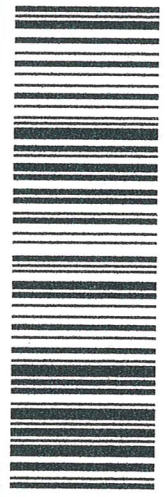




PRESS FIRMLY TO SEAL

UNITED STATES POSTAL SERVICE  
PRICED TO FIT  
CERTIFIED MAIL®

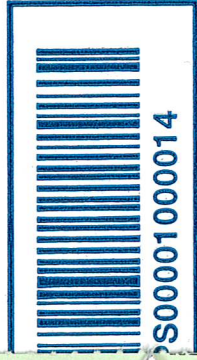


9589 0710 5270 3731 2597 06

Estimated delivery date specified for domestic shipments include \$100 Certified Mail Tracking® service included for domestic and many international destinations. \*\*Used internationally, a customs declaration form is required. This does not cover certain items. For details regarding claims exclusions see the Mail Manual at <http://pe.usps.com>. International Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

**FLAT RATE ENVELOPE**  
WEIGHT ■ ANY WEIGHT

**REGISTERED ■ INSURED**



EP14F October 2023  
OD: 12 1/2 x 9 1/2

To schedule free Package Pickup scan the QR code.



USPS.COM/PICKUP



53214

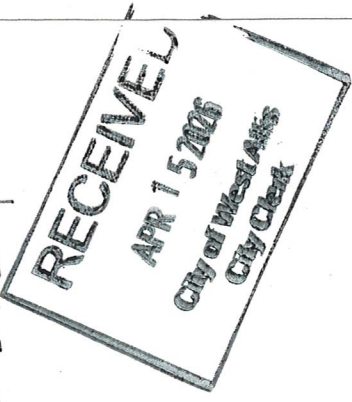
RDC 03 1 Lb 0.40 Oz S2322T501657-14

**\$21.65**

U.S. POSTAGE PAID  
PM  
MILWAUKEE, WI 53227  
APR 11, 2026

**FROM:**

Mary Siegel  
917 S. 119th St.  
West Allis, WI 53214



**TO:**

City Clerk  
City of West Allis  
1525 W. Greenfield Ave.  
West Allis, WI 53214

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☰ EXPLORE  
EXPLORE ▾

DEPARTMENTS ▾ TRANSLATE ▾



**RECEIVED**  
APR 15 2026  
City of West Allis  
City Clerk

**City of West Allis**

RESIDENTS

VISITORS

BUSINESSES

CITY OF WEST ALLIS // FILE A CLAIM

[Back to Claims Process](#)

## File a Claim

If you wish to file a claim, it must list the circumstances of the claim, be signed, and be served within 120 days of the event that brought about the claim. It must be served on the City clerk in the same way a court summons is served.

The city attorney's office has a [Claim Form](#) that you may choose to utilize.

You may file a claim that just lists the circumstances of the incident, but the City attorney's office cannot process your claim until you submit the address of the claimant and an itemized statement of the relief sought.

City Clerk - City of West Allis  
1525 W. Greenfield Ave.  
West Allis, WI 53214

# Date Calculator: Add to or Subtract From a Date

Enter a start date and add or subtract any number of days, months, or years.

Count Days    Add Days    Workdays    Add Workdays    Weekday    Week No

From Thursday, December 18, 2025  
 Added 120 days

**Result: Friday, April 17, 2026**

Calendar showing period from December 18, 2025 to April 17, 2026

December 2025						
13 days added						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	<b>18</b>	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2026						
31 days added						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026–March 2026						
February 2026: 28 days added						
March 2026: 31 days added						

April 2026						
17 days added						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	<b>17</b>	18
19	20	21	22	23	24	25
26	27	28	29	30		

= Start date (Dec 18, 2025)     = Final result date (Apr 17, 2026)

RECEIVED

APR 15 2026

City of West Allis  
City Clerk



CLAIMANT CONTACT INFORMATION

Name: Mary Siegel  
Address: 917 S. 119th St.  
West Allis, WI 53214

Phone: 414-837-8228  
Email: icmmsiegel@yahoo.com

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 12/18/2025 Time of day: 07:00  
Location: corner of Washington & 116th Streets

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

I had a slip and fall accident on city property (sidewalk) on the morning of 12/18/2025.  
I sustained a right shoulder fracture.  
I am seeking reimbursement of monies that my health insurance company already paid: 12612.52 and monies I already paid in copays/coinsurance 1085.84. Total sought is: 13758.36.  
I was walking to the Route 18 bus stop, because I take the bus to travel to work. The sidewalk was not properly cleared of ice. It would not have been legal or safe for me to walk in the street. I slipped and fell before reaching the bus stop. I could not get up on my own. A passerby discovered me laying on the sidewalk, picked me up, brushed me off, and kindly drove me home. Once home, I discovered that I could not move my right arm. I proceeded to call my husband home from work. He then took me to Aurora West Allis Medical Center for treatment. I was treated and released that same day. I am still unsure if surgery is in my future. I am still going for Occupational Therapy to try to regain use of my right shoulder. My employer has granted that I may work from home until better healed. A full recovery from my injury is very uncertain at this time. Thank you for your consideration in this matter.

Check one:

- ..... I am seeking damages at this time (complete Claim Amount section below)
- ..... I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Mary M. Siegel

Date: 04/06/2026

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 13758.36

SAVE

PRINT



# West Allis Police Department

# Incident Report

Incident: <b>PI - City Property</b>			
Incident Report Number: <b>25-050250</b>	Between: Date - Time	And/At: Date-Time <b>12/18/25</b>	<b>12:53</b>
Incident Location: <b>917 S 119 St, West Allis, WI 53214</b>			
Offense - 1: <b>PIFALL</b>	Offense - 2: <b>ZCB9574</b>	Offense - 3:	Offense - 4:
Offense - 5:	Offense - 6:	Offense - 7:	Offense - 8:

CN	Name (Last, First, Middle) <b>Siegel, Mary Magdalene</b>	DOB: [REDACTED]	Race/Sex <b>W/F</b>
Address: (Address, City, State, Zip)			Phone 1
Employer			Phone 2
Employer Address			Work Phone #

CN	Name (Last, First, Middle) <b>Siegel, Jamie C</b>	DOB: [REDACTED]	Race/Sex <b>W/M</b>
Address: (Address, City, State, Zip)			Phone 1
Employer			Phone 2
Employer Address			Work Phone #

## SUMMARY

### Officer Ewer Reports...PERSONAL INJURY

On 12/18/25 at approximately 1400 hours, Officers responded to 917 S 119th St. for a report of an injury on city property. Upon arrival, Officers spoke to Mary M Siegel (FW [REDACTED]). Mary stated this morning, at approximately 0700 hours she was walking to the bus stop at S 116th and W Washington St. Mary stated she slipped and fell on the ice which was not salted or removed. Mary went to the hospital on her own. It was determined that Mary had suffered a right proximal humerus fracture in her right arm. Photographs of Mary and the location of the fall were taken and uploaded to Evidence.com.

Vehicle Information: (Year, Make, Model, Style, Color)			
License Number:	State:	Expiration Year:	Vin:
Other Vehicle Information:			Insurance Company:
Reporting Officer(s): <b>Ewer, Blake</b>		Payroll Number: <b>be22133</b>	Report Date: <b>12/18/2025</b>
Time Received: <b>12:53:45</b>	Time Cleared: <b>15:09:42</b>	Unit(s) Assigned: <b>134T</b>	Pages: <b>1 Of 3</b>
Reviewed by: <b>TM9656</b>	Payroll Number: <b>TM9656</b>	Copy To	

Date: 12/18/2025  
Offense - 1: PIFALL  
Incident Report Number: 25-050250

Incident Report Number  
25-050250Incident Location:  
917 S 119 St, West Allis, WI 53214Incident Date:  
12/18/2025**NARRATIVE**

At the time of this investigation, I was wearing my WAPD issued body camera, which was functional and activated. The body worn camera footage was categorized as (misc). See video recording for precise details as the following is a summary based off little or no review.

**INITIAL RESPONSE**

On 12/18/25 at approximately 1400 hours, Officers responded to 917 S. 119th St. for a report of an injury on city property. Upon arrival, Officers spoke to Mary M. Siegel (F/W ██████████). Mary stated this morning, at approximately 0700 hours she was walking to the bus stop at S. 116 St./W. Washington St. Mary stated she slipped and fell on the ice which was not salted or removed on the northside of 11600 block of W. Washington St. Mary went to Aurora West Allis Medical Center with her husband. It was determined that Mary had suffered a right proximal humerus fracture in her right arm.

**CONDITIONS**

I observed the sidewalk where Mary stated she was walking. The sidewalk was icy. The temperature was approximately 42 degrees at 1400 hours. The temperature at 0700 hours was approximately 35 degrees with slight rain.

**PHOTOGRAPHS**

Photographs from the investigation were uploaded to evidence.com.

1-5 Photographs of icy sidewalk

6-8 Photographs of Mary with brace from hospital

**CASE DISPOSITION**

Mary was cleared from the Aurora West Allis Medica Center at approximately 1130 hours on 12/18/25. A PI fall report was completed.

Mary's husband, Jamie C Siegel (M/W ██████████) emailed me photographs of the sidewalk from earlier in the day when Mary fell. These photographs are attached to the case.

Reporting Officer(s):  
Ewer, BlakePayroll Number:  
be22133Pages:  
2 Of 3

# West Allis Police Department

# Continuation

Incident Report Number  
25-050250

Incident Location:  
917 S 119 St, West Allis, WI 53214

Incident Date:  
12/18/2025

Reporting Officer(s):  
Ewer, Blake

Payroll Number:  
be22133

Pages:  
3 Of 3



## WEST ALLIS POLICE DEPARTMENT

Patrick S. Mitchell  
Chief of Police

Robert Fletcher  
Deputy Chief of Police

Christopher Marks  
Deputy Chief of Police

---

Re: Requested documents

To Whom It May Concern:

This letter is in response to your request for records for the above listed matter. Since you are making your request under the public records law, my response to your request will be framed under the provisions of those statutes and the case law interpreting them.

I have been mindful in preparing these records for release that the purpose of the Wisconsin public records law is to shed light on the workings of government and the acts of public officers and employees in their official capacities. Wis. Stat. § 19.31 declares: "In recognition of the fact that a representative government is dependent upon an informed electorate, it is declared to be the public policy of this state that all persons are entitled to the greatest possible information regarding the affairs of government and the official acts of those officers and employees who represent them." In addition to Wis. Stat. § 19.31, see *Building and Constr. Trades Council v. Waukakee Comm. Sch. Dist.*, 221 Wis. 2d 575, 582, 585 N.W.2d 726 (Ct. App. 1998).

