

CITY OF MILWAUKEE

2001 OCT 22 AM 9:07

10/19/01

RONALD D. LEONHARDT  
CITY CLERK

On July 31, 2001 crossing the street going north bound on Jackson & Coburn Ave. As I approach the corner address of 4202 Jackson I fell on both my knees while I was carrying my grandson. I fell on a crack in the street. I received injury scrapes & bruises to both my knees but my left leg gave me more problem after the fall. My elbow was bruised & I was in a lot of pain. My co-worker was giving me a ride. My grandson was not injured but he did fall & luckily I had my hand in back of his head because I fell hard. I am only asking that my doctor bills be paid & I have explained them. I call the city of Milwaukee to report the damage to the street & with prompt service they came out & put black top over the place I fell so no one else would have to suffer like I did. I am asking for my 2 week of paid & suppressing of \$5,000 because I feel I am entitled to it because it was not my fault the street was damaged. My medical bills come to total of \$71,20. I can't afford to pay this - City asked me to pay & not covering up this big spot in the sidewalk because I could have been in Adams 3729 W Clin Ave Milwaukee WI 53209 414 352 9654

CITY OF MILWAUKEE  
RECEIVED

OCT 22 2001



SINAI SAMARITAN MED CNTR

Aurora Health Care

ITEMIZED BILL

PATIENT'S NAME	ACCOUNT NO	ADMISSION DATE	DISCHARGE DATE	STATEMENT DATE
ADAMS, LENA M	105536686-1212 ED	07/31/01	07/31/01	08/10/01

TOLL FREE

FOR BILLING INFORMATION CALL

PHONE 414-647-3147 1-800-958-6202

GUARANTOR
MS LENA M ADAMS 3729 W CLINTON AVE MILWAUKEE WI 53209 1940 USA

MAIL PAYMENT TO
SINAI SAMARITAN MED CNTR PATIENT ACCOUNTS P.O. BOX 341100 MILWAUKEE, WISCONSIN 53204-0309

INSURANCE

INSURANCE

PLEASE DETACH TOP PORTION AND RETURN WITH PAYMENT

ENTER AMOUNT PAID

PATIENT'S NAME	ACCOUNT NO	STATEMENT DATE	PAGE NO
ADAMS, LENA M	105536686-1212	08/10/01	1

TRANSACTION DATE	REFERENCE NUMBER	DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
07/31/01	192744813	ED LEVEL 2	314.75		314.75
08/01/01	187898700	DX KNEE 3 VIEW LEFT	156.50		156.50
08/01/01	133000015	IBUPROFEN 600MG 999	3.01		3.01
		SUB-TOTAL OF CHARGES	474.26		474.26
		TOTAL CHARGES AND INSURANCE	474.26		
		PLEASE PAY THIS AMOUNT			474.26

FOREST HOME BILLING CENTER P.O BOX 341100, MILWAUKEE, WI 53234-1100  
SEE REVERSE SIDE FOR PATIENT FINANCIAL INFORMATION



**Aurora Health Care**

PO BOX 341100  
MILWAUKEE WI 53234-1100

<b>Responsible Party / Number</b> MS LENA M ADAMS / 105536686		<b>Statement Date</b> 10/11/2001
<b>Your balance is due by:</b> 11/01/2001		<b>Amount You Owe</b> \$691.26
<input type="checkbox"/> Check	<input type="checkbox"/>	<input type="checkbox"/>
Card # _____		Expires On _____
Signature for credit card _____		

1904 10 #10 Address Service Requested 105536686

**MS LENA M ADAMS**  
3729 W CLINTON AVE  
MILWAUKEE WI 53209-1940

**Make checks payable to:**  
SINAI SAMARITAN MED CNTR  
PO BOX 341100  
MILWAUKEE WI 53234-1100



ADDRESS AND INSURANCE CHANGES LOCATED ON BACK

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION	INSURANCE ACTIVITY	PATIENT ACTIVITY
06/22/2001	105536686-1172	ADAMS, LENA M Outpatient Visit - SINAI SAMARITAN MED CNTR PREVIOUS BALANCE Balance due	7,314.82 7,314.82	0.00
07/31/2001	105536686-1212	ADAMS, LENA M Emergency Room Visit - SINAI SAMARITAN MED CNTR PREVIOUS BALANCE New charges Balance due	630.76 60.50 0.00	691.26
<b>PLEASE PAY THIS AMOUNT--&gt;</b>				<b>\$691.26</b>

Page 1 of 1

If you are unable to pay your account in full.  
Please contact Customer Service at the number  
listed below. Your attention is required!

