

**COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO**

Ellen L. Turner

Plaintiff

- vs -

Jon H. Entine

Defendant

Case No: DR0500131 POST

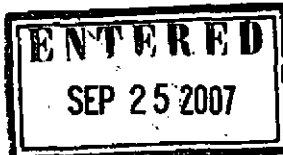
File No: E233969

CSEA: 7053135062

MAGISTRATE'S DECISION

Judge Panioto

Magistrate Theile



An Entry, captioned "General Order of Reference" which is a matter of record in this Court, provides "... that all matters be and are hereby referred to a Magistrate in accordance with Rule 53 of Ohio Rules of Civil Procedure".

This cause came on for hearing on September 21, 2007 on Defendant/Husband's Motion for Contempt filed August 31, 2007.

Each party was present, *pro se*.

The Husband's motion alleges three incidences of contempt. At the outset, he withdrew number one of his motion. He proceeded on the second prong of his motion, which states "Refusing to pay half of agreed upon expenses for tax preparation for daughter's taxes and half of expenses for agreed upon joint filing of taxes," and the third prong, "Refusing to pay half of Dreyfus money market account (totaling + \$275.00 w/ interest) that Defendant, through counsel, had agreed to split. During mediation, Defendant agreed she owed the money but refused to pay, saying she would only pay if all other matters were settled to her satisfaction. All these issues were mediated and mediation failed."

The parties' marriage was terminated by Decree of Divorce entered November 13, 2006. This decree incorporated the terms of a separation agreement, which provided in relevant part,

Wife shall retain as her sole and exclusive property, free and clear from all claims on part of the Husband, any checking, savings or brokerage accounts currently titled in her individual name or held for her benefit.

Husband shall retain as his sole and exclusive property, free and clear from any claims on the part of Wife, any checking, savings or brokerage accounts currently titled in his individual name or held for his benefit.



D75165616

The separation agreement provides further,

Neither party shall ever exert any claims or seek any relief from the other party for a division of marital property, except as set forth in this agreement, nor shall any party exert any claims for marital property division contrary to the terms of this agreement or an addition to the terms of this agreement.

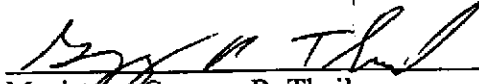
This agreement shall be the only agreement between the parties and shall be final, binding, and conclusive upon the parties for all purposes whatsoever.

**Based upon the evidence presented at the hearing and upon due consideration of the applicable law, the Decision of the Magistrate is as follows:**

Husband's claims result from pre-decree dealings, which cannot now be raised post-decree. This outcome is mandated by both the legal doctrine of merger, and the parties' own decree.

Husband's motion is denied.

Copies of this Decision have been mailed to the parties or their counsel. To obtain written findings of fact and conclusions of law before filing Objections, you must request them in writing within seven (7) days of the date the Magistrate's Decision was issued. Objections to this Magistrate's Decision must be filed within fourteen (14) days of the filing date of either the Magistrate's Decision or the Magistrate's Amended Decision, whichever is later. A copy must be served on the opposing side.

  
Magistrate Gregory R. Theile 09/21/2007

Copies sent by Clerk of Courts to:

Ellen Turner, Plaintiff  
6720 Camaridge Road  
Cincinnati, Ohio 45243

Jon Entine, Defendant  
6255 S. Clippinger Drive  
Cincinnati, Ohio 45243

#### **ENTRY ADOPTING MAGISTRATE'S DECISION**

Pursuant to Ohio Civil Rule 53(E)(4)(c), the Court hereby adopts the Magistrate's Decision. However, pursuant to that rule, the timely filing of written objections to the Magistrate's Decision, or the timely filing any of the other civil post-judgment motions set forth in Ohio Appellate Rule 4(B)(2), shall operate as an automatic stay of execution of this judgment until the Court disposes of

those objections or motions, and hereby vacates, modifies, or affirms the judgment previously entered.