In considering your request, I initially determined whether there is a statute or case law requiring disclosure or creating a blanket disclosure exception. Thereafter, I performed the balancing test to decide whether the strong presumption favoring disclosure is overcome by some even stronger presumption favoring limited access or non-disclosure. For the reasons set forth below, I have decided to partially deny your request for records, specifically:

**Personal identifying information of individuals associated with an incident investigated by law enforcement has been redacted from records.**

- In performing the balancing test, I determined that the public interest in disclosure of personal identifying information of individuals associated with an incident investigated by law enforcement is outweighed by the public interest in the privacy on the part of individuals as well as the public interest in individuals cooperating with authorities. Furthermore, this information has been redacted to protect against identity theft or other unauthorized use. Additionally, this information has been redacted to protect against harassment. Finally, the redacted information sheds little, if any, light on the affairs of the government.

**Other requested records are being made available.**

Wis. Stat. § 19.35(4)(b) requires that you be informed this determination is subject to review under Wis. Stat. § 19.37(1). You may bring an action for mandamus asking for a court to order release of the records or request the District Attorney or Attorney General to bring an action for mandamus asking a court to order a release of the records. The Milwaukee County District Attorney's office is located at 949 North 9<sup>th</sup> Street, Milwaukee, WI, 53233. The Milwaukee County Children's Court Center is located at 10201 West Watertown Plank Road, Wauwatosa, WI, 53226. The State Attorney General's office is located at Wisconsin Department of Justice, 114 East State Capitol, P.O. Box 7857, Madison, WI 53707-7857.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deyana Messinger".

Deyana Messinger  
Records Supervisor

**Aurora Health Care©**  
AWAMC Emergency Services  
8901 W LINCOLN AVE  
WEST ALLIS WI 53227  
Phone: 414-328-6111

---

**Name:** Mary M Siegel    **DOB:** 5/12/1964    **Current Date:** December 18, 2025

The staff of Aurora Health Care would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information on how best to care for your illness/injury at home and when to see a physician. If you need to locate a Doctor or clinic close to you, please call the Doctor Referral Service at 1-888-863-5502. The Service is available Monday through Thursday from 8 AM to 8 PM and Fridays from 8 AM to 4 PM.

*Patients Please Note: If further time off is required, or a medical clearance to return to work is required, it must be obtained through your primary physician. Return to work clearances and extensions of "Time-Off" will not be given by the Emergency Department.*



---

We hope that you leave our Emergency Department believing that we provided you with very good care.

### **Your Opinion Matters To Us**

You may receive a survey phone call, email or text about your experience with us. We greatly appreciate you completing the survey. We use your valuable feedback to improve the care that we deliver and your responses are very important to us.

# AFTER VISIT SUMMARY

Mary M. Siegel DoB: 5/12/1964  12/18/2025  AWAMC Emergency Services 414-328-6111

## Instructions

Take over-the-counter Tylenol as needed for pain or fever. Make sure to follow bottle label instructions for dose recommendations, but typically you may take up to 1000mg (two extra strength tylenol tablets) every 6 hours as needed. Do not exceed more than 4000mg in a day or you may injure your liver and cause tylenol poisoning.

You may also take Ibuprofen (i.e. Advil, Motrin), please follow bottle directions for dosing. Typically you are able to take 600 mg every 6 hours as needed for pain, swelling, or fever. If you take ibuprofen, take only with food. Stop taking if you develop stomach pains, blood in your stools, or black stools as ibuprofen can be irritating to the stomach.

Please wear the sling at all times. Please call to schedule a follow-up appointment with orthopedics in 1 week.



### Your medications have changed



**START taking:**

**oxyCODONE (IMM REL) (ROXICODONE)**

Review your updated medication list below.



### Read the attached information

Shoulder Fracture (English)



### Pick up these medications at CVS/pharmacy #8771 - Wauwatosa, WI - 7520 W Bluemound Rd AT corner of North 76th St

- oxyCODONE (IMM REL)

Your estimated payment per fill: \$1

Address: 7520 W Bluemound Rd, Wauwatosa WI 53213-3546

Hours: M-F 8-9, SA 9-6, SU 9-5

Phone: 414-771-9146



### SERVICE TO ORTHOPEDICS

Expires: 12/18/2026 (requested)

## Instructions (continued)



Schedule an appointment with Navjot S Kohli, MD as soon as possible for a visit in 1 week (around 12/25/2025)

Specialty: Orthopedic Surgery  
Contact: 2801 W Kinnickinnic River Pkwy  
MOB 3, STE 370  
Milwaukee WI 53215  
414-649-7900



Follow up with AWAMC Emergency Services

Why: If symptoms worsen  
Specialty: Emergency Medicine  
Contact: 8901 W Lincoln Ave  
West Allis Wisconsin 53227  
414-328-6111

## Today's Visit

You were seen by Taylor Mielke, PA

Diagnosis

Closed fracture of proximal end of right humerus, unspecified fracture morphology, initial encounter



### Imaging Tests

XR ELBOW 4 VIEWS RIGHT  
XR HUMERUS 2 VIEWS RIGHT  
XR SHOULDER 2 VIEWS RIGHT



### Medications Given

HYDROcodone-acetaminophen (NORCO) Last given at 8:51 AM  
ketorolac (TORADOL) Last given at 10:16 AM  
oxyCODONE (IMM REL) (ROXICODONE) Last given at 10:17 AM



Blood Pressure  
122/72



BMI  
35.94



Weight  
190 lb 3.2 oz



Height  
5' 1"



Temperature (Oral)  
98.1 °F



Pulse  
95



Respiration  
16



Oxygen Saturation  
94%



BSA  
1.85 m<sup>2</sup>

## What's Next

FEB  
27  
2026

Office Visit with Kristine Bruno, MD  
Friday February 27 3:40 PM (Arrive by 3:25 PM)

Aurora Internal Medicine-Good  
Hope  
3003 W GOOD HOPE RD  
MILWAUKEE WI 53209  
414-352-3100

- Please bring a current picture ID, insurance card, co-pay if one is due and a list of medications.

- Up to two visitors, patient support people or chaperones may accompany the patient to their appointment. Visitors must be over the age of 18 and authorized by the patient/caregiver.

Pediatric Patients:

- A parent/guardian or adult authorized to accompany an established pediatric patient must be present.
- A non-parent/guardian can bring in the pediatric patient if an Authorization of Treatment of Minor form was completed by the parent/legal guardian. The patient may be turned away if there isn't a form on file.
- Bring a copy of your child's immunization records.
- In accordance with the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP), our policy requires new patients to have all childhood immunizations.

DEC  
21  
2026

Follow-up Visit with Jonathan Bonchak, MD  
Monday December 21 4:00 PM (Arrive by 3:45 PM)

Aurora Dermatology-New Berlin,  
High Pointe  
12901 W NATIONAL AVE  
NEW BERLIN WI 53151-4494  
262-787-5200

## Disclaimer

Follow-up care: It is your responsibility to arrange for follow-up care with your healthcare provider or as instructed. Call your healthcare provider to arrange an appointment time. If you have further questions please call 1-800-323-8622.

## Preventive care and screening

Your blood pressure was 122/72 today. If your blood pressure is higher than 120/80, we recommend follow up with your primary care provider to obtain basic health screening, including reassessment of your blood pressure, within three months.

# What to Do with Your Medications

START taking these medications today unless otherwise stated

**oxyCODONE (IMM REL) 5 MG immediate release tablet**

Commonly known as: ROXICODONE

## Details

Take 1-2 tablets by mouth every 6 hours as needed (Severe pain).

Authorizing Provider: Taylor Mielke, PA

## AdvocateHealth Community Resource Hub by Findhelp

AdvocateAurora Health Community Resource Hub: From food pantries to clothes for work, this provides an easy way to access local programs and services. <https://advocateauroracommunity.org>



# Changes to Your Medication List

## START taking these medications



**oxyCODONE (IMM REL)** 5 MG immediate  
release tablet

Take 1-2 tablets by mouth every 6 hours as  
needed (Severe pain).

**START**

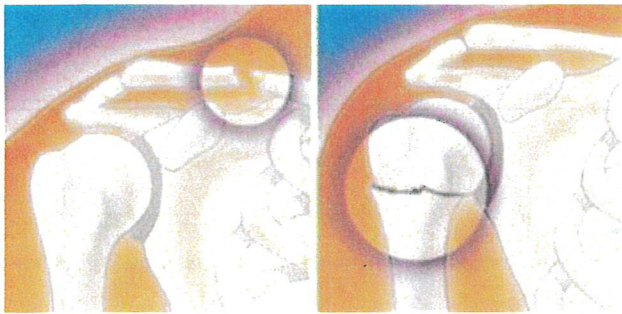
Commonly known as: ROXICODONE

## Patient Portal

View your After Visit Summary and more at <https://www.advocatehealth.org/livewell>.

## Caring for a Shoulder Fracture

A shoulder fracture is when one or more of the bones in your shoulder break. The shoulder is made up of three bones. The first is the collarbone, also called the clavicle. The second is the shoulder blade, also called the scapula. The third is the top part of your arm bone, called the humerus. A fracture means a break or crack in one of these bones.



## Why Does a Shoulder Fracture Happen?

A shoulder fracture can happen from a fall, a car accident, or injury. It can also occur with a minor injury if your bones are weak from osteoporosis, which makes bones break more easily.

## Signs and Symptoms of a Shoulder Fracture

- **Pain:** You may have pain in your shoulder or upper arm.
- **Swelling:** Your shoulder might be swollen and tender.
- **Bruising:** You may notice bruises around your shoulder.
- **Limited movement:** It might be hard to move your shoulder or arm.

## Tests or Care You May Have Had

- **X-ray:** This is a picture of your bones to check for breaks or cracks.
- **CT scan:** This gives a more detailed image of your shoulder to see the exact damage.
- **Sling or brace:** You may have been given a sling to hold your shoulder in place while it heals.

- **Pain medicine:** You might have been given medicine to help manage the pain.

## What to Expect

- **Healing:** Many shoulder fractures heal in about 6 to 12 weeks. Some can take longer. You may need to wear a sling or brace for part of this time.
- **Follow-up visits:** It is essential to keep your follow-up appointments with your care team so they can check on your healing.
- **Physical therapy:** You may need treatment to help regain strength and movement in your shoulder.

## Things You Can Do at Home to Help

### Medicines

- You may need pain medicine like ibuprofen, naproxen, or acetaminophen to help with pain and swelling. If you take blood thinners, have a history of bleeding, stomach ulcers, or ongoing disease of your kidneys or liver, ask your care team which pain medicine is safe for you.
- If you are given an opioid pain medication such as hydrocodone or oxycodone, follow directions carefully, as opioid pain medications have a risk of addiction and overdose that can lead to hospitalization or death. Take the lowest dose needed for the shortest time to help manage pain.

### Healthy Habits

- **Eat well:** Eating foods rich in calcium and vitamin D, like dairy products, leafy greens, and fish, helps your bones heal.
- **Take supplements:** Your care team may suggest taking calcium and vitamin D supplements. Calcium and vitamin D are the building blocks of your bones.
- **Get protein:** Be sure to get enough protein in your diet. This helps healing.
- **Stay hydrated:** Drinking plenty of water helps your body recover.

