Through	Billed Charges	Not Covered Amount	Deductible	Copay	Total Patient Cost
037412938	N COLUMBIA ST MARYS HOSPITAL MILWAUKEE INC PHARMACY CHG CT SCAN CT SCAN EMERGENCY RM EMERGENCY RM EMERGENCY RM	8/26/05- 8/26/05	45.00 903.36 1,520.92 305.05 0.00 75.44	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	9.00 180.67 304.18 61.01 0.00 15.09	9.00 180.67 304.18 61.01 0.00 15.09
<b>TOTALS</b>			2,849.77	0.00	0.00	569.95	569.95

Payment has been made to:

Amount: Deductible/Copay Accumulations for: 9/01/04- 8/31/05

COLUMBIA ST MARYS HOSPITAL

2,279.82

300.00 OF 300 INDIVIDUAL IN-NETWORK DEDUCTIBLE  
300.00 OF 600 FAMILY IN-NETWORK DEDUCTIBLE  
500.00 OF 500 INDIVIDUAL OUT-OF-NETWORK DEDUCTIBLE  
500.00 OF 1000 FAMILY OUT-OF-NETWORK DEDUCTIBLE  
903.86 OF 1200 INDIVIDUAL IN-NETWORK OUT-OF-POCKET  
903.86 OF 4000 FAMILY IN-NETWORK OUT-OF-POCKET  
529.78 OF 2000 INDIVIDUAL OUT-OF-NETWORK OUT-OF-POCKET

ST MARY'S MILWAUKEE  
DISCHARGE INSTRUCTIONS

FACIAL LACERATION:

A laceration on the face usually heals quickly. Our treatment goal will be to avoid an unsightly scar or stitch-marks. Your cut has been closed with the best techniques to avoid scarring, but a great deal depends on how well you protect the laceration -- and on your inherited tendency to scar.

As facial cuts are usually caused by a blunt injury, its usually best to rest for a day to avoid swelling. Do not allow any bumping or rubbing of the area. Keep the stitches dry. Follow the treatment plan the doctor has discussed with you and DO NOT DELAY getting the stitches out. Once stitches are removed, continue to protect the area from trauma and sunlight (use a sunscreen) for about six months.

If any signs of infection occur (swelling, redness, increasing tenderness, red streaks, tender lumps in the neck or near the ear on the side of the laceration, or fever), see the doctor immediately.

**ST MARY'S MILWAUKEE  
DISCHARGE INSTRUCTIONS**

Thank you for coming to Columbia/St. Mary's Hospital for Emergency Services. The examination and treatment you have received has been on an emergency basis only, and is not a substitute for complete medical care. Follow up care by your usual or primary doctor complements the treatment received here. If you do not have a usual doctor, or the doctor referral listed below does not accept Medicare, or your insurance plan, please call St. Mary's Hospital Ozaukee Medical Staff Services at 262-243-7375, or St. Mary's Hospital Milwaukee Physician Referral Service at 414-291-1288, or Columbia Hospital, at 414-963-9355.

Doctors who are specialists will review your EKG and Xrays. You or your doctor will be called if their views on your care are different from what you were first told. The emergency department will notify you and/or your doctor of any significant lab results not completed today. Your record and diagnostic results are sent to your doctor.

If you cannot reach your doctor for follow up care, and/or your symptoms get worse, please call the emergency department at St Mary's Hosptial Milwaukee, at 414-291-1200, or St. Mary's Hospital Ozaukee 262-243-7373, or Columbia Hospital, at 414-961-3500.

**THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN**

YOUR SUTURES ON THE NOSE ARE DISSOLVABLE, THEY DON'T NEED TO BE TAKEN OUT. WASH DAILY WITH SOAP AND WATER, APPLY FRESH VASELINE GUAZE DAILY TO AREA FOR 7 DAYS. FOLLOW UP WITH YOUR DOCTOR IN 7 DAYS. RETURN WITH CONFUSION, VISION CHANGES, SEVERE HEADACHE OR NOSE BLEED THAT DOESN'T STOP.

**THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN**

HEAD INJURY  
CUT, FACE

---

"I Understand the written and discussed instructions. My questions have been answered."

---

Patient or responsible person

PATIENT COPY - PLEASE SEE REVERSE



**Columbia St. Mary's**  
A Passion for Patient Care

Columbia Campus (CH)  
Milwaukee Campus (SMM)  
Ozaukee Campus (SMO)

ELLISON-HARPOLE, BET SEX F 08/17/1936 69Y  
MR 724571 PT 114552011 SMM  
ATN TOCCO, CHRISTOPHER J.  
PRI LEWIS FREDRICKA DR  
ADM 08/26/05 Type E EMR

**Emergency Department  
PATIENT INSTRUCTIONS**

Thank you for coming to Columbia St. Mary's for Emergency Services. The examination and treatment you have received has been on an emergency basis only and is not a substitute for complete medical care. Follow-up care by your usual or primary doctor compliments the treatment received here. If you do not have a usual doctor, or the doctor referral listed below does not accept Medicare or your insurance plan, please call Columbia Campus (414) 963-9355, Milwaukee Campus Physicians Referral Service at (414) 291-1286, or Ozaukee Campus Medical Staff Services at (262) 243-7375.