If the Magistrate's Decision resulted from the filing of post-decree motion for relief; and if no written objections to the Decision, and none of the other civil post-judgment motions set forth in Ohio Appellate Rule 4(B)(2) are timely filed, this judgment constitutes a final appealable order, pursuant to Ohio Revised Code Section 2505.02. Accordingly, pursuant to Ohio Civil Rule 58(B), if no written objections to the Decision, and none of the other civil post-judgment motions set forth in Ohio Appellate Rule 4(B)(2) are timely filed, the Hamilton County Clerk of Courts is hereby directed to serve upon all parties not in default for failure to appear, notice of this judgment and its date of entry upon the journal. **A PARTY SHALL NOT ASSIGN AS ERROR ON APPEAL THE COURT'S ADOPTION OF ANY FINDING OF FACT OR CONCLUSION OF LAW UNLESS THE PARTY TIMELY AND SPECIFICALLY OBJECTS TO THAT FINDING OR CONCLUSION AS REQUIRED BY CIVIL RULE 53(E)(3).**

  
\_\_\_\_\_  
Judge, Court of Common Pleas  
Division of Domestic Relations

For Panioto, J.

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

Ellen Turner  
Plaintiff / Petitioner

Date: 9-21-07

-vs/and-

Case No. DA 0500131

File No. E233969

Joan Entine  
Defendant / Petitioner

CSEA No. \_\_\_\_\_

Judge Parvato  
Judge / Magistrate's

**ORDER FOR CONTINUANCE**

Whereas, Plaintiff / Defendant / Other \_\_\_\_\_, has(have) requested a continuance of the hearing set for 10-19, 20 07 for the following reason(s):

- conflict of trial assignment
- for the presence of a necessary witness
- for the presence of a party
- to obtain additional information/discovery
- continued in progress
- failure of service
- other pending motion

Whereas, the complaint / petition / motion was filed on \_\_\_\_\_ and there have been \_\_\_\_\_ previous continuances;

Whereas,  no other party / counsel objects to this continuance OR  \_\_\_\_\_ objects to the continuance.

**THEREFORE, IT IS HEREBY ORDERED:**

This case is hereby continued to 10-26-07 at 10:00 am for 2 hour(s), Court of Common Pleas, Division of Domestic Relations, 800 Broadway in Courtroom 2-102 before Judge/Magistrate Therle

For (type of hearing) \_\_\_\_\_

- The motion for a continuance is denied.
- Further Orders are as follows: \_\_\_\_\_

This Order is effective immediately. If a Magistrate has issued this Order, either party may appeal the Order by filing a Motion to Set Aside the Order within ten (10) days of the date this Order is filed. The pendency of a Motion to Set Aside the Order does not stay the effectiveness of this Order unless the Magistrate or Judge grants a stay.

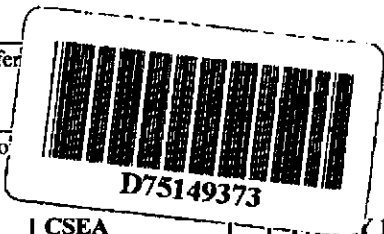
[Signature]  
Judge / Magistrate

By signature below, both parties / counsel acknowledge receipt of this Order.

[Signature]  
Plaintiff

Defen

Atto



Other (CSEA / GAL)

Other (CSEA / GAL)

[ ] COURT [ ] FILE [ ] CSEA [ ] PARTY 2

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

PRE-DECREE ( ) POST-DECREE (X)

( ) Chg. of Cust.  
(X) Vis. Enforce/Mod.  
( ) Sup. Enforce/Mod.  
( ) Others

Name: JON ENTINE

Address: 6255 So. CLIPPINGER DR.  
CINCINNATI OH 45243

Date: \_\_\_\_\_

Case No. DR0500131

File No. E233969

CSEA No. 7053135062

Judge DANILO

Magistrate THELLE

-vs/and-

Name: ELLEN TURNER

Address: 6720 CAMARIDGE LANE  
CINCINNATI, OH 45243

GREGORY BARTMANN  
CLERK OF COURTS  
HAMILTON COUNTY, OH

2007 SEP 19 P 2:20

FILED

MOTION

Type of Motion: CONTEMPT

Now comes JON ENTINE and moves this Court for an order to: ENFORCE

SHARED PARENTING PLAN:

① VIOLATION OF ARTICLE IX - CUSTODIAL ACCOUNT

② VIOLATION OF ARTICLE XIII - DEFENDANT DEFIED MAGISTRATE'S

ORDER FOR 3 MANDATORY MEDIATION SESSIONS

③ VIOLATION OF I.H.3 DEFENDANT DEFIED, REPEATEDLY, POLICY

ON PHONE ACCESS AND DEFIED PARENTAL COORDINATOR RULING  
ON PHONE ACCESS

SECURITY FOR COSTS IN THE SUM OF \$ 50<sup>00</sup>  
DEPOSITED BY JON ENTINE

[Signature]  
(Signature)



D75090271

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

ION ENTINE

Plaintiff / Petitioner

-vs/and-

ELLEN TURNER

Defendant / Petitioner

Date: \_\_\_\_\_

Case No. DR0500131

File No. E233969

SERVICE AND NOTICE OF HEARING

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing motion has been served by Certified Mail/Personal Service/Ordinary U.S. Mail to:

Name ELLEN TURNER  
Address 6720 CAMBRIDGE CN.  
City CINCINNATI, State OH, Zip Code 45243  
On this date: 9-19-07

NOTICE OF HEARING

Notice is hereby given that a hearing has been scheduled with regard to the above for (date)

10-19-07

at (time)

3:00 PM

before

Judge / Magistrate

THELLE

in

Room 2-102

Said hearing will take place at 800 Broadway, Cincinnati, Ohio.

County Writ  
Hamilton County Sheriff's Department



Wednesday, September 19, 2007

<b>Case No.</b> DR0500131	<b>Date Received</b> 9/4/2007	<b>Type of Paper</b> MOTION & NOTICE	<b>Return Date</b> 09/18/2007
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**Service On**  
ELLEN TURNER

**Address**  
6720 CAMARIDGE RD

**County**            **State**  
Hamilton            Ohio

**Case Caption**  
JON ENTINE VS ELLEN TURNER

<b>Date Served</b>	<b>Time</b>	<b>Deputy</b>	<b>Type of Service</b>	<b>Person Served</b>
9/18/2007	13:40	Houston	X-Service Unabled	

<b>Sheriff Fees</b>	<b>Mileage</b>	<b>Date Paid</b>	<b>Check No.</b>	<b>TOTAL</b>
\$0.00	\$19.00			\$19.00

**OFFICER'S**

Left notice on 9/7/07. Per contractor who was working at this house, Ellen was in the house but she refused to open or come to the door. Left 2nd notice on 9/12/07.

GREGORY HARTMANN  
CLERK OF COURTS  
HAMILTON COUNTY, OH

2007 SEP 19 P 2:21

FILED

SIMON L. LEIS, JR.  
SHERIFF, HAMILTON COUNTY, OHIO  
By Lisa A. Pangallo Deputy

Wednesday, September 19, 2007



D75089457

Page 1 of 1

COURT OF COMMON PLEAS  
HAMILTON COUNTY, OHIO

ELLEN TURNER

PLAINTIFF

VS

CASE #DR0500131

JON ENTINE

DEFENDANTS

RETURN OF SERVICE

NOW COMES NANCY K. MCFARLAND OF LEGAL BEAGLES AND STATES I RECEIVED THIS CONTEMPT OF SHARED PERENTING AND DIVORCE DECREE ON SEPTEMBER 13, 2007 AND MADE PERSONAL SERVICE ON JON ENTINE AT 6255 S. CLIPPINGER DRIVE, CINCINNATI, OHIO 45243 BY HANDING TO HIM ON SEPTEMBER 13, 2007.