### Changes in Routine

- **Rest:** Rest your shoulder as much as possible. Avoid lifting heavy objects or using your arm until your care team says it is okay.

- **Wear your sling as instructed:** If given a sling, wear it as instructed. Slings can make the shoulder and elbow stiff if used improperly. If you are instructed to use a sling, be sure to take your arm out of the sling at least once a day to allow the elbow and shoulder to straighten and move.

## Therapy or Exercise

- **Physical therapy:** If your care team recommends it, follow the exercises your physical therapist gives you. This will help you get your movement and strength back.

## When to Contact Your Care Team

Call your care team if:

- Your pain gets worse or does not improve with medicine.
- Your arm or hand feels numb or tingly.
- You notice swelling or redness around the shoulder that was not there before.

## When to Call 911 or Go to the Emergency Room

Get help right away if you:

- You have trouble breathing or feel dizzy.
- Your arm or hand looks blue or feels cold.
- You develop redness and swelling in the arm.

## Thank You for Choosing Us

Thank you for trusting us with your care. We are here to support you and want you to feel your best. If you have any questions, please contact us.

**IF YOU HAVE A MEDICAL EMERGENCY, CALL 911 OR GO TO THE EMERGENCY ROOM.**

The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider. Contact your health care provider if you believe you have a health problem.

Last updated December 2024

## Medication Safety: What you need to know

### **Maintain Security - It is important to keep all medications in a secure location:**

Keep out of the reach of children and pets

Consider using a lock box or locked filing cabinet

Place pill bottles in private area such as bedroom or drawer

### **Don't Share - It is illegal to share your prescription medication, even with family:**

The doctor prescribes medications specifically for you and your body

You cannot be sure how the drug may affect others physically or emotionally

It is a criminal offense to share prescriptions

### **Proper Disposal - It is no longer acceptable to flush or throw away medications:**

Recent studies show measurable amounts of medication have been found in drinking water and wildlife due to flushing or throwing away medications

Medication strength changes over time and is not typically safe after one year

Proper disposal removes the medication from your home in a safe way so that others don't have access to it. Use your local drug drop site.

Your local pharmacy can provide information on medication disposal options in your community. The Department of Justice Drug Enforcement Administration website also has information on safe medication disposal:

[www.deadiversion.usdoj.gov/drug\\_disposal/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/index.html)

Legal Name: Mary M Siegel

## Advance Directive

### **Advance Directives: Your Health Plan**

An advance directive is a way to share your wishes for future medical care. You can:

- Write down what kind of care you want or don't want.
- Choose someone you trust to speak for you if you can't make decisions.

## Advance Directive (continued)

To learn more or make your own advance directive, ask your doctor, scan the QR code, or visit the website.

<https://www.aurorahealthcare.org/assets/documents/advanced-care-planning/what-is-advance-care-planning.pdf>



Patient: Mary M Siegel | Legal Name: Mary M Siegel | DOB: 5/12/1964 | MRN: 364197 | PCP: Kristine D Bruno,  
MD

## ED Triage Notes

Signed Dec 18, 2025

---

### ED Triage Notes by Shannon S, RN at 12/18/2025 8:21 AM

Pt to ER c/o slip and fall on ice this am. States she landed on her right shoulder which was stretched out. Pain radiates from shoulder to elbow. Limited ROM.

Sensation intact. +radial pulse.

Denies hitting head or LOC.

## ED Provider Notes

Signed Dec 18, 2025

---

ED Provider Notes by Taylor Mielke, PA at 12/18/2025 8:53 AM

Patient : Mary M Siegel Age: 61 year old Sex: female  
MRN: 364197 Encounter Date: 12/18/2025

### History

#### Chief Complaint

Patient presents with

- Shoulder Injury
- Fall

Mary M Siegel is a 61 year old presenting to the emergency department with concerns for right shoulder pain. Patient reports she was walking to her bus stop when she slipped and fell on ice, causing her to fall onto her right arm in an outstretched position. She reports pain most prominent in the right elbow and upper arm. She has been unable to lift her arm due to pain. She denies striking her head or LOC. Denies further concerns or complaints. Has been ambulating. Patient reports taking 4 ibuprofen this morning prior to the fall. Denies back pain. Denies numbness or tingling.

Per chart review, patient is not anticoagulated.

### Past/Family/Social History

#### Allergies

Allergen	Reactions
• Opioid Analgesics	NAUSEA
	<i>Nausea/codeine products</i>

No current facility-administered medications for this encounter.

#### Current Outpatient Medications

Medication	Sig
------------	-----

- prochlorperazine (COMPAZINE) 10 MG tablet      Take 1 tablet by mouth every 8 hours as needed for Nausea.
- diazepam (VALIUM) 5 MG tablet      Take 1 tablet by mouth 2 times daily as needed for Anxiety.
- aspirin (Aspirin Low Dose) 81 MG EC tablet      Take 1 tablet by mouth daily.
- fluconazole (DIFLUCAN) 150 MG tablet      Take 1 tablet by mouth once today. Repeat in 48 hours. Take at first sign of yeast infection.
- Lancets 30G Misc      daily.
- Lancet Devices (Lancing Device) Misc      One Touch Delica. E11.29
- atorvastatin (LIPITOR) 40 MG tablet      Take 1 tablet by mouth daily.
- citalopram (CeleXA) 40 MG tablet      Take 1 tablet by mouth daily.
- metFORMIN (GLUCOPHAGE-XR) 500 MG 24 hr tablet      Take 3 tablets by mouth daily (with breakfast).
- propranolol (INDERAL) 40 MG tablet      Take 1 tablet by mouth in the morning and 1 tablet in the evening.
- spironolactone (ALDACTONE) 25 MG tablet      Take 1 tablet by mouth daily.
- estradiol (Yuvafem) 10 MCG vaginal tablet      Place 1 tablet vaginally 3 days a week.
- tirzepatide (Mounjaro) 15 MG/0.5ML Solution Auto-injector      Inject 15 mg into the skin every 7 days. Indications: Type 2 Diabetes Begin taking on August 18, 2025.
- mometasone (ELOCON) 0.1 % solution      Massage thin layer into scalp qd prn rash/itch. Don't use on normal skin
- clotrimazole (LOTRIMIN) 1 % cream      Apply thin layer to skin folds bid for up to 14 days as needed for intertrigo
- triamcinolone (ARISTOCORT) 0.1 % cream      Apply thin layer to affected areas on back bid prn rash/itch. Don't use on normal skin. Don't use on face.
- fluticasone (CUTIVATE) 0.005 % ointment      Apply thin layer to affected areas on ears bid prn rash. Use for max 21 days per month.
- mometasone (Nasonex)      Spray 2 sprays in each nostril daily.

50 MCG/ACT nasal spray

- Acetaminophen (TYLENOL PO) Take 500 mg by mouth as needed.
- CALCIUM PO Take 1 tablet by mouth as needed.
- melatonin 3 MG nightly as needed.
- ONE TOUCH ULTRA TEST test strip
- ibuprofen (MOTRIN) 600 MG tablet as needed.
- chlorhexidine gluconate (PERIDEX) 0.12 % solution Swish and spit as needed.
- TUMS CHEW 500 MG PO daily as needed.

#### History - past medical

#### Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none"><li>• Allergic rhinitis due to pollen <i>Allergic Rhinitis</i></li><li>• Anxiety state, unspecified <i>anxiety</i></li></ul>	
<ul style="list-style-type: none"><li>• Benign neoplasm of pineal gland (CMD) <i>benign pineal cyst - MRI</i></li></ul>	1993
<ul style="list-style-type: none"><li>• Contact dermatitis and other eczema, due to unspecified cause <i>eczema [behind ears]</i></li></ul>	05/1998
<ul style="list-style-type: none"><li>• Diabetes mellitus (CMD)</li><li>• Essential hypertension, benign</li><li>• Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus <i>Migraine</i></li><li>• Motion sickness</li><li>• Mumps without mention of complication</li></ul>	
<ul style="list-style-type: none"><li>• Osteoporosis, unspecified <i>moderate osteoporosis</i></li></ul>	11/1994
<ul style="list-style-type: none"><li>• Other and unspecified hyperlipidemia</li><li>• PONV (postoperative nausea and vomiting)</li><li>• Premenstrual tension syndromes <i>PMS - headache</i></li></ul>	
<ul style="list-style-type: none"><li>• Sinusitis, chronic <i>right side, coming for surgery for scar tissue</i></li></ul>	08/2018

- Temporomandibular joint disorders, unspecified
- Unspecified sleep apnea  
*cpap at 7*
- Unspecified staphylococcus infection in conditions classified elsewhere and of unspecified site  
*recurrent staph skin inf*
- Varicella without mention of complication  
*Varicella*

History - past surgical

Past Surgical History:

Procedure	Laterality	Date
• ANES LYSIS INTRANASAL SYNECHIA	Right	07/31/2018
• COLONOSCOPY DIAGNOSTIC <i>No lesions. Colon in 10 yrs. Dr. Siddalingaiah.</i>		06/06/2014
• COLONOSCOPY W BIOPSY <i>tubular adenoma polyp x1, repeat 7 yrs-- Dr Kapur</i>		05/07/2025
• COLPOSCOPY BX CERVIX ENDOCERV CURR <i>Mild dysplasia on bx</i>		08/2003
• DEXA BONE DENSITY AXIAL SKELETON <i>osteoporosis</i>		11/1994
• REMOVE TONSILS/ADENOIDS,<12 Y/O		1971
• REPAIR OF NASAL SEPTUM <i>septorhinoplasty &amp; left antrostomy</i>		1989
• TONSILLECTOMY		
• TRIGGER FINGER RELEASE <i>RIGHT LONG FINGER TRIGGER RELEASE(Dr. Gaenslen)</i>	Right	02/28/2022
• TRIGGER FINGER RELEASE <i>LEFT LONG FINGER TRIGGER RELEASE (Dr, Gaenslen)</i>	Left	04/10/2023
• TRIGGER FINGER RELEASE <i>RIGHT RING AND SMALL TRIGGER FINGERS RELEASE (Dr. Gaenslen)</i>	Right	08/14/2024

History - family

Family History

Problem	Relation	Name	Age of Onset
• Thyroid	Mother		
• Hypertension	Mother		
• Hyperlipidemia	Mother		
• Coronary Artery Disease <i>PTCA with stent</i>	Mother		
• Osteoporosis	Mother		

