

Dividend Payment Statement

District	Agency	Policy Number	Date	Amount
494	872	761178687A	12-31-81	1262.50

Value Withdrawn	Value Applied To	Value Remaining
Additional Ins. (A.I.) 1586.51	Premium	Additional Ins. (A.I.) 4508.55
Cash Value of A.I.	Loan Principal	Dividends with Interest
Dividends with Interest	Loan Interest	

Rufus G. Lewis
801 Bolivar St.
Montgomery, Ala. 36104

15228 (10-76) Printed in U. S. A.

THIS IS NOT A CHECK

R. A. LEWIS
801 BOLIVAR STREET
MONTGOMERY, ALABAMA 36104

551

PAID May 7, 1970 61.36
621

PAY TO THE ORDER OF Metropolitan Life \$50.85

Fifty and 85/100

61.36

THE FIRST NATIONAL BANK OF MONTGOMERY
MONTGOMERY, ALABAMA

FOR THE First National Bank
Montgomery, Alabama

0062100361 35 1211 0000005085

R. A. LEWIS
801 BOLIVAR STREET
MONTGOMERY, ALABAMA 36104

548

PAID April 6, 1970 61.36
621

PAY TO THE ORDER OF Metropolitan Life \$50.85

Fifty and 85/100

61.36

THE FIRST NATIONAL BANK OF MONTGOMERY
MONTGOMERY, ALABAMA

FOR THE First National Bank
Montgomery, Alabama

0062100361 35 1211 0000005085

Sevier Insurance Agency, Inc.

INSURING SERVICE BY SERVICING INSURANCE

Suite 200, Lacke' Building
2021 Morris Avenue
Birmingham, Alabama 35203



MONTHLY STATEMENT
AS OF 02/24/82

RUFUS A LEWIS
801 BOLIVAR STREET
MONTGOMERY AL 36104

B-LA80-L5560

Items received after above date
will appear on next statement

PLEASE DETACH ON PERFORATION AND RETURN TOP PORTION WITH REMITTANCE \$

INVOICE NUMBER	POLICY NUMBER	EFFECTIVE MO. DAY YR.	DESCRIPTION	AMOUNT
6989	0PAM13560	02 24 82	AUTOMOBILE	616.00
PAST DUE BALANCES				
30 DAYS		60 DAYS		90 AND OVER
YOUR BALANCE IS ▶				616.00

B-LA8-0

INVOICE NUMBER	POLICY NUMBER	EFFECTIVE MO. DAY YR.	DESCRIPTION	AMOUNT
9233	0PAM8906	02 24 81	AUTOMOBILE	618.00
PAST DUE BALANCES				
30 DAYS		60 DAYS		90 AND OVER
YOUR BALANCE IS ▶				618.00

B-LA8-0

ALABAMA DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
MONTGOMERY 4, ALABAMA

179704 Y

CERTIFICATE NUMBER		MONEY ORDER	CASH	CHECK	CLERK	AMT.	COPIES
Misc 273-255			✓		Men	200	1
MAIL TO	Rufus A. Lewis		REGISTRANT'S NAME		Rufus Andrews Lewis		
	801 Bolivar St		DATE OF		B 11-30-1906		
	Montgomery, Ala		COUNTY		Mont		
	36104		DATE OF REQUEST		8-18-71		
FATHER'S NAME							
MOTHER'S MAIDEN NAME		DELIVERY TIME Mail					

CERTIFIED COPY DELIVERY MEMORANDUM

RETURN THIS FORM WITH ANY CORRESPONDENCE YOU MAY
HAVE CONCERNING THIS RECORD.

~~8-A~~
12-A.M.
Take pills at 4 P.M.

8-A.M.
12-noon
4-P.M.
8-P.M.
12-mid night

12-P.M.

8-A.M.

Guide Post

1-800-527 9400

Company & Care
Agency

Call

\$3000.00

D-767 3/93

Patient Name	Patient Account Number
RUFUS A. LEWIS	245270-4
Please make your payment to:	Amount Due From Patient
MONTGOMERY REGIONAL MEDICAL CENTER	100.0

Amount Paid

62-111747-1

PLEASE PAY THIS AMOUNT ►

Date Paid

YOUR RECORD OF PART B **MEDICARE** BENEFITS USED

IN A HOSPITAL - SKILLED NURSING FACILITY - HOME HEALTH AGENCY - END STAGE RENAL DISEASE FACILITY -
PHYSICAL THERAPY PROVIDER - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY



Contractor for
MEDICARE

Address reply to
MUTUAL OF OMAHA
Medicare Area
Box 1602
Omaha, Nebraska 68101
Phone (402) 351-2860