NANCY K. MCFARLAND



D75086642

FILED

2007 SEP 19 P 12:20

GREGORY HARTMANN  
CLERK OF COURTS  
HAMILTON COUNTY, OH



SECURITY FOR COSTS IN THE SUM OF \$ 50<sup>00</sup>  
DEPOSITED BY ELLEN TURNER

September 13, 2007

Ellen Turner  
6720 Camaridge Lane  
Cincinnati, OH 45243

Case # DR0500131  
File # E233969

Vs.

Jon Entine  
6255 S. Clippinger Drive  
Cincinnati, OH 45243

PRE-DECREE  POST-DECREE

Chg. of Cust.  
 Vis. Enforce/Mod.  
 Sup. Enforce/Mod.  
 Others

Find Jon Entine in contempt of Shared Parenting and Divorce Decree for:

- 1) Refusing to reimburse Ellen Turner for out-of-pocket Medical Expenses incurred in 2005-06. These expenses total \$1851.71 – with appropriate supporting documents and cancelled checks – and were provided to Mr. Entine per the decree by week 1 of February 2007. He has repeatedly refused to pay, and refused to complete the third Mediation (on 8/31) to satisfy his obligation.
- 2) Failing to notify Mother (Ellen Turner) of car accident involving her daughter. While in Colorado the first of August for vacation with Madeleine (age 9), Mr. Entine was involved in a car accident that hurt Maddie and injured the other driver. The mother was never notified of this accident emergency. [SPP Article 4, paragraph E – page 12]
- 3) Failing to observe daughter's Birthday (Tues, 5/22) in odd years and letting her spend it with Mother. Per Exhibit A (and Article 2H) in the Ohio Parenting/Holiday Schedule, Madeleine was to spend from 5:30-8:30p with her mother on her ninth birthday. Mr. Entine refused to allow Maddie to come to her mother's house for dinner and cake.
- 4) Failing to notify Mother of out-of-town travel. Per the SPP, Article 2F (page 8), Mr. Entine failed to notify or inform AT ALL about traveling out-of-town for Memorial Day weekend (5/26-28) with Madeleine. The mother never knew of the trip – where they stayed, nor how to contact them – in violation of the SPP.

*Ellen Turner*

FILED  
2007 SEP 13 P 2:02  
GREGORY HARTMANN  
CLERK OF COURTS  
HAMILTON COUNTY, OH



Ellen Turner  
6720 Camaridge Lane  
Cincinnati, OH 45243

September 13, 2007

Vs.

Jon Entine  
6255 S. Clippinger Drive  
Cincinnati, OH 45243

Find Jon Entine In contempt of Shared Parenting and Divorce Decree for:

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*Ellen Turner*

2005-06  
MEDICAL

Service Provider	Date	Amount	Status/ck #	Jon's Payment?	Jon is In Arrears/owes
Definity Health	30-Apr	55.57	ET Paid	no	owes \$49.65
Bethesda Hospital	27-Apr	\$492.00	ET Paid	no	365+ days/\$41.82
	reimbursed 9/21/06	\$408.36			
Definity	30-Jun	\$32.42	ET Paid	no	owes \$32.42
Children's Hospital	15-Oct	\$259.99	ET Paid	\$14.90 #1873	\$115.10 still owed
Aug/Sept	24-Dec	\$15.10	ET Paid	\$7.55 #1874	Paid 8/25/06
Nov/Dec	8-Nov	\$19.00	ET Paid	no	330 days/\$9.50
COBRA	1-Sep	\$905.82	ET Paid		Paid - 5th3rd
COBRA	1-Oct	\$905.82	ET Paid		Paid - 5th3rd
COBRA	1-Nov	\$905.82	ET Paid	#1871	Paid 8/25/06
COBRA	1-Dec	\$905.82	ET Paid	#1871	Paid 8/25/06
COBRA	1-Jan	\$911.13	ET Paid		
Definity	18-Oct	\$118.25	ET Paid	no	365 days/\$49.68
Definity	5-Oct	\$62.98	ET Paid	no	365 days/\$31.49
Definity	31-Dec	\$69.93	ET Paid	no	365 days/\$55.72
Dr Jackson	5-Dec	\$291.20	ET Paid	no	300 days/\$145.60
SubTTL 2005 (75N order) =		\$1008.08 (ex COBRA)		\$530.78 is still owed by Jon	