• Subarachnoid hemorrhage	Mother	
<i>actually subdural after fall after hip fx.</i>		
• Congestive Heart Failure	Mother	
<i>right sided-- hi pulmonary pressures</i>		
• Hyperlipidemia	Father	
<i>cholesterol</i>		
• Cancer, Prostate	Father	55
• Colon Polyps	Father	
• Hypertension	Sister	
• Thyroid	Sister	
• Heart	Sister	
<i>valve issue with palpitations</i>		
• Hypertension	Maternal Grandmother	
• Congestive Heart Failure	Maternal Grandmother	
<i>died of CHF age 79</i>		
• Peripheral Vascular Disease	Maternal Grandmother	
<i>carotid stenosis/ CEA</i>		
• Myocardial Infarction	Maternal Grandfather	63
• Cancer	Paternal Grandmother	
<i>rectal cancer</i>		
• Dementia/Alzheimers	Paternal Grandfather	
• Stroke/TIA	Paternal Grandfather	
• Congestive Heart Failure	Paternal Grandfather	
• Gastrointestinal	Daughter	
<i>cyclic vomiting</i>		
• Migraine	Daughter	
• Anxiety disorder	Daughter	
• Hypertension	Maternal Aunt	
• Hypothyroid	Maternal Aunt	
• Coronary Artery Disease	Maternal Aunt	
<i>4v cabg</i>		
• Cancer, Colon	Maternal Uncle	75
• Diabetes	Maternal Uncle	
• Coronary Artery Disease	Maternal	63

<i>CABG</i>	Uncle	
• Blood Disorder	Maternal Uncle	
<i>multiple myeloma</i>		
• Myocardial Infarction	Maternal Uncle	
<i>smoker</i>		
• Cancer, Colon	Paternal Grandmother	70

Social History  
Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping status: never used

Substance Use Topics

- Alcohol use: No
- Drug use: No

**Review of Systems**  
**Review of Symptoms**

Review of Systems

**Physical Exam**  
**Physical Exam**

---

ED Triage Vitals [12/18/25 0824]

---

ED Triage Vitals Group

Temp	<b>98.1 °F (36.7 °C)</b>
Heart Rate	<b>99</b>
Resp	<b>(!) 22</b>
BP	<b>(!) 140/92</b>
SpO2	<b>99 %</b>
EtCO2 mmHg	
Height	<b>5' 1" (1.549 m)</b>
Weight	<b>190 lb 3.2 oz (86.3 kg)</b>
Weight Scale Used	<b>Standing scale</b>

BMI (Calculated) 35.94  
IBW/kg 47.8  
(Calculated)

### Physical Exam

Vitals and nursing note reviewed.

#### Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is not ill-appearing.

#### HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

#### Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

#### Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

#### Pulmonary:

Effort: Pulmonary effort is normal.

#### Chest:

Comments: **No chest wall tenderness or ecchymosis**

#### Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Comments: **No midline C, T or L-spine tenderness**

**Pelvis stable and nontender**

**No clavicular tenderness bilaterally**

**Right upper extremity: Tenderness to the anterior shoulder extending along the humerus to the superior elbow. No wounds, deformity or ecchymosis. No tenderness to the forearm, wrist or hand. 2+ radial pulse. Unable to flex/extend at the elbow and shoulder due to pain.**

**Grip strength intact. Sensation intact to C6, C7, C8.**

**Bilateral lower extremities are nontender and atraumatic.**

**Left upper extremity nontender and atraumatic.**

#### Skin:

General: Skin is warm and dry.

#### Neurological:

Mental Status: She is alert. Mental status is at baseline.



Temp: 98.1 °F (36.7 °C)  
TempSrc: Oral  
SpO2: 99%  
Weight: 86.3 kg (190 lb 3.2 oz)  
Height: 5' 1" (1.549 m)  
LMP: 01/03/2017

**ED Course** as of 12/18/25 1518

Thu Dec 18, 2025

- 0940 Xrays with acute minimally displaced fracture of the proximal humerus at the surgical neck, difficult to assess but may also extend to the humeral head or greater tuberosity. Humeral head remains articulated with the glenoid. [TM]
- 1029 Patient rechecked. I updated her on imaging which demonstrates minimally displaced fracture of the proximal humerus, discussed plan for sling, additional pain medication, patient states she tolerated Norco without difficulty. Discussed plans for discharge following pain control, with outpatient follow-up to orthopedics in 1 week and instructions to wear sling at all times. Will prescribe oxycodone 5 mg as needed for severe pain with recommendations for Tylenol and/or ibuprofen. [TM]
- 1119 Patient rechecked. She reports improvement in pain, feels comfortable discharge at this time. ED return precautions provided. Patient expressed understanding and is agreeable to plan. [TM]

**ED Course User Index**  
[TM] Mielke, Taylor E, PA

Radiology Review: I have independently interpreted the Xray of the Right humerus and have found Fracture of proximal humerus. I am awaiting on the final radiology read.

## Consults

### Medical Decision Making

Patient is a 61 year old with complaint of right shoulder pain after mechanical fall in which patient slipped on ice with her right arm in an outstretched position. Patient is afebrile, mildly hypertensive with vitals

further WNL. She denies striking her head or LOC. No midline C, T or L-spine tenderness. Patient with tenderness from the lateral right shoulder extending to the right elbow. Differential including but not limited to fracture, dislocation, strain, among others. Discussed plan to obtain x-ray. Patient reports history of nausea with opioids, states this occurred when she was younger, not anaphylaxis, is agreeable to trialing Norco. She is neurovascularly intact. Her range of motion at the shoulder and elbow is limited due to pain. 2+ radial pulse. See ED course for further MDM. The patient will not require admission.

**Does the Patient have sepsis: NO**

### Critical Care

No Critical Care

### Disposition

<b>Clinical Impression and Diagnosis 3:19 PM</b>
--

### ED Diagnosis

Diagnosis	Comment	Associated Orders
<b>Final diagnosis</b> <b>Closed fracture of proximal end of right humerus, unspecified fracture morphology, initial encounter</b>	--	<b>SERVICE TO ORTHOPEDICS OXYCODONE HCL 5 MG PO TABS</b>

Follow Up:  
Kohli, Navjot S, MD  
2801 W Kinnickinnic River Pkwy  
MOB 3, STE 370

Milwaukee WI 53215  
414-649-7900

Schedule an appointment as soon as possible for a visit in 1 week

AWAMC Emergency Services  
8901 W Lincoln Ave  
West Allis Wisconsin 53227  
414-328-6111

If symptoms worsen

## Summary of your Discharge Medications

### Take these Medications

	Details
<b>oxyCODONE (IMM REL) 5 MG</b> immediate release tablet	Take 1-2 tablets by mouth every 6 hours as needed (Severe pain).
Commonly known as: ROXICODONE	

Pt is discharged to home/self care in stable condition.

There is no disposition no dispo time  
There is no comment

Mielke, Taylor E, PA  
12/18/25 1520

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Patient: Mary M Siegel | Legal Name: Mary M Siegel | DOB: 5/12/1964 | MRN: 364197 | PCP: Kristine D Bruno,  
MD

## MR SHOULDER IMAGING

Collected on Mar 16, 2026 8:38 AM

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Test Result Details 

### Results

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## Impression

### IMPRESSION:

1. Comminuted proximal humeral fractures, as above.
2. Severe supraspinatus tendinosis without discrete tear.
3. Intra-articular biceps tendinosis.
4. Labral degeneration with tearing of the superior and posterior-superior labrum.
5. Severe teres minor muscle atrophy.

Electronically Signed by: Andrew Simon, MD

Signed on: 3/16/2026 8:42 AM

Created on Workstation ID: DECK7MHV2

Signed on Workstation ID: DECK7MHV2

## Narrative

RIGHT SHOULDER MRI WITHOUT CONTRAST DATED 3/12/2026 4:13 PM.

CLINICAL HISTORY: Proximal humerus fracture. Evaluate rotator cuff.

COMPARISONS: X-rays dated 2/9/2026.

TECHNIQUE: Coronal T1, Coronal T2FS, Sag T1, Sag T2FS, and Axial PDFS images of the right shoulder were obtained. Images were obtained on a Siemens Aera 1.5T MRI unit.

### FINDINGS:

**ROTATOR CUFF AND ASSOCIATED STRUCTURES:** Severe supraspinatus tendinosis without discrete tear. Mild infraspinatus tendinosis is also noted. Intact subscapularis tendon.

**BICEPS TENDON:** Intra-articular biceps tendinosis. No tear.

**ACROMIOCLAVICULAR JOINT:** Capsular hypertrophy. Minimal anterolateral downsloping with undersurface spurring of the acromion.

**FLUID:** Minimal glenohumeral joint fluid. No significant bursal effusion.

**OSSEOUS STRUCTURES ARTICULATIONS:** Comminuted proximal humeral fractures including dominant surgical neck fracture as well as fractures extending to the greater and lesser tuberosities. A large intra-articular fragment is present within the axillary recess which measures approximately 15 x 11 mm. Edema throughout the proximal humerus as well as involving the intact coracoid process. Edema associated with degenerative changes of the acromioclavicular joint.

LABRUM/CAPSULE: Suspect tearing of the superior and posterior-superior labrum. Labral degeneration is noted circumferentially.

Distended capsule within the axillary recess related to a large intra-articular fragment. No definite capsular tear.

MUSCULATURE: Severe teres minor muscle atrophy.

Ordering provider: Tara Christensen-Tourtillott, PA-C

Reading physician: Andrew Simon, MD

Study date: Mar 12, 2026 4:39 PM

Collection date: Mar 16, 2026 8:38 AM

Result date: Mar 16, 2026 8:42 AM

Result status: Final

## Office Visit - Mar 23, 2026

with Mark Wichman, MD at Aurora Orthopedics

---

### Notes from Care Team

Progress Notes by Mark Wichman, MD at 3/23/2026 11:08 AM

#### AURORA AMBULATORY ENCOUNTER ORTHOPEDIC EVALUATION

**CHIEF COMPLAINT:** Office Visit (Follow up// right shoulder MRI results.)

**SUBJECTIVE:**

A 61-year-old female with a history of right shoulder injury following a fall on 12/18 presents for ongoing right shoulder pain, limited range of motion, and functional impairment.

Right shoulder pain has gradually improved since the injury but remains persistent, particularly at night. She reports waking three to four times nightly due to discomfort when her arm or hand is positioned too low or when attempting to sleep on the affected side. Daytime symptoms are less pronounced but worsen with prolonged typing, resulting in achiness and radiating nerve symptoms down the arm. Use of a heating pad provides some relief.

Functional limitations include difficulty with activities of daily living such as toileting with the left hand, dressing, and putting on a bra due to restricted motion and weakness. She is unable to achieve full range of motion and continues to lack strength for certain movements. Occupational therapy has introduced isometric exercises to address strength deficits. She remains in physical therapy twice weekly and continues to work from home to accommodate her physical limitations.

## SOCIAL HISTORY

Occupations: Typing for work, currently working from home

Medications, tobacco use, and allergies verified by nursing.

## REVIEW OF SYSTEMS:

Systems reviewed and negative except as documented in the HPI.

