# ∰ Metropolitan

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

## **Dividend Payment Statement**

0jetrict | Agency | 10/178687A | 12-31-8/1263.50

Value Withdrawn Value Applied To Value Remaining

Additional Ins. (A.1.)

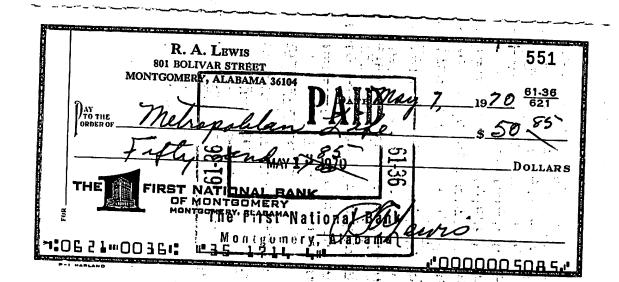
Premium Additional Ins. (A.1.)

Cash Value of A.1. Loan Principal Dividends with Interest

Dividends with Interest Loan Interest

501 Bolivar St. Montgonserej, ala. 36104

THIS IS NOT A CHECK



R. A. LEWIS 801 BOLIVAR STREET	548
MONTGOMERY, ALABAMA	36104 DATE PAR 10 70 61-36
ORDER OF Metropalit	20 85
THE FIRST NATIONAL	BANK SPR 1 5-1970 CO DOLLARS
OF MONTGOME	ERY
**************************************	Nontgomery Alabama

# Sevier Insurance Agency, Inc.

INSURING SERVICE BY SERVICING INSURANCE

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

MONTHLY STATEMENT

RUFUS A LEWIS 801 BOLIVAR STREET MONTGOMERY AL 36104 MONTHLY STATEMENT AS OF 02/24/82 B-LA80-L5560

Items received after above date will appear on next statement

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

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INVOICE NUMBER	POLICY NUMBER	EFFECTIVE	DESC	CRIPTION	AMOUNT
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	*S			IR BALANCE IS	- A14-0A

B-LA8-0

INVOICE NUMBER	POLJE NUME	CY BER	EFFECTIAL MO. DAY	YR.	PESC	RIPTION	A DEMINISTRA	AMOUNT
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# ALABAMA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS MONTGOMERY 4, ALABAMA

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-80	Belivar	4	DATE OF	11-30-	1906
400	stonery	ala	COUNTY	inte	
	0	36104	DATE OF REQUEST	5-18-7	1
FATHER'B NAME					
MOTHER'S MAIDEN NAME				DELIVERY TIME	)~aU
1 Ac-21-2 90		He of A Control			

CERTIFIED COPY DELIVERY MEMORANDUM

RETURN THIS FORM WITH ANY CORRESPONDENCE YOU MAY

12-A +4-P,M, 12-19M, 8-AM, \$15 \$P\$ **第**5 代表 ٦' 我的答母会多次 Companie

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#### PATIENT ACCOUNT STATEMENT

D-767 3/93

Patient Name

Date(s) of Service

01/08/96

MEDICARE

Method of Payment

☐ CREDIT CARD

HUMANA

RUFUS A. LEWIS

Insurance Company(s)

MEDICARE -O/P LAB ONLY

MONTGOMERY REGIONAL MEDICAL CENTER 301 SOUTH RIPLEY ST. MONTGOMERY, AL 36104 30134 245270-4

Patient Account No.

155200438A

155200438A

155200438

245270-4

Patient Name

RUFUS A. LEWIS

Please make your payment to:

MONTGOMERY REGIONAL MEDICAL CENTER

Patient Account Number

245270-4

Amount Due From Patient

100.00

Statement Date | Statement No. | Page

3

789.10

-69.93

-481.35

.00

1

02/22/96

\$

\$

\$

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Date Paid

Amount Paid

Check No.

RUFUS A. LEWIS 801 BOLIVER STREET MONTGOMERY, AL 36104

Type of Service

-MEDICARE OP "B"

-HCP-MCARE/SUPP GO

**OUTPATIENT SURGERY** 

f paying by check, be	sure to write your pa	tient account number on	your check. I	1
paying by credit card,	check appropriate ca	ard and complete informat	ion below.	

VISA:	Master Card	DUICOVER	WI Card
Card Number		Exp. Date	Amount Paid
Signature			

**SUMMARY OF PRIOR ACTIVITY** 

Payments Made By Insurance Co.

Adjustments Made to Account

**Total Charges Incurred** 

Payments Made by Patient

#### ▲ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT; KEEP BOTTOM PORTION FOR YOUR RECORDS ▲

Any questions, contact the Bus	ness Office at:	Beginning Balance 1	his Statement \$	237.82
1-(334) 269-8000 09:00 AM - 03:00	PM CENTRAL TIME MON-FRI		The Glatericite •	
TRANSACTION DATE	ACTIVITY DURING THIS STA	TEMENT PERIOD	ESTIMATED INSURANCE	PATIENT AMOUNT
02/22/96	ADJUSTMENT - HOSPITAL ASREEMENT NITH HUMA	NA TO ADJUST BALANCE DUE	-137.82	
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				e est Salas
		Insurance Amount Due:	.00	Carlo Carlo
MONTGOMERY REGION	AL MEDICAL CENTER	PLEASE PAY THIS	AMOUNT >	100.00

□ CHECK

#### PATIENT ACCOUNT STATEMENT

Patient Name

01/08/96

HUMANA

Date(s) of Service

RUFUS A. LENIS

Insurance Company(s)

1-(334) 269-8000 09:00 AM - 03:00 PM

TRANSACTION DATE

THE ROLL OF THE PARTY.