\$1851.71 TOTAL OWED ELLEN  
as of 01/26/07

Service Provider	Date	Amount	Status/ck #	Jon's Payment?	Jon is In Arrears/owes
COBRA	1-Feb	\$911.13	ET Pd		330 days
COBRA	1-Mar	\$911.13	ET Pd		300 days
Dr. Jackson	6-Feb	\$39	ET Pd	no (J owes 19.50)	
Children's Hospital	20-Mar	\$12.94	ET Pd	no (J owes 6.47)	
COBRA	28-Mar	\$911.13	ET Pd		300 days
Children's Hospital	2-Feb	\$816.90	ET Pd	no (J owes 408.45)	
Children's Hospital	3-Feb	\$75.51	ET Pd	no (J owes 37.76)	
COBRA	28-Apr	\$911.13	ET Pd		240 days
COBRA	1-Jun	\$911.13	ET Pd		
Children's Hospital	3-Jun	\$876.85	ET Pd		180 days
COBRA	1-Jul	\$911.13	ET Pd		180 days
Definity Health	5-Jul	\$80.23	ET Pd	no (J owes 64.63)	
Definity Health	30-Jul	\$69.89	ET Pd	no (J owes 60.07)	
COBRA	1-Aug	\$911.13	ET Pd		180 days
Children's Hospital	30-Jul	\$15.10	ET Pd		
COBRA	30-Aug	\$911.13	ET Pd		90 days
COBRA	1-Oct	\$911.13	ET Pd		60 days
Definity Health	31-Oct	\$75.73	ET Pd	no (J owes 55.52)	
Definity Health	30-Nov	\$63.59	ET Pd	no (J owes 58.15)	
Definity Health	31-Dec	\$160.97	ET Pd	no (J owes 155.53)	
Cinci Childrens	12-Dec	\$17.73	ET Pd	no (J owes 8.87)	
SubTTL '06 (Shared Parenting)		\$2,304.44		\$1320.93 is still owed by Jon	
2005-06 TOTALS		\$3,312.52		\$1851.71 owed to E. Turner	



2005  
BILLS

Member Number Statement Period

800 568 665 04/01/2005 - 04/30/2005

INVOICE - Please pay upon receipt

New Balance Due \$55.57

Amount Enclosed \$

Check here and complete back if paying by or

Make check payable to Definity Health, and mail to:

Definity Health  
PO BOX 77023  
Minneapolis, MN 55480-7723



**YOUR HEALTH STATEMENT**

Address changes should be made through your employer.

TURNER, ELLEN L  
7719 SHAWNEE RUN ROAD  
CINCINNATI OH 45243-3119

8005686657 00005557 0 20050403 200504309

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

Member Number Statement Period

800 568 665 04/01/2005 - 04/30/2005

**Balance Summary**

previous balance	\$0.00
payments and credits	\$0.00
new purchases	\$55.57
<b>NEW BALANCE DUE</b>	<b>\$55.57</b>

Taxes 49.65

**Do You Review Your Bills?**

In a recent survey, 5 percent of patients who reviewed their hospital bills found significant errors. These errors were twice as likely to happen if a patient had out-of-pocket expenses of \$2,000 or more. The most common mistakes included duplicate orders and incorrect lengths of stay. Be sure to check your bill, and call your hospital with any questions. What might seem like an insignificant error could relate to something much larger. Survey by Consumer Reports.

See the last page for more helpful information.

**Account Balances**

	Annual	Applied	Remaining
Personal Care Account (PCA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$1,870.64	

See the back of this page for information on how to read your health statement.

Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

**Claims Details**

	Amount Billed	Cost of Care	Paid by PCA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
JON ENTINE on 02/04/05 (processed 04/04/05) Secured for patient's privacy 205N2724100 Medical	\$6.00	\$6.00	\$0.00	\$0.00	\$4.80	\$1.20	\$0.00
JON ENTINE on 03/28/05 (processed 04/05/05) Secured for patient's privacy 205O7449400 Pharmacy	\$248.25	\$248.25	\$0.00	\$0.00	\$188.60	\$0.00	\$48.65

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

# DEFINITY HEALTH STATEMENT

Member Number

Statement Period

800 568 665

04/01/2005 - 04/30/200

Claims Details	Amount Billed	Cost of Care	Paid by PCA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
JON ENTINE on 03/21/05 (processed 04/13/05) Secured for patient's privacy 205R4841000 Medical	\$95.00	\$95.00	\$0.00	\$0.00	\$75.00	\$19.00	\$0.00
ELLEN L TURNER on 04/12/05 (processed 04/15/05) CVS PHARMACY # 6097 205S0007400 SPRINTEC 28 DAY TABLET	\$32.09	\$29.59	\$0.00	\$0.00	\$23.57	\$0.00	\$5.92
Previous Balance							\$0.00
<b>TOTALS</b>	<b>\$381.34</b>	<b>\$378.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$303.07</b>	<b>\$20.20</b>	<b>\$55.57</b>

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

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## Consumer Alerts

### What is a Generic Drug?

Are you wondering if generic drugs work as well as their brand name equivalent? If so, you should know that generics are just as safe as brands because both are made under the same strict FDA guidelines. This means generics and brands contain the same active ingredients and meet the same quality requirements. Plus, generics typically cost much less. In fact, according to the Congressional Budget Office, generics save consumers almost \$10 billion a year.

### Save Money by Staying In-Network

Now more than ever Definity Health members are looking for ways to save money on healthcare. Because of this, we want you to know that you can save the most money by visiting doctors, hospitals, or other facilities that participate in your network. Find the providers that are in your network by using the search tools in the **Doctors & Hospitals** section of your member website.

### Visit Your Personal Member Website

Have you visited your Definity Health website lately? If not, you've missed out on a lot of important information. Not only can you find your current account balance and track claims activity, but there is also a variety of tools to help you manage your health. So if you haven't logged in for a while, check out your member website at [www.definityhealth.com](http://www.definityhealth.com) today. If you forgot your password, don't worry - the website can help you.

# DEFINITY HEALTH STATEMENT

Member Number

Statement Period

800 568 665

04/01/2005 - 04/30/2005

Claims Details	Amount Billed	Cost of Care	Paid by PCA	Applied to Deductible	Health Coverage	You Owe Provider*	You Owe Definity Health
JON ENTINE on 03/21/05 (processed 04/13/05) Secured for patient's privacy 205R4841000 Medical	\$95.00	\$95.00	\$0.00	\$0.00	\$78.00	\$19.00	\$0.00
ELLEN L TURNER on 04/12/05 (processed 04/15/05) CVS PHARMACY #6097 205S0007400 SPRINTEC 28 DAY TABLET	\$32.09	\$29.59	\$0.00	\$0.00	\$23.67	\$0.00	\$5.92
Previous Balance							\$0.00
<b>TOTALS</b>	<b>\$361.34</b>	<b>\$378.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$303.07</b>	<b>\$20.20</b>	<b>\$65.57</b>

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Cincinnati Children's  
 Location 0242  
 Cincinnati, OH 45264-0242

*Hospital*

**Important Message**

Thank you for choosing the professional staff of Cincinnati Children's. Please pay the Amount Now Due. For help with your bill or to learn about financial assistance or payment plans, please call Customer Service.

**Physician Billing Statement**

ELLEN TURNER  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119

1V01666



**Account Summary**

Statement Date	10/15/05
Account Number	111991602
Patient Name	MADELEINE ENTINE
Total Charges	\$ 333.00
Insurance Payments/Adjustments	\$ -73.01
Parent Payments	\$ 0.00
Total Account Balance	\$ 259.99
Pending With Insurance	\$ 0.00
<b>Please Pay by 11/02/05</b>	<b>\$ 259.99</b>

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2482  
 Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.