## HISTORIES:

### Current Outpatient Medications

Medication	Sig	Dispense	Refill
• propRANolol (INDERAL) 40 MG tablet	TAKE 1 TABLET BY MOUTH IN THE MORNING AND IN THE EVENING	180 tablet	1
• atorvastatin (LIPITOR) 40 MG tablet	Take 1 tablet by mouth daily.	90 tablet	3
• tirzepatide (Mounjaro) 15 MG/0.5ML Solution Auto-injector	Inject 15 mg into the skin every 7 days. Indications: Type 2 Diabetes	6 mL	3
• metFORMIN (GLUCOPHAGE-XR) 500 MG 24 hr tablet	TAKE 3 TABLETS BY MOUTH DAILY (WITH BREAKFAST).	270 tablet	1
• spironolactone (ALDACTONE) 25 MG tablet	TAKE 1 TABLET BY MOUTH EVERY DAY	90 tablet	1
• citalopram (CeleXA) 40 MG tablet	TAKE 1 TABLET BY MOUTH EVERY DAY	90 tablet	1
• prochlorperazine (COMPAZINE) 10 MG tablet	Take 1 tablet by mouth every 8 hours as needed for Nausea.	15 tablet	0
• diazePAM (VALIUM) 5 MG tablet	Take 1 tablet by mouth 2 times daily as needed for Anxiety.	30 tablet	0
• aspirin (Aspirin Low Dose) 81 MG EC tablet	Take 1 tablet by mouth daily.	100 tablet	3
• fluconazole (DIFLUCAN) 150 MG tablet	Take 1 tablet by mouth once today. Repeat in 48 hours. Take at first sign of yeast	2 tablet	1

	infection.		
• Lancets 30G Misc	daily.	100 each	12
• Lancet Devices (Lancing Device) Misc	One Touch Delica. E11.29	1 each	0
• estradiol (Yuvafem) 10 MCG vaginal tablet	Place 1 tablet vaginally 3 days a week.	36 tablet	3
• mometasone (ELOCON) 0.1 % solution	Massage thin layer into scalp qd prn rash/itch. Don't use on normal skin	60 mL	1
• clotrimazole (LOTRIMIN) 1 % cream	Apply thin layer to skin folds bid for up to 14 days as needed for intertrigo	60 g	1
• triamcinolone (ARISTOCORT) 0.1 % cream	Apply thin layer to affected areas on back bid prn rash/itch. Don't use on normal skin. Don't use on face.	80 g	0
• fluticasone (CUTIVATE) 0.005 % ointment	Apply thin layer to affected areas on ears bid prn rash. Use for max 21 days per month.	30 g	1
• mometasone (Nasonex) 50 MCG/ACT nasal spray	Spray 2 sprays in each nostril daily.	1 each	5
• Acetaminophen (TYLENOL PO)	Take 500 mg by mouth as needed.		
• CALCIUM PO	Take 1 tablet by mouth as needed.		
• melatonin 3 MG	nightly as needed.		
• ONE TOUCH ULTRA TEST test strip			
• ibuprofen (MOTRIN) 600 MG tablet	as needed.		
• chlorhexidine gluconate (PERIDEX) 0.12 % solution	Swish and spit as needed.		3
• TUMS CHEW 500 MG PO	daily as needed.	90	0

No current facility-administered medications for this visit.

### Allergies

#### ALLERGIES:

Allergen

- Opioid Analgesics  
*Nausea/codeine products*

Reactions

NAUSEA

### OBJECTIVE:

**PHYSICAL EXAM-****Vitals:****Visit Vitals**

LMP

01/03/2017

**Constitutional:** Well-developed, well-nourished female in no acute distress.

**Skin:** Warm, dry, intact without rash or lesion. No subcutaneous masses.

**HEENT:** Normocephalic. Hearing intact. Vision intact.

**Psych:** Alert & oriented x 3. Mood and insight appropriate.

**CV:** Pulse is regular. No significant pitting edema or lymphedema.

**Resp:** Respiratory effort within appropriate limits.

**Abdomen:** No abnormal distension.

**Neuro:** No gross sensory deficits.

**Spine:** No gross curvature of spine. Appropriate mobility without instability. No gross pelvic obliquity.

**Musculoskeletal:**

Musculoskeletal:

Right shoulder: Active assisted forward elevation 90 degrees, abduction 75 degrees, external rotation -10 degrees

**IMAGING STUDIES:**

RIGHT SHOULDER MRI WITHOUT CONTRAST DATED 3/12/2026  
4:13 PM.

CLINICAL HISTORY: Proximal humerus fracture. Evaluate rotator cuff.

COMPARISONS: X-rays dated 2/9/2026.

TECHNIQUE: Coronal T1, Coronal T2FS, Sag T1, Sag T2FS, and Axial PDFS

images of the right shoulder were obtained. Images were obtained on a

Siemens Aera 1.5T MRI unit.

**FINDINGS:**

ROTATOR CUFF AND ASSOCIATED STRUCTURES: Severe supraspinatus tendinosis without discrete tear. Mild infraspinatus tendinosis is also noted. Intact subscapularis tendon.

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FLUID: Minimal glenohumeral joint fluid. No significant bursal effusion.

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LABRUM/CAPSULE: Suspect tearing of the superior and posterior-superior labrum. Labral degeneration is noted circumferentially.

Distended capsule within the axillary recess related to a large intra-articular fragment. No definite capsular tear.

MUSCULATURE: Severe teres minor muscle atrophy.

### **IMPRESSION:**

- 1. Comminuted proximal humeral fractures, as above.**
- 2. Severe supraspinatus tendinosis without discrete tear.**
- 3. Intra-articular biceps tendinosis.**
- 4. Labral degeneration with tearing of the superior and posterior-superior labrum.**
- 5. Severe teres minor muscle atrophy.**

### **ASSESSMENT/PLAN:**

#### **1. Right shoulder comminuted proximal humerus fracture with partial rotator cuff tear with biceps tendon involvement:**

Partial tearing of rotator cuff and biceps tendon abnormality contributing to symptoms. Healing progressing, but limited range of motion and discomfort persist, especially at night and with certain activities.

Physical therapy reduced to once weekly for 1 month, then every other week for 1 month, totaling 6 visits over 6–8 weeks. Continue isometric strengthening exercises as instructed by occupational therapist. Note provided to allow continued work from home for 2 months due to physical limitations. Reevaluate in 2 months; if frozen shoulder or persistent discomfort, discuss options such as cortisone injection or surgery.

Follow-up: Reevaluation in 2 months. If she is not making continued progress with regards to both range of motion and strength as well as function, we may need to begin discussing shoulder arthroplasty.

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BX paid

My liability

3332.36

350.00

217.00

00.00

450.02

00.00

506.50

50.00

28.00

12.00

238.00

35.00

1.14

3.84

229.50

40.00

856.50

70.00

2238.00

210.00

238.00

35.00

243.50

40.00

3507.00

250.00

581.00

00.00

12,672.52

+

1,085.84

\$ 13,758.36



Anthem Blue Cross and Blue Shield  
3075 Vaidercar Way  
Cincinnati, OH 45209

Federal Employee Program

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

5

MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214

FEESFE01 COM2 20251229B01 J4F3

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA WEST ALLIS MEDICAL CTR
Patient Name:	MARY M SIEGEL
Dates of Service:	12/18/2025 - 12/18/2025
You Owe the Provider:	\$350.00

ID Number: R59620171  
Claim Number: 25357F057315CA  
Claim Paid On: 12/26/2025  
Claim Received On: 12/23/2025  
Claim Processed On: 12/24/2025  
Patient Acct No: H68301718300

Provider: AURORA WEST ALLIS MEDICAL CTR  
Type: Preferred Provider

Dates of Service: 12/18/2025 - 12/18/2025

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Emergency Care	44.41	37.75	610	0.00	0.00	0.00	37.75	0.00
Emergency Care	135.34	115.04	610	0.00	0.00	0.00	115.04	0.00
Emergency Care	24.53	20.85	610	0.00	0.00	0.00	20.85	0.00
Emergency Care	22.90	19.47	610	0.00	0.00	0.00	19.47	0.00
Emergency Care	220.00	187.00	610	0.00	0.00	0.00	187.00	0.00
Emergency Care	40.00	34.00	610	0.00	0.00	0.00	34.00	0.00
Emerg. Accident XRAY	620.00	527.00	610	0.00	0.00	0.00	527.00	0.00
Emerg. Accident XRAY	590.00	501.50	610	0.00	0.00	0.00	501.50	0.00
Emerg. Accident XRAY	595.00	505.75	610	0.00	0.00	0.00	505.75	0.00
Emergency Care	2,040.00	1,734.00	610	0.00	350.00	0.00	1,384.00	350.00
<b>TOTALS:</b>	<b>4,332.18</b>	<b>3,682.36</b>		<b>0.00</b>	<b>350.00</b>	<b>0.00</b>	<b>3,332.36</b>	<b>350.00</b>

## EXPLANATION OF REMARK CODES

610 - THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE YOUR PROVIDER HAS A CONTRACTUAL AGREEMENT WITH YOUR PLAN, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE



# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

\*\*\*\*\*ALL FOR AADC 530  
14729 1 AB 0.641 36  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

FEESFE01 COMB 20260105B01 JD77

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA MEDICAL GROUP INC
Patient Name:	MARY M SIEGEL
Dates of Service:	12/18/2025 - 12/18/2025
You Owe the Provider:	\$0.00

ID Number: R59620171  
Claim Number: 25363P049351SA  
Claim Paid On: 01/02/2026  
Claim Received On: 12/29/2025  
Claim Processed On: 12/30/2025  
Patient Acct No: G1609006250

Provider: FRISKE JUSTIN E MD  
Type: Preferred Provider

Dates of Service: 12/18/2025 - 12/18/2025

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Emerg. Accident XRAY	95.00	66.50	610	0.00	0.00	0.00	66.50	0.00
Emerg. Accident XRAY	95.00	66.50	610	0.00	0.00	0.00	66.50	0.00
Emerg. Accident XRAY	120.00	84.00	610	0.00	0.00	0.00	84.00	0.00
<b>TOTALS:</b>	<b>310.00</b>	<b>217.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>217.00</b>	<b>0.00</b>

### EXPLANATION OF REMARK CODES

610 - THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE YOUR PROVIDER HAS A CONTRACTUAL AGREEMENT WITH YOUR PLAN, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE CHARGES.

\*\*\*\*\*  
IMMUNIZATION WITH A SAFE AND EFFECTIVE COVID-19 VACCINE IS A PRIORITY TO PREVENT ILLNESS FOLLOWING EXPOSURE TO THE VIRUS.

Health Tips

feppure.org

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Room 509F, HHH Building  
Washington D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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## Language assistance

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قبيل رلعا باللغسة اعدش مل اىل عولص لىل كىتو ه بطاقه على موجودل امل لىل عا خدمه برقم لصتا

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Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

تسامسا ت ش هد جرد شامى شى شناسد ا ارتك ي روى رك ه ي رمشت ت تامدش رامه با ، ي ارسف بزنا به ي اراهنم تف اى رد ي ي ا ر ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidahtingii bine'dee Customer service bibeesh bee hane'e bika'igii bich'il' dahodoolnih.