الواقتها الأواضام والجالهان فالارتاس

MEDICARE -MEDICARE OP "B"

Any questions, contact the Business Office at:

MEDICARE -O/P LAB ONLY

MONTGOMERY REGIONAL MEDICAL CENTER 301 SOUTH RIPLEY ST. MONTGOMERY, AL 36104 30134 245270-4

Patient Name Patlent Account Number RUFUS A. LEHIS 245270-4 Amount Due From

Please make your payment to:

MON 301	TGOMERY, A			MONTGOM	ERY REGIONAL I	MEDICAL CENTE	R Patie	100.0	
801 Mon	US A. LEWI BOLIVER S ITGOMERY, A	TREET L 36104		If paying by check, be paying by credit card,  VISA:  Card Number  Signature	MasterCard	Exp. Date	Ite informative in	your check. If ion below.	
▲ DETA	CH AND RE	Patient Acco		R PAYMENT; KEEP BOT	TOM PORTION F			Statement No.   F	
LENIS	<del></del>	245270-4	<u> </u>			•	02/10/96	1	
rice	Type of Servic	ent Surgery			CHMMADY OF	PRIOR ACTIVIT	v		
npany(s)	:	LIII OOKOLKI			Total Charges I		<u>'</u>	789.10	
-MEDICARE O		1552004 1552004			Payments Made		<del>-</del>	.00	
-O/P LAB ON		1552004				By Insurance Co		-69.93	
					Adjustments Ma			-481.35	
contact the Business (	Office at:					nce This Statemen		237.82	
269-8000 - 03:00 PM	CENTRAL	TIME MON-FR	ei Ei		Degitting Data	ice mis Statemen		237.62	
TION DATE		ACTIVITY	DURING THIS S	STATEMENT PERIOD	<del></del> -	ESTIMA INSURA	TED	PATIENT	
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Insurance Amount Due: 137.82 MONTGOMERY REGIONAL MEDICAL CENTER

PLEASE PAY THIS AMOUNT

1.5

100.00

Method of Payment Check No. Amount Paid Date Paid ☐ CREDIT CARD \_\_ CHECK

### 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 YOUR MEDICARE NUMBER HEALTH INSURANCE CLAIM NUMBER 155200438A

ALWAYS USE THIS NUMBER WHEN WRITING ABOUT YOUR CLAIM

CONTROL 160 1559252

NUMBER.

OUR RECORDS SHOW YOU RECEIVED **SERVICES FROM -**010081

PROVIDER NAME, ADDRESS AND STATE MONTGOMERY REGIONAL MEDICAL CENTER 301 SOUTH RIPLEY STREET MONTGOMERY AL 36101

LAST SERVICE

01/08/96

DATE OF FIRST SERVICE

01/00/06

2010081 s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		01/08/96
TYPE OF SERVICE	BILLED CHARGES	REMARKS
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The state of the s		
A. TOTAL BILLED CHARGES	789.10	1. 100.00 OF YOUR 100.00 DEDUCTIBLE IS
B. \$ 100.00 COUNTED TOWARD YOUR PART B CASH DEDUCTIBLE		NOW MET FOR
C. \$O.00 PART B BLOOD DEDUCTIBLE CHARGE		ALL AMOUNTS PAYABLE BY YOU SHOULD BE PAID DIRECTLY TO THE PROVIDER. DO NOT SEND PAYMENT TO MUTUAL OF OMAHA.
D. \$ $137.82$ COINSURANCE, 20% OF (A, MINUS SUM OF B, + C)		
E. \$ 237.82 TOTAL DEDUCTIBLE AND COINSURANCE PAYABLE BY YOU	237.82	2. 0.00 AMOUNT YOU PAID PROVIDER
F.		3. 237.82
G.		4. 0.00 REFUND (ENCLOSED)
н.		
I. BALANCE OF BILLED CHARGES	551.28	YOU ARE NOT RESPONSIBLE FOR PAYMENT OF THE BALANCE OF THE BILLED CHARGES

1.



#### MEDICARE BENEFIT NOTICE

**MEDICARE** 

Address reply to

MUTUAL OF CMAHA Medicare Area P.O. Box 1602 Omaha, Nebraska 68101

010081

DATE:

01/10/99

RUFUS A LEWIS 801 BOLIVAR ST MONTGOMERY AL 36104 HENRICH RECEIPTER CONTRACTOR OF THE PERSON O

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	12/09/98 2 INPATIENT HOSPITAL DAYS
MONTGOMERY AL 36124	12/11/98 Property of the second of the secon
77 (1) (1)	

2 PAYMENT STATUS

PAID DATE 01/11/99

MEDICARE PAID ALL COVERED SERVICES EXCEPT

764.00 FOR INPATIENT DEDUCTIBLE.

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.

IE\_YQU\_WANI\_HELP\_WIIH\_YQUR\_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,

ΝE

68101-1602 1-402-351-2860

TELEPHONE NUMBER