- Billing questions or changes to your insurance
- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-4427.
- E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

*\*  
see - ITS a HOSPITAL*

Please see the reverse side to view your account details... ↗



*This statement is for your physician services only. The hospital may bill separately for their services.*



Cincinnati Children's  
Location 0242  
Cincinnati, OH 45264-0242

**Important Message**

Thank you for choosing the professional staff of Cincinnati Children's. Please pay the Amount Now Due. For help with your bill or to learn about financial assistance or payment plans, please call Customer Service.

**Physician Billing Statement**

ELLEN TURNER 1V01587  
7719 SHAWNEE RUN RD  
CINCINNATI OH 45243-3119



*Pd. 12/30/05  
\$1081*

**Account Summary**

Statement Date	12/24/05
Account Number	111991602
Patient Name	MADELEINE ENTINE
Total Charges	\$ 86.00
Insurance Payments/Adjustments	\$ -70.90
Parent Payments	\$ 0.00
Total Account Balance	\$ 15.10
Pending With Insurance	\$ 0.00
<b>Please Pay by 01/11/06</b>	<b>\$ 15.10</b>

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462  
Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.

- Billing questions or changes to your insurance
- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-4427.
- E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

Please see the reverse side to view your account details... ➤

*This statement is for your physician services only. The hospital may bill separately for their services.*



**Member Number** 800 568 665  
**Statement Period** 09/01/2005 - 09/30/2005

**Balance Summary**

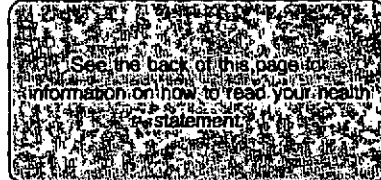
previous balance	\$62.98
payments and credits	\$0.00
new purchases	\$55.27
<b>NEW BALANCE DUE</b>	<b>\$118.25</b>

*Pl. Check # 1033  
10/18*

**Do You Review Your Bills?**  
 In a recent survey, 5 percent of patients who reviewed their hospital bills found significant errors. These errors were twice as likely to happen if a patient had out-of-pocket expenses of \$2,000 or more. The most common mistakes included duplicate orders and incorrect lengths of stay. Be sure to check your bill, and call your hospital with any questions. What might seem like an insignificant error could relate to something much larger. Survey by Consumer Reports.  
 See the last page for more helpful information.

**Account Balances**

	Annual	Applied	Remaining
Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$4,488.53	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

**Claims Details**

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
<b>ELLEN L TURNER on 08/28/05 (processed 08/31/05)</b> CVS PHARMACY #6097 205LM220700 SPRINTEC 28 DAY TABLET	\$32.09	\$32.09	\$0.00	\$0.00	\$0.00	\$0.00	\$32.09 E
<b>JON ENTINE on 09/01/05 (processed 09/06/05)</b> Secured for patient's privacy 205LV442500 Pharmacy	\$85.51	\$78.93	\$0.00	\$0.00	\$63.14	\$0.00	\$15.79 J

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention, FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

*Jones  
\$ 32.42 (prior)  
15.79  
1.47  
49.68*

# DEFINITY HEALTH STATEMENT

Member Number

Statement Period

800 568 665

09/01/2005 - 09/30/2005

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
JON ENTINE on 09/01/05 (processed 09/06/05) Secured for patient's privacy 205LV442600 Pharmacy	\$26.38	\$7.35	\$0.00	\$0.00	\$5.85	\$0.00	\$1.47
MADELEINE ENTINE on 08/12/05 (processed 09/06/05) CHILDRENS HOS MED CTR-CH 205LW980100 Medical	\$57.00	\$57.00	\$0.00	\$0.00	\$0.00	\$57.00	\$0.00
MADELEINE ENTINE on 08/05/05 (processed 09/12/05) MICHAEL BERNARDON 205MM804600 Medical	\$167.00	\$167.00	\$0.00	\$0.00	\$0.00	\$167.00	\$0.00
ELLEN L TURNER on 09/13/05 (processed 09/16/05) CVS PHARMACY #6097 205NB841500 SPRINTEC 28 DAY TABLET	\$32.09	\$29.59	\$0.00	\$0.00	\$23.67	\$0.00	\$5.92
MADELEINE ENTINE on 09/09/05 (processed 09/16/05) SALLY SHOTT 205NF597200 Medical	\$86.00	\$64.97	\$0.00	\$0.00	\$51.96	\$12.99	\$0.00
MADELEINE ENTINE on 08/31/05 (processed 09/16/05) Secured for patient's privacy 205NG013200 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00	\$130.00	\$0.00
Previous Balance							\$62.99
<b>TOTALS</b>	<b>\$626.07</b>	<b>\$566.93</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$144.67</b>	<b>\$366.99</b>	<b>\$114.25</b>