Federal Employee Program.

Anthem Blue Cross and Blue Shield
3075 Vandercar Way
Cincinnati, OH 45209

Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS
P.O. BOX 105557
ATLANTA, GA 30348-5557
FOR INQUIRIES RELATED TO THIS CLAIM
TOLL FREE (800) 242-9635



\*\*\*\*\*ALL FOR AADC 530
27597 1 AB 0.641 69
MARY M SIEGEL
917 S 119TH ST
WEST ALLIS WI 53214-2108

20260220B01 JTD9
FEESFE01 COM1

Table with 2 columns: Field Name, Value. Includes: EXPLANATION OF BENEFITS AT A GLANCE, Benefit Check Not Enclosed, We Sent Check To: MIELKE TAYLOR E PA, Patient Name: MARY M SIEGEL, Dates of Service: 12/18/2025 - 12/18/2025, You Owe the Provider: \$0.00

ID Number: R59620171
Claim Number: 25360P048029XA
Claim Paid On: 02/19/2026
Claim Received On: 01/19/2026
Claim Processed On: 02/17/2026
Patient Acct No: ZEHEPBW

Provider: MIELKE TAYLOR E PA
Type: Preferred Provider
Dates of Service: 12/18/2025 - 12/18/2025

Table with 9 columns: Type of Service, Submitted Charges, Plan Allowance, Remark Codes, Deduct, Coinsurance Or Copay, Medicare/ Other Ins., What We Paid, You Owe the Provider. Includes rows for Emergency Care and TOTALS.

EXPLANATION OF REMARK CODES

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Anthem Blue Cross and Blue Shield  
3075 Vandercar Way  
Cincinnati, OH 45209

Federal Employee Program

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Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

48

MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214

FEESFE01 COM2 20260102B01 JAFF

EXPLANATION OF BENEFITS AT A GLANCE	
Patient Name:	MARY M SIEGEL
Dates of Service:	12/18/2025 - 12/18/2025
You Owe the Provider:	\$0.00

ID Number: R59620171  
Claim Number: 25360P048029SA  
Claim Paid On:  
Claim Received On: 12/26/2025  
Claim Processed On: 12/27/2025  
Patient Acct No: ZEHEPBW

Provider: MIELKE TAYLOR E PA  
Type: Preferred Provider

Dates of Service: 12/18/2025 - 12/18/2025

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Emergency Care	1,203.00	0.00	565	0.00	0.00	0.00	0.00	0.00
TOTALS:	1,203.00	0.00		0.00	0.00	0.00	0.00	0.00

## EXPLANATION OF REMARK CODES

565 - YOUR CLAIM IS CURRENTLY BEING REVIEWED. TO CORRECTLY PROVIDE BENEFITS UNDER YOUR COVERAGE FOR THESE CHARGES, WE NEED ALL MEDICAL RECORDS THAT SUPPORT THE SERVICES ON THE CLAIM ALONG WITH A COPY OF THIS EOB. IF YOUR PROVIDER PARTICIPATES WITH THE LOCAL BCBS PLAN, THE PROVIDER IS RESPONSIBLE FOR SUBMITTING RECORDS. IF YOUR PROVIDER DOES NOT PARTICIPATE WITH THE LOCAL BCBS PLAN, YOU ARE RESPONSIBLE FOR OBTAINING AND SUBMITTING RECORDS.

\*\*\*\*\*  
IMMUNIZATION WITH A SAFE AND EFFECTIVE COVID-19 VACCINE IS A PRIORITY TO PREVENT ILLNESS FOLLOWING EXPOSURE TO THE VIRUS.

### Health Tips

Did you know that getting the flu vaccine is the best way to prevent infection from influenza? There are no out-of-pocket costs when you use our Preferred retail pharmacies. Visit [www.fepblue.org](http://www.fepblue.org) to learn more.

fepblue.org

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قېىرلغ باللغة اعدش مل اىل عولص حلل لىتو ه بطاقه على موجودل امل اىل ع اخدمة برقم لصتا

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تس اىل ع اخدمة برقم لصتا اىل عولص حلل لىتو ه بطاقه على موجودل امل اىل ع اخدمة برقم لصتا

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahtingii bine'dee Customer service bibeesh bee hane'e bika'igij bich'il' dahodoolnih.



Anthem Blue Cross and Blue Shield  
3075 Vandercar Way  
Cincinnati, OH 45209

Federal Employee Program

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214

8

FEESFEC01 COMB 20260106B01 JF83

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	12/23/2025 - 12/23/2025
You Owe the Provider:	\$50.00

ID Number: R59620171  
Claim Number: 25365P047053SA  
Claim Paid On: 01/06/2026  
Claim Received On: 12/31/2025  
Claim Processed On: 01/02/2026  
Patient Acct No: A1609715560

Provider: WICHMAN MARK T MD  
Type: Preferred Provider

Dates of Service: 12/23/2025 - 12/23/2025

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Office Visit	795.00	556.50	610	0.00	50.00	0.00	506.50	50.00
<b>TOTALS:</b>	<b>795.00</b>	<b>556.50</b>		<b>0.00</b>	<b>50.00</b>	<b>0.00</b>	<b>506.50</b>	<b>50.00</b>

## EXPLANATION OF REMARK CODES

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# Explanation of Benefits

THIS IS NOT A BILL



\*\*\*\*\*MIXED AADC 530

1910 2 MB 0.672  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
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FEESFE01 COMB 20260106B01 JF83

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	12/23/2025 - 12/23/2025
You Owe the Provider:	\$12.00

ID Number: R59620171  
Claim Number: 25365P046696SA  
Claim Paid On: 01/06/2026  
Claim Received On: 12/31/2025  
Claim Processed On: 01/02/2026  
Patient Acct No: A1609715600

Provider: WICHMAN MARK T MD  
Type: Preferred Provider

Dates of Service: 12/23/2025 - 12/23/2025

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Medical Equip/Supply	40.00	40.00		0.00	12.00	0.00	28.00	12.00
<b>TOTALS:</b>	<b>40.00</b>	<b>40.00</b>		<b>0.00</b>	<b>12.00</b>	<b>0.00</b>	<b>28.00</b>	<b>12.00</b>

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تبی رلع باللفسة اعدفس مل ایلع ولص حلل لکیتو ه بطاقه علی موجود مال ایلع اخدمة بسر رقم لصتک

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تس اامسا تاش هد جردش اامی و شناسد اارتک ی روپ رکه ی رمشت تمامدش رامه با ، ی ارسف بزن ا به ی اراهدم تف ای رد ی پ ا ر ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahtingii bine'dee Customer service bibeesh bee hane'e bika'igii bich'il' dahodoolnih.

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214

b

FEESFE01 COMB 20260129R01 1462

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	01/12/2026 - 01/12/2026
You Owe the Provider:	\$35.00

ID Number: R59620171  
Claim Number: 26026P068246SA  
Claim Paid On: 01/29/2026  
Claim Received On: 01/26/2026  
Claim Processed On: 01/27/2026  
Patient Acct No: A1618770200

Provider: CHRISTENSEN-TOURTILOTT TARA R PA  
Type: Preferred Provider

Dates of Service: 01/12/2026 - 01/12/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Office Visit	390.00	273.00	610	0.00	35.00	0.00	238.00	35.00
<b>TOTALS:</b>	<b>390.00</b>	<b>273.00</b>		<b>0.00</b>	<b>35.00</b>	<b>0.00</b>	<b>238.00</b>	<b>35.00</b>

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**BlueCross  
BlueShield.**

Federal Employee Program.

**Explanation of Benefits  
THIS IS NOT A BILL**

feppure.org

# NONDISCRIMINATION NOTICE

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

### Provides free language services to people whose primary language is not English, such as:

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- Information written in other languages

If you need these services, contact the Civil Rights Coordinator of your local Blue Cross and Blue Shield company by calling the customer service number on the back of your member ID card.

If you believe that this Plan has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator of your local BCBS company. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your local BCBS company's Civil Rights Coordinator is available to help you.

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language assistance

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您ID卡上的客戶服務號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

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تسألنا بالغة اعدسما على ولصحل كفتو ه بطافة على موجودا ملءلعة خدمة برقم لصتا

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telephone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatory.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano, chiamate il numero di servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

تسألنا بالغة اعدسما على ولصحل كفتو ه بطافة على موجودا ملءلعة خدمة برقم لصتا

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahntingii bine'dee Customer service bibeesh bee hane'e bika'igii bich'l' dahodoolnih.

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635



\*\*\*\*\*ALL FOR AADC 530  
1395 2 AB 0.641  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

FEESFE01 COM2 20260129R01 J462

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	01/12/2026 - 01/12/2026
You Owe the Provider:	\$3.84

ID Number: R59620171  
Claim Number: 26023P049724SA  
Claim Paid On: 01/28/2026  
Claim Received On: 01/23/2026  
Claim Processed On: 01/24/2026  
Patient Acct No: A1617918550

Provider: CHRISTENSEN-TOURTILOTT TARA R PA  
Type: Preferred Provider

Dates of Service: 01/12/2026 - 01/12/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Medical Equip/Supply	20.00	10.98	610	0.00	3.84	0.00	7.14	3.84
<b>TOTALS:</b>	<b>20.00</b>	<b>10.98</b>		<b>0.00</b>	<b>3.84</b>	<b>0.00</b>	<b>7.14</b>	<b>3.84</b>

### EXPLANATION OF REMARK CODES

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BlueShield**

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ببیرلغ بالغة اعدش مل ایل عولص لیل کفیتو ه بطاقة علی موجودل مال لعل اخدمة برقم لصلتا

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Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

تسامسات شهد جردش امی ی شناسد ا ارتک ی روپ رکه یرمشدت تامدگش رامه با ، یرسلف بزنابه ی اراهنم تفایرد ی ا ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahtingii bine'dee Customer service bibeesh bee hane'e bika'igii bich'il' dahadoolnih.