Doctors who are specialists will review your EKG and X-rays. You or your doctor will be called if there is a significant change in the interpretation of these studies. The Emergency Department will notify you and/or your doctor of any significant lab results not completed today. Your record and diagnostic results are sent to your doctor.

Some medications may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.

**If you can not reach your doctor for follow-up care, and/or your symptoms get worse, please call the Emergency Department at:**

Columbia Campus (414) 961-3500  
Milwaukee Campus (414) 291-1200  
Ozaukee Campus (262) 243-7373

<b>Prescription:</b>	#	Take
	#	Take
	#	Take
	#	Take
	#	Take
<b>Instructions</b>	<input type="checkbox"/> Sedative / Narcotic	<input checked="" type="checkbox"/> Wound
	<input checked="" type="checkbox"/> Head Injury	<input type="checkbox"/> Sprain / Fx
	<input type="checkbox"/> Other	<input type="checkbox"/> Back Pain
Return to Emergency Department if condition worsens or excessive and persistent pain, or		
<b>Referral</b>	Phone	<b>Work/School Excuse</b> <input type="checkbox"/> Y <input type="checkbox"/> N Until (DATE)
Call for appointment / To be seen in _____ days		
MD		MD
Date	Time	Patient Signature



# Columbia St. Mary's

A Passion for Patient Care

DRAWER 78673  
MILWAUKEE, WI 53278  
262-446-0240

188604-1-6700 0000562  
BETTY L ELLISON-HARPOLE  
3804 10th Ave S  
Minneapolis MN 55407-2624



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

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Patient: ELLISON-HARPOLE, BETTY  
Date of Service: 08/26/05  
Patient Service: Emergency

Account: 114552011  
Amount Due: \$569.95  
Primary Insurance: Commerical INS

October 11, 2005

Dear BETTY L ELLISON-HARPOLE,

Thank you for choosing Columbia St. Mary's Hospital as your health care provider. We are dedicated to retaining customer loyalty and providing the highest quality of care and service to our customers. We trust this commitment was demonstrated in the services you received on 08/26/05.

Payment is due within 30 days of this invoice. Please return your payment in the envelope provided. If you have any questions, need payment arrangements, or a charity care application, please call 262-446-0240. Thank you for your prompt attention to this bill.

Total Charges: \$2,849.77

Insurance/Adjustments: \*-2279.82

Please Pay This Amount: 569.95

\*If you feel your insurance payment is not correct, please contact your insurance company for clarification.

Our commitment is to your health. We appreciate your confidence in Columbia St. Mary's Hospital.

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CHECK CARD TO BE USED FOR PAYMENT
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
DUE DATE	PLEASE PAY THIS AMOUNT	ACCOUNT NUMBER
11/10/05	\$569.95	114552011
PATIENT NAME		
ELLISON-HARPOLE, BETTY L		

Amount Enclosed \$ \_\_\_\_\_

ST MARY'S HOSPITAL  
DRAWER 78673  
MILWAUKEE, WI 53278



# Columbia St. Mary's

A Passion for Patient Care

DRAWER 78673  
MILWAUKEE, WI 53278  
262-446-0240

188604-1-6700 0000720  
BETTY L ELLISON-HARPOLE  
3804 10th Ave S  
Minneapolis MN 55407-2624



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

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Patient: ELLISON-HARPOLE, BETTY  
Date of Service: 08/26/05  
Patient Service: Emergency

Account: 114552011  
Amount Due: \$569.95  
Primary Insurance: Commerical INS

November 18, 2005

## SECOND NOTICE

Dear BETTY L ELLISON-HARPOLE,

Thank you for selecting Columbia St. Mary's Hospital for your health care services. Our records indicate that your account is past due. Please disregard this notice and accept our apologies if payment was recently made.

If there is a problem we are unaware of, please contact us at 262-446-0240 to discuss payment options.

Otherwise, payment in full is expected within 21 days.

Thank you for your prompt attention to this matter.

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CHECK CARD TO BE USED FOR PAYMENT		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
DUE DATE	PLEASE PAY THIS AMOUNT	ACCOUNT NUMBER
12/18/05	\$569.95	114552011
PATIENT NAME		
ELLISON-HARPOLE, BETTY L		

Amount Enclosed \$ \_\_\_\_\_

ST MARY'S HOSPITAL  
DRAWER 78673  
MILWAUKEE, WI 53278

**Make Check Payable To:**  
 WISCONSIN RADIOLOGY SPEC. S.C.  
 PO BOX 2350  
 BROOKFIELD WI 53008-2350  
 PHONE NUMBER: (262) 641-6894

**CHARGES APPEARING ON THIS INVOICE ARE NOT INCLUDED ON ANY HOSPITAL BILL OR INVOICE**

**PATIENT**  
 BETTY L ELLISONHARPO  
**INVOICE DATE** | **ACCOUNT NUMBER** | **AMOUNT PAID**  
 11/15/05 | **WRS 268450** |

BETTY L ELLISONHARPO WRS  
 3804 10TH AVE S  
 MINNEAPOLIS MN 55407-2624

Primary Insurance:  
 MEDICA INS CO

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW  
 CHECK CARD USING FOR PAYMENT  
 MASTERCARD  DISCOVER  VISA  
 CARD NUMBER AMOUNT  
 SIGNATURE EXP. DATE

Please check box if above address is incorrect or Insurance information has changed. Indicate change(s) on reverse side.