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

## Consumer Alerts

### Full-Body CT Scans Have Risks

Full-body CT scans have been promoted as a way to screen for cancer, regardless of whether symptoms exist. Though CT scans are important when diagnosing cancer in people with symptoms, using a CT scan to screen for cancer may do more harm than good. The FDA's website states that the radiation received by a CT scan of the abdomen equals 500 chest x-rays. This means radiation levels are high enough to potentially cause cancer after multiple scans.

### Hospital Quality Gap is Growing

The gap between the best and worst hospitals is growing. The HealthDay News reports that the top 10% of hospitals saw their quality rates increase between 2000 and 2003, but the bottom 10% saw quality rates decrease. According to Dr. Samantha Collier, high quality hospitals have a "Culture of Safety," meaning they create quality programs and quickly identify problems. To find a high quality hospital, click "View hospital quality and cost" on your member website.

### Choose a High-volume Hospital

A study in the *Journal of the American Medical Association* states that hospitals are more likely to incorrectly perform a new or high-tech surgical procedure if they don't perform the procedure frequently. This may seem obvious, but most patients don't research this issue before having surgery. But you can easily find the Patients Per Year that a hospital sees for a variety of procedures by visiting the Hospital Buyer's Guide on your member website.

# DEFINITY HEALTH STATEMENT

Member Number

Statement Period

800 568 665

06/01/2005 - 06/30/2005

Claims Details	Amount Billed	Cost of Care	Paid by PCA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
MADELEINE ENTINE on 05/27/05 (processed 06/09/05) DOUGLAS MOORE 205CQ682000 Medical	\$60.00	\$54.00	\$0.00	\$0.00	\$43.20	\$10.80	\$0.00
MADELEINE ENTINE on 05/24/05 (processed 06/10/05) Secured for patient's privacy 205CW020900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
MADELEINE ENTINE on 05/18/05 (processed 06/10/05) Secured for patient's privacy 205CW022600 Medical	\$260.00	\$260.00	\$0.00	\$0.00	\$156.00	\$104.00	\$0.00
Payment Received 06/13							(\$49.65)
ELLEN L TURNER on 06/13/05 (processed 06/15/05) CVS PHARMACY #6097 205DH290500	\$32.09	\$29.59	\$0.00	\$0.00	\$23.67	\$0.00	\$5.92
JON ENTINE on 06/14/05 (processed 06/20/05) Secured for patient's privacy 205DQ329100 Pharmacy	\$162.11	\$162.11	\$0.00	\$0.00	\$129.69	\$0.00	\$32.42
MADELEINE ENTINE on 06/09/05 (processed 06/27/05) Secured for patient's privacy 205EJ473500 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
Previous Balance							\$67.41
<b>TOTALS</b>	<b>\$940.83</b>	<b>\$923.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$619.07</b>	<b>\$288.80</b>	<b>\$62.73</b>

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy changes listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

## Consumer Alerts

### What is a Generic Drug?

Are you wondering if generic drugs work as well as their brand name equivalent? If so, you should know that generics are just as safe as brands because both are made under the same strict FDA guidelines. This means generics and brands contain the same active ingredients and meet the same quality requirements. Plus, generics typically cost much less. In fact, according to the Congressional Budget Office, generics save consumers almost \$10 billion a year.

### Full-Body CT Scans Have Risks

Full-body CT scans have been promoted as a way to screen for cancer, regardless of whether symptoms exist. Though