20260129B01 J462  
FEESFE01 COM2

# Explanation of Benefits

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Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635



\*\*\*\*\*ALL FOR AADC 530  
2347 1 AB 0.641  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

20260127B01 J00B  
FEESFE01 COMB

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	01/12/2026 - 01/12/2026
You Owe the Provider:	\$40.00

ID Number: R59620171  
Claim Number: 26021P050183SA  
Claim Paid On: 01/26/2026  
Claim Received On: 01/21/2026  
Claim Processed On: 01/22/2026  
Patient Acct No: A1616793000

Provider: O'MARA KATHLEEN E DO  
Type: Preferred Provider

Dates of Service: 01/12/2026 - 01/12/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
XRAY	385.00	269.50	610	0.00	40.00	0.00	229.50	40.00
TOTALS:	385.00	269.50		0.00	40.00	0.00	229.50	40.00

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\*\*\*\*\*ALL FOR AADC 530  
34343 1 AB 0.641 91  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

FEESFE01 COM1 20260213B01 JCC9

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA WEST ALLIS MEDICAL CTR
Patient Name:	MARY M SIEGEL
Dates of Service:	01/22/2026 - 01/29/2026
You Owe the Provider:	\$70.00

ID Number: R59620171  
Claim Number: 26040F078176CA  
Claim Paid On: 02/12/2026  
Claim Received On: 02/09/2026  
Claim Processed On: 02/10/2026  
Patient Acct No: H68511632900

Provider: AURORA WEST ALLIS MEDICAL CTR  
Type: Preferred Provider

Dates of Service: 01/22/2026 - 01/29/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Occupational Therapy	180.00	153.00	610	0.00	0.00	0.00	153.00	0.00
Occupational Therapy	360.00	306.00	610	0.00	35.00	0.00	271.00	35.00
Occupational Therapy	180.00	153.00	610	0.00	0.00	0.00	153.00	0.00
Occupational Therapy	370.00	314.50	610	0.00	35.00	0.00	279.50	35.00
<b>TOTALS:</b>	<b>1,090.00</b>	<b>926.50</b>		<b>0.00</b>	<b>70.00</b>	<b>0.00</b>	<b>856.50</b>	<b>70.00</b>

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OUTPATIENT VISITS FOR PHYSICAL AND/OR OCCUPATIONAL AND/OR SPEECH THERAPY ARE PROVIDED FOR UP TO 50 VISITS. WITH THIS CLAIM, 2 VISITS HAVE BEEN ACCUMULATED.

\*\*\*\*\*

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Explanation of Benefits  
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feblue.org

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قېيولع باللفسة اعدش جلاىل عولص حلل كفتتووه بطاقة على موجودل امالءلع اخدمة برقم لصتا

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تس امدسات شه د جردش امى شناس ارتك ى روپ كه ى رمشت تمامدش رامه با ، ى ارسف بزنا به ى اراهدم تفاى رد ى ار ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahtingii bine'dee Customer service bibeesh bee hane'e bika'igii bich'l' dahodoolnih.

FEESFE01 COM1  
20260213B01 JCC9

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P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
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\*\*\*\*\*ALL FOR AADC 530  
6731 2 AB 0-641 30  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

FEESFE01.COM1 20260313B01 J978

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA WEST ALLIS MEDICAL CTR
Patient Name:	MARY M SIEGEL
Dates of Service:	02/05/2026 - 02/26/2026
You Owe the Provider:	\$210.00

ID Number: R59620171  
Claim Number: 26068F074563CA  
Claim Paid On: 03/12/2026  
Claim Received On: 03/09/2026  
Claim Processed On: 03/10/2026  
Patient Acct No: H68592701200

Provider: AURORA WEST ALLIS MEDICAL CTR  
Type: Preferred Provider

Dates of Service: 02/05/2026 - 02/26/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Occupational Therapy	360.00	306.00	610	0.00	35.00	0.00	271.00	35.00
Occupational Therapy	360.00	306.00	610	0.00	35.00	0.00	271.00	35.00
Occupational Therapy	540.00	459.00	610	0.00	35.00	0.00	424.00	35.00
Occupational Therapy	360.00	306.00	610	0.00	35.00	0.00	271.00	35.00
Occupational Therapy	360.00	306.00	610	0.00	35.00	0.00	271.00	35.00
Occupational Therapy	360.00	306.00	610	0.00	35.00	0.00	271.00	35.00
Occupational Therapy	180.00	153.00	610	0.00	0.00	0.00	153.00	0.00
Occupational Therapy	180.00	153.00	610	0.00	0.00	0.00	153.00	0.00
Occupational Therapy	180.00	153.00	610	0.00	0.00	0.00	153.00	0.00
<b>TOTALS:</b>	<b>2,880.00</b>	<b>2,448.00</b>		<b>0.00</b>	<b>210.00</b>	<b>0.00</b>	<b>2,238.00</b>	<b>210.00</b>

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قبيل رلع باللفسة اعدش لجا لى ع ولص لجل كبتو ه بطاقه على موجود الامال رلع اخدمة برقم لصتا

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telephone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatoryze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano, chiamate il numero di servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

تس امدسات ش هد جرد شمى شناسد ا ارتك ي روى رك ه رمشت تمامدخشد رامه با ، ي ارسف بزن ا ب ه ي اراهم تف اى ردى ب ا ر ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidahtinigi bine'dee Customer service bibeesh bee hane'e bika'igii bich'l' dahodoolnih.



Anthem Blue Cross and Blue Shield  
3075 Vandercar Way  
Cincinnati, OH 45209

Federal Employee Program

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635



\*\*\*\*\*MIXED AADC 530  
1599 2 MB 0.672 7  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

FEESFE01 COMB 20260224B01 JC5E

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	02/09/2026 - 02/09/2026
You Owe the Provider:	\$35.00

ID Number: R59620171  
Claim Number: 26049P055825SA  
Claim Paid On: 02/23/2026  
Claim Received On: 02/18/2026  
Claim Processed On: 02/19/2026  
Patient Acct No: A1627926740

Provider: CHRISTENSEN-TOURILLOTT TARA R PA  
Type: Preferred Provider

Dates of Service: 02/09/2026 - 02/09/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Office Visit	390.00	273.00	610	0.00	35.00	0.00	238.00	35.00
<b>TOTALS:</b>	<b>390.00</b>	<b>273.00</b>		<b>0.00</b>	<b>35.00</b>	<b>0.00</b>	<b>238.00</b>	<b>35.00</b>

## EXPLANATION OF REMARK CODES

610 - THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE YOUR PROVIDER HAS A CONTRACTUAL AGREEMENT WITH YOUR PLAN, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE CHARGES.

\*\*\*\*\*  
IMMUNIZATION WITH A SAFE AND EFFECTIVE COVID-19 VACCINE IS A PRIORITY TO PREVENT ILLNESS FOLLOWING EXPOSURE TO THE VIRUS.

### Health Tips

The American Heart Association recommends tracking your blood pressure regularly to improve your heart health. Visit [www.fepblue.org/highbloodpressure](http://www.fepblue.org/highbloodpressure) to learn how you can receive a free blood pressure cuff to manage your care.



**BlueCross  
BlueShield.**

Federal Employee Program.

**Explanation of Benefits  
THIS IS NOT A BILL**

feppure.org

# NONDISCRIMINATION NOTICE

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## The Blue Cross and Blue Shield Service Benefit Plan:

### Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

### Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Civil Rights Coordinator of your local Blue Cross and Blue Shield company by calling the customer service number on the back of your member ID card.

If you believe that this Plan has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator of your local BCBS company. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your local BCBS company's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language assistance

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.  
讀強打您ID卡」的客服號每以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

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تیسری لعا بالنگسا اعدس مل اى ع ولص حلل كى بتو ه بطاقه على موجود مال اى ع اخدمة برقم لصتا

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تس اامسا ت ش هد جرد ش اامى ش ناس ا ارتك ى رو پ ركه ى رمش ت تامد ش رامه با ، ى ارس ف بزنا به ى اراهم ت ش اى ر د ى ا ر ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahintigii bine'dee Customer service bibesh bee hane'e bika'igii bich'l' dahodoolnih.

FEESFE01 COMB 20260224B01 JC5E  
20260224 091747

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

13

MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214

FEESFE01 COMB 20260227B01 J2AA

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA ADVANCED HEALTHCARE INC
Patient Name:	MARY M SIEGEL
Dates of Service:	02/09/2026 - 02/09/2026
You Owe the Provider:	\$40.00

ID Number: R59620171  
Claim Number: 26054P071320SA  
Claim Paid On: 02/26/2026  
Claim Received On: 02/23/2026  
Claim Processed On: 02/24/2026  
Patient Acct No: A1629514700

Provider: LECHUSZ JOSHUA P DO  
Type: Preferred Provider

Dates of Service: 02/09/2026 - 02/09/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
XRAY	405.00	283.50	610	0.00	40.00	0.00	243.50	40.00
TOTALS:	405.00	283.50		0.00	40.00	0.00	243.50	40.00

### EXPLANATION OF REMARK CODES

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**BlueCross  
BlueShield.**

Federal Employee Program.

**Explanation of Benefits  
THIS IS NOT A BILL**

fepblue.org

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Room 509F, HHH Building  
Washington D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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## Language assistance

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讀強打您ID卡」的客服號每以尋求中文協助。

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قبی رلغ باللفسة اعدقس جلا اىل عولص حلل لفتتو ه بطافة على موجود مالءلع اخدمة برقم لصرتا

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تس امدسات تشهد جردش امدى شناسه اارتك ىرود ركه ىرمشه تتامدخسه رامه بيا ، ىارسف بزن ا به ىى اراهم تف اى رد ىد ارب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahntingii bine'dee Customer service bibeesh bee hane'e bika'igii bich'l' dahodoolnih.

FESEEL COMB 17244

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635



\*\*\*\*\*ALL FOR AADC 530  
1685 1 AB 0.641  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

20260323B01 J6E9  
Env 11.6651 1 of 2  
FEESFE01 COMB  
20260319 008409

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA WEST ALLIS MEDICAL CTR
Patient Name:	MARY M SIEGEL
Dates of Service:	03/12/2026 - 03/12/2026
You Owe the Provider:	\$250.00

ID Number: R59620171  
Claim Number: 26076F050545CA  
Claim Paid On: 03/20/2026  
Claim Received On: 03/17/2026  
Claim Processed On: 03/18/2026  
Patient Acct No: H68797011000

Provider: AURORA WEST ALLIS MEDICAL CTR  
Type: Preferred Provider

Dates of Service: 03/12/2026 - 03/12/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
XRAY, Technical Chrg	4,420.00	3,757.00	610	0.00	250.00	0.00	3,507.00	250.00
<b>TOTALS:</b>	<b>4,420.00</b>	<b>3,757.00</b>		<b>0.00</b>	<b>250.00</b>	<b>0.00</b>	<b>3,507.00</b>	<b>250.00</b>

### EXPLANATION OF REMARK CODES

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\*\*\*\*\*  
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#### Health Tips

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**BlueCross  
BlueShield.**

Federal Employee Program.

**Explanation of Benefits  
THIS IS NOT A BILL**

fepblue.org

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- Information written in other languages

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Washington D.C. 20201  
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تسليم بالغة اعدش مل اى لعل ولص لى كى بى وة بطاقة على موجود مال اى لعل اخدمة برقم لصت ا

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تسليم بالغة اعدش مل اى لعل ولص لى كى بى وة بطاقة على موجود مال اى لعل اخدمة برقم لصت ا

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidahtinigi bine'dee Customer service bibeesh bee hane'e bika'igii bich'il dahodoolnih.