**INVOICE**

Please detach and return top portion with payment.

DATE	PLACE OF SERVICE	DESCRIPTION	CHARGE	PAYMENTS/ ADJUSTMENTS	AMOUNT DUE
08/26/05 11/12/05	ST MARYS H	3D/HOLOGRAPH RECONSTR MEDICA CHOICE PAYMENT COPAYMENT AMOUNT	40.00	32.00-	8.00
08/26/05 11/12/05 11/12/05 11/12/05	ST MARYS H	CAT SCAN OF FACE/JAW MEDICA CHOICE PAYMENT *INTEREST ADJUSTMENT MEDICA CHOICE PAYMENT COPAYMENT AMOUNT	246.00	.23- .23 196.80-	49.20

57.20	.00	.00	.00	.00	<b>PLEASE PAY THIS AMOUNT</b>	57.20
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS		

11/15/05 WRS 268450 **MAKE CHECKS PAYABLE TO:**  
**INVOICE DATE** | **ACCOUNT NUMBER**

WISCONSIN RADIOLOGY SPEC. S.C.

CALL US AT (262) 641-6894 OR (888) 850-0494 Mon-Fri 8 am to 5 pm



**Make Check Payable To:**  
 WISCONSIN RADIOLOGY SPEC. S.C.  
 PO BOX 2350  
 BROOKFIELD WI 53008-2350  
 PHONE NUMBER: (262) 641-6894

**CHARGES APPEARING ON THIS INVOICE ARE NOT INCLUDED ON ANY HOSPITAL BILL OR INVOICE**




PATIENT		
BETTY L ELLISONHARPO		
INVOICE DATE	ACCOUNT NUMBER	AMOUNT PAID
11/15/05	WRS 268450	

BETTY L ELLISONHARPO WRS  
 3804 10TH AVE S  
 MINNEAPOLIS MN 55407-2624

Primary Insurance:  
 MEDICA INS CO

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

 <input type="checkbox"/> MASTERCARD	 <input type="checkbox"/> DISCOVER	 <input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	EXP. DATE
SIGNATURE		

Please check box if above address is incorrect or Insurance information has changed. Indicate change(s) on reverse side.

**INVOICE**

Please detach and return top portion with payment.

DATE	PLACE OF SERVICE	DESCRIPTION	CHARGE	PAYMENTS/ADJUSTMENTS	AMOUNT DUE
08/26/05 11/12/05	ST MARYS H	3D/HOLOGRAPH RECONSTR MEDICA CHOICE PAYMENT COPAYMENT AMOUNT	40.00	32.00-	8.00
08/26/05 11/12/05 11/12/05 11/12/05	ST MARYS H	CAT SCAN OF FACE/JAW MEDICA CHOICE PAYMENT *INTEREST ADJUSTMENT MEDICA CHOICE PAYMENT COPAYMENT AMOUNT	246.00	.23- .23 196.80-	49.20

57.20	.00	.00	.00	.00	<b>PLEASE PAY THIS AMOUNT</b>	57.20
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS		

11/15/05	WRS 268450	<b>MAKE CHECKS PAYABLE TO:</b>
INVOICE DATE	ACCOUNT NUMBER	

WISCONSIN RADIOLOGY SPEC. S.C.

CALL US AT (262) 641-6894 OR (888) 850-0494 Mon-Fri 8 am to 5 pm

ELLISON-HARPOLE, BET SEX F 08/17/1936 69Y  
MR 724571 PT 114552011 SMM  
ATTN TOCCO, CHRISTOPHER J.  
P91 LEWIS FREDRICKA DR  
ADM 08/26/05 Type E ENR

[Empty box]

Need Email: \_\_\_\_\_ @ \_\_\_\_\_

[Empty box]

Need Health Cond: \_\_\_\_\_

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1400 E. BRADY MILWAUKEE, WI 53202

**BETTY ELLISON-HARPOLE**

3804 10 AVE SOUTH  
MINNEAPOLIS, MN 55407  
NO 1271625-01685 DATE 08/26/05

**CEPHALEXIN 500MG CAPSULES**

QTY 28 NO REFILLS - DR. AUTHORIZATION REQUIRED

NEW Actual Savings \$72.80

\$ 24.69

MJB/CAK/ /CAK

DR J. ERICKSON

PH (414)272-2171  
PATIENT PH (612)824-0142

NDC 00093-3147-05  
MFG TEVA

*Walgreens* Customer Receipt

1400 E. BRADY MILWAUKEE, WI 53202

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MFG TEVA

*Walgreens* Duplicate Receipt