SINAI SAMARITAN MED CNTR



**Aurora Health Care**

PO BOX 341100  
MILWAUKEE WI 53234-1100

*Handwritten:* 10/11/01  
691.26  
781.25

Responsible Party / Number	Statement Date	Insurance Amount Due	Tax I.D.
MS LENA M ADAMS / 105536686	10/11/2001	\$7,314.82	39-1597102
<b>Current Amount Due</b>		<b>Past Due Amount</b>	<b>Amount Due By: 11/01/2001</b>
\$60.50		\$630.76	\$691.26

Contact us via e-mail at [customerservice@aurora.org](mailto:customerservice@aurora.org).

For billing questions call: 1-800-958-6202. Office hours: Mon thru Thu 8am-7pm, Friday 9am-4:30pm.





**Aurora Health Care**

PO BOX 341100  
MILWAUKEE WI 53234-1100

Responsible Party / Number MS LENA M ADAMS / 105536686		Statement Date 09/11/2001
Your balance is due by: 10/02/2001		Amount You Owe \$630.76
<input type="checkbox"/> Check <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Card # _____	Expires On _____	
Signature for credit card _____		

4862 27 #10 Address Service Requested 105536686

**MS LENA M ADAMS**  
3729 W CLINTON AVE  
MILWAUKEE WI 53209-1940

**Make checks payable to:**  
SINAI SAMARITAN MED CNTR  
PO BOX 341100  
MILWAUKEE WI 53234-1100



ADDRESS AND INSURANCE CHANGES LOCATED ON BACK

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION		INSURANCE ACTIVITY	PATIENT ACTIVITY
06/22/2001	105536686-1172	ADAMS, LENA M Outpatient Visit - SINAI SAMARITAN MED CNTR PREVIOUS BALANCE Balance due	7,314.82	7,314.82	0.00
07/31/2001	105536686-1212	ADAMS, LENA M Emergency Room Visit - SINAI SAMARITAN MED CNTR New charges Balance due	630.76	0.00	630.76

PLEASE PAY THIS AMOUNT--> \$630.76

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

SINAI SAMARITAN MED CNTR  
**Aurora Health Care**  
PO BOX 341100  
MILWAUKEE WI 53234-1100

Page 1 of 1

Responsible Party / Number	Statement Date	Insurance Amount Due	Tax I.D.
MS LENA M ADAMS / 105536686	09/11/2001	\$7,314.82	39-1597102
	Current Amount Due	Past Due Amount	Amount Due By: 10/02/2001
	\$156.50	\$474.26	\$630.76

Contact us via e-mail at [customerservice@aurora.org](mailto:customerservice@aurora.org).  
For billing questions call: 1-800-958-6202. Office hours: Mon thru Thu 8am-7pm, Friday 9am-4:30pm.



**MAKE CHECKS PAYABLE TO:**


**Great Lakes Radiologists, S.C.**  
P.O. Box 510350  
New Berlin WI 53151-0350

ACCOUNT NUMBER		05-07-05005766		VISA	MasterCard
STATEMENT DATE				DATE OF BIRTH	
09/30/01				04/02/57	
ADMISSION DATE				PATIENT'S PHONE	
AMOUNT PAID			AMOUNT DUE		
			82.00		

TO CHARGE YOUR BALANCE SEE REVERSE SIDE FOR DETAILS

9 1

**LENA M ADAMS**  
3729 W Clinton Ave  
Milwaukee, WI 53209-1940



**Great Lakes Radiologists, S.C.**  
P.O. Box 510350  
New Berlin WI 53151-0350

Please indicate any change in address above.

Detach at perforation and return above portion with payment.

DATE	POS	PROCEDURE CODE	DESCRIPTION OF SERVICES	AMOUNT	AMOUNT
08/01/01	4	73562-26	KNEE, AP, LAT, & OBL	719.46	41.00
08/01/01	4	73562-26	KNEE, AP, LAT, & OBL	719.46	41.00

PATIENT			ACCOUNT NUMBER		BALANCE DUE →	82.00
ADAMS, LENA			05-07-05005766			
SINAI CAMPUS			PHYSICIAN PERFORMING SERVICE		DATE OF SERVICE	
945 N. 12TH STREET MILWAUKEE WI 53233			GROSSMAN, RONALD E M.D.			
INJURY DATE	ADMISSION DATE	DISCHARGE DATE	REFERRING PHYSICIAN		*PLACE OF SERVICE	
07/31/01			VILLWOCK, JEFFREY M.D.		1. INPATIENT HOSPITAL 2. OUTPATIENT HOSPITAL 3. DOCTOR'S OFFICE/IND. LAB 4. EMERGENCY ROOM 5. OFFICE 6. NURSING HOME 7. OTHER 8. CLINIC	
			Great Lakes Radiologists, S.C. P.O. Box 510350 New Berlin WI 53151-0350			
			IRS# 39-1936263 Phone: 262/780-0355			