Anthem Blue Cross and Blue Shield  
3075 Vandercar Way  
Cincinnati, OH 45209

Federal Employee Program

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635



\*\*\*\*\*ALL FOR AADC 530 40  
9230 2 AB 0.641  
MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214-2108

FEESFE01 COM2 20260327B01 JF-4A

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA MEDICAL GROUP INC
Patient Name:	MARY M SIEGEL
Dates of Service:	03/12/2026 - 03/12/2026
You Owe the Provider:	\$0.00

ID Number: R59620171  
Claim Number: 26082P073549SA  
Claim Paid On: 03/26/2026  
Claim Received On: 03/23/2026  
Claim Processed On: 03/24/2026  
Patient Acct No: G1640559780

Provider: SIMON ANDREW D MD  
Type: Preferred Provider

Dates of Service: 03/12/2026 - 03/12/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Diagnostic XRAY	830.00	581.00	610	0.00	0.00	0.00	581.00	0.00
TOTALS:	830.00	581.00		0.00	0.00	0.00	581.00	0.00

### EXPLANATION OF REMARK CODES

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Did you know that getting the flu vaccine is the best way to prevent infection from influenza? There are no out-of-pocket costs when you use our Preferred retail pharmacies. Visit [www.fepblue.org](http://www.fepblue.org) to learn more.



**BlueCross  
BlueShield.**

Federal Employee Program.

**Explanation of Benefits  
THIS IS NOT A BILL**

fepblue.org

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language assistance

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

讀強打您ID卡」的客服號每以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa iyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

تسليم بالغة اعدس مل اى لى ول صل لى لى و ه بطاقه على موجود مال على خدمة برقم لصتا

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telephone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano, chiamate il numero di servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

تسليم سا تشهد جردش امى و شناسه ا ارتك يروپ ركه و رمتش ت تاممخشد رامه با ، و اس فبزن ا به و ارا هتم تشاى ردى ا ر ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidahtinigi bine'dee Customer service bibeesh bee hane'e bika'igii bich!' dahodoolnih.

# Explanation of Benefits

THIS IS NOT A BILL

Wisconsin Anthem BCBS  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

40

MARY M SIEGEL  
917 S 119TH ST  
WEST ALLIS WI 53214

FEESFE01 COM2 20260327B01 JF-4A

EXPLANATION OF BENEFITS AT A GLANCE	
Patient Name:	MARY M SIEGEL
Dates of Service:	03/12/2026 - 03/12/2026
You Owe the Provider:	\$0.00

ID Number: R59620171  
Claim Number: 26082P074743SA  
Claim Paid On:  
Claim Received On: 03/23/2026  
Claim Processed On: 03/24/2026  
Patient Acct No: G1640559780

Provider: SIMON ANDREW D MD  
Type: Preferred Provider

Dates of Service: 03/12/2026 - 03/12/2026

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Diagnostic XRAY	830.00	0.00	FKE	0.00	0.00	0.00	0.00	0.00
<b>TOTALS:</b>	<b>830.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

### EXPLANATION OF REMARK CODES

FKE - YOU HAVE ALREADY RECEIVED CREDIT TOWARD YOUR DEDUCTIBLE OR RECEIVED BENEFITS FOR THIS CHARGE ON A PREVIOUS CLAIM.

\*\*\*\*\*  
IMMUNIZATION WITH A SAFE AND EFFECTIVE COVID-19 VACCINE IS A PRIORITY TO PREVENT ILLNESS FOLLOWING EXPOSURE TO THE VIRUS.

#### Health Tips

The American Heart Association recommends tracking your blood pressure regularly to improve your heart health. Visit [www.fepblue.org/highbloodpressure](http://www.fepblue.org/highbloodpressure) to learn how you can receive a free blood pressure cuff to manage your care.

Did you know that getting the flu vaccine is the best way to prevent infection from influenza? There are no out-of-pocket costs when you use our Preferred retail pharmacies. Visit [www.fepblue.org](http://www.fepblue.org) to learn more.



**BlueCross  
BlueShield.**

Federal Employee Program.

**Explanation of Benefits  
THIS IS NOT A BILL**

fepblue.org

# NONDISCRIMINATION NOTICE

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

## The Blue Cross and Blue Shield Service Benefit Plan:

### Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

### Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Civil Rights Coordinator of your local Blue Cross and Blue Shield company by calling the customer service number on the back of your member ID card.

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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قبيل ربح بالغة أعدت لى لى عول صل حلل كيتو ه بطاقة على موجودل امل بلع خدمة بر فدل صل تا

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatoryze.

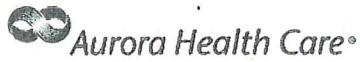
日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano, chiamate il numero di servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

تس اامسا ت ش هد جردش امدى شئاس ا ارتك ى روب ركه ى رمش ت تامدكش رامه با ، ى ارس ف بزن ا به ى ا ا ا هدم تف ا ى ر د ى ا ر ا ب

Dine k'ehji ya'ati bee shika'adoowol nohsingo naaltsoos nihaa halne'go nidaahntigii bine'dee Customer service bibeesh bee hane'e bika'igii bich'il dahodoolnih.



## Aurora Health Care Payment Receipt

Department  
Aurora Orthopedics

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#51544530

12/23/25

 Visit at Aurora Orthopedics on 12/23/25

PATIENT PAYMENT

\$50.00

**Total Paid**  
\$50.00



### Payment Methods

Visa x4721  
*Authorization number: 021331*

\$50.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by C78346



## Aurora Health Care Payment Receipt

Department  
Aurora Orthopedics

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#51759945

1/12/26



Visit at Aurora Orthopedics on 1/12/26

PATIENT PAYMENT

\$50.00

**Total Paid**  
\$50.00



### Payment Methods

Visa x4721  
Authorization number: 005932

\$50.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!


Collected by C72187

## Billing for Mary M Siegel

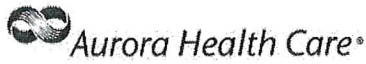
Physician and Hospital Services for Guarantor #267980

### Past Payments

Showing 1 out of 1 payments from 01/21/2026 to 01/21/2026

JAN	Myadvocateaurora Payment	\$241.00
<b>21</b>	\$241.00	
2026	 Checking x2472	

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## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#51902386

1/22/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 1/22/26

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



### Payment Methods

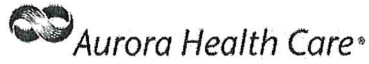
MasterCard x6028  
*Authorization number: 064142*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#51992963

1/29/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 1/29/26

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



Payment Methods

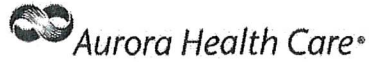
MasterCard x6028  
*Authorization number: 055906*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D56249



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52089458

2/5/26

**FEB** Visit at Aurora Sports Health-AWAMC, Ground Flr on 2/05/26  
**05**

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



Payment Methods

MasterCard x6028  
*Authorization number: 063524*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Orthopedics

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52127469

2/9/26



Visit at Aurora Orthopedics on 2/09/26

PATIENT PAYMENT

\$50.00

**Total Paid**  
\$50.00



Payment Methods

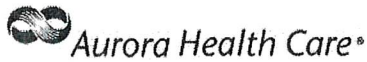
MasterCard x6028  
*Authorization number: 044203*

\$50.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by C72187



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52193681

2/12/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 2/12/26

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



Payment Methods

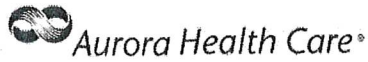
MasterCard x6028  
*Authorization number: 063904*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52233923

2/16/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 2/16/26

PATIENT PAYMENT

\$35.00

**Total Paid**

\$35.00



Payment Methods

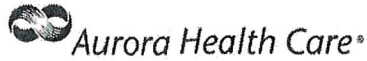
MasterCard x6028  
Authorization number: 050437

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52290213

2/19/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 2/19/26

PATIENT PAYMENT

\$35.00

### Total Paid

\$35.00



#### Payment Methods

MasterCard x6028  
*Authorization number: 062132*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!


Collected by D25343

## Billing for Mary M Siegel

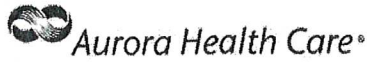
Physician and Hospital Services for Guarantor #267980

### Past Payments

Showing 1 out of 1 payments from 02/21/2026 to 02/21/2026

FEB	Myadvocateaurora Payment	\$240.95
<b>21</b>	\$240.95	
2026	 Checking x2472	

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## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52334379

2/23/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 2/23/26

PATIENT PAYMENT

\$35.00

### Total Paid

\$35.00



#### Payment Methods

MasterCard x6028  
*Authorization number: 033103*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Health Care Support  
Department

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52375752

2/25/26



### Previous Balance

Past Professional Services

*Acct #684914508 - WI XR HUMERUS 2 VIEWS RIGHT*

\$28.84

*Visit on 01/12/26*

### Total Paid

\$28.84



### Payment Methods

Checking x2472

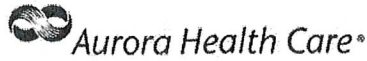
*Authorization number: 5649*

\$28.84

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by 999MYCHT



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52401001

2/26/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 2/26/26

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



Payment Methods

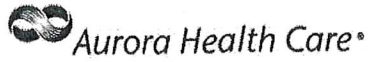
MasterCard x6028  
*Authorization number: 060615*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52449565

3/2/26



Visit at Aurora Sports Health-AWAMC, Ground Flr on 3/02/26

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



Payment Methods

MasterCard x6028  
Authorization number: 055813

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by 760189



## Aurora Health Care Payment Receipt

Department  
Aurora Health Care Support  
Department

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52493281

3/5/26



### Previous Balance

Past Professional Services

*Acct #687416152 - WI XR SHOULDER 2 VIEWS RIGHT*

*Visit on 02/09/26*

\$40.00

### Total Paid

\$40.00



### Payment Methods

Checking x2472

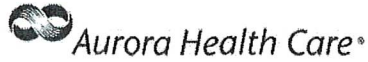
*Authorization number: 5141*

\$40.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by 999MYCHT



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52511056

3/5/26

**MAR** Visit at Aurora Sports Health-AWAMC, Ground Flr on 3/05/26  
**05**

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



### Payment Methods

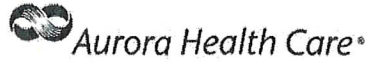
MasterCard x6028  
*Authorization number: 060620*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Sports Health-AWAMC,  
Ground Flr

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52558512

3/9/26

**MAR** Visit at Aurora Sports Health-AWAMC, Ground Flr on 3/09/26  
**09**

PATIENT PAYMENT

\$35.00

**Total Paid**  
\$35.00



Payment Methods

MasterCard x6028  
*Authorization number: 054547*

\$35.00

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by D25343



## Aurora Health Care Payment Receipt

Department  
Aurora Health Care Support  
Department

Guarantor  
Mary M Siegel #267980

Patient  
Mary M. Siegel

Receipt  
#52985770

4/7/26



**Previous Balance**  
Past Services

*Acct #687970110 - MRI Shoulder Right Visit on 03/12/26*

\$237.42

**Total Paid**  
\$237.42



**Payment Methods**

Checking x2472  
*Authorization number: 1685*

\$237.42

Please keep this receipt for your records.

Thank you for choosing Aurora Health Care!

Collected by 999MYCHT