PLEASE READ OTHER SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION

THIS IS NOT A BILL

RUFUS A LEWIS
801 BOLIVAR ST
MONTGOMERY AL 36104-4729

DATE: 01/29/96 PAGE 1

YOUR MEDICARE NUMBER
HEALTH INSURANCE CLAIM NUMBER 155200438A
↑ ALWAYS USE THIS NUMBER WHEN WRITING ABOUT YOUR CLAIM ↑

CONTROL NUMBER 1601559252

OUR RECORDS SHOW YOU RECEIVED SERVICES FROM → 010081	PROVIDER NAME, ADDRESS AND STATE MONTGOMERY REGIONAL MEDICAL CENTER 301 SOUTH RIPLEY STREET MONTGOMERY AL 36101	DATE OF FIRST SERVICE 01/08/96
		LAST SERVICE 01/08/96
TYPE OF SERVICE	BILLED CHARGES	REMARKS
CT SCAN/HEAD	789.10	
A. TOTAL BILLED CHARGES	789.10	1. \$ 100.00 OF YOUR 100.00 DEDUCTIBLE IS NOW MET FOR 1996
B. \$ 100.00 COUNTED TOWARD YOUR PART B CASH DEDUCTIBLE		ALL AMOUNTS PAYABLE BY YOU SHOULD BE PAID DIRECTLY TO THE PROVIDER. <u>DO NOT</u> SEND PAYMENT TO MUTUAL OF OMAHA.
C. \$ 0.00 PART B BLOOD DEDUCTIBLE CHARGE		
D. \$ 137.82 COINSURANCE, 20% OF (A, MINUS SUM OF B. + C)		
E. \$ 237.82 TOTAL DEDUCTIBLE AND COINSURANCE PAYABLE BY YOU →	237.82	
F.		2. 0.00 ← AMOUNT YOU PAID PROVIDER
G.		3. 237.82 ← AMOUNT OWED PROVIDER
H.		4. 0.00 ← REFUND (ENCLOSED)
I. BALANCE OF BILLED CHARGES	551.28	← YOU ARE NOT RESPONSIBLE FOR PAYMENT OF THE BALANCE OF THE BILLED CHARGES

PLEASE READ OTHER SIDE OF THIS NOTICE FOR IMPORTANT INFORMATION



MEDICARE BENEFIT NOTICE

Contractor for
MEDICARE

Address reply to
MUTUAL OF OMAHA
Medicare Area
P.O. Box 1602
Omaha, Nebraska 68101

010081

DATE:

01/10/99

RUFUS A LEWIS
801 BOLIVAR ST
MONTGOMERY AL 36104

HEALTH INSURANCE CLAIM NUMBER

155200438A

Always use this number
when writing about your claim

THIS IS NOT A BILL

This notice shows what benefits were used by you and the covered services not paid by Medicare for the period shown in item 1. See other side of this form for additional information which may apply to your claim.

1	SERVICES FURNISHED BY	DATE(S)	BENEFITS USED
	MONTGOMERY REGIONAL MEDIC P.O. BOX 241707 MONTGOMERY AL 36124	12/09/98 THRU 12/11/98	2 INPATIENT HOSPITAL DAYS

2	PAYMENT STATUS
	<p>PAID DATE 01/11/99</p> <p>MEDICARE PAID ALL COVERED SERVICES EXCEPT</p> <p>764.00 FOR INPATIENT DEDUCTIBLE.</p> <p>IF NO-FAULT INSURANCE, LIABILITY INSURANCE, WORKERS' COMPENSATION, DEPARTMENT OF VETERANS AFFAIRS, OR, IN SOME CASES, A GROUP HEALTH PLAN FOR EMPLOYEES ALSO COVERS THESE SERVICES, A REFUND MAY BE DUE THE MEDICARE PROGRAM. PLEASE CONTACT US IF YOU ARE COVERED BY ANY OF THESE SOURCES. YOU DO NOT HAVE TO CONTACT US TO REPORT A MEDICARE SUPPLEMENTAL MEDIGAP POLICY.</p>

IF YOU WANT HELP WITH YOUR APPEAL

YOU CAN HAVE A FRIEND, LAWYER OR SOMEONE ELSE HELP YOU. SOME LAWYERS DO NOT CHARGE UNLESS YOU WIN YOUR APPEAL. THERE ARE GROUPS, SUCH AS LAWYER REFERRAL SERVICES, THAT CAN HELP YOU FIND A LAWYER. THERE ARE ALSO GROUPS, SUCH AS LEGAL AIDE SERVICES, WHO WILL GIVE YOU FREE LEGAL SERVICES IF YOU QUALIFY.

If you have any questions
about this record, call
or write

MUTUAL OF OMAHA MEDICARE
BOX 1602
OMAHA, NE 68101-1602
TELEPHONE NUMBER 1-402-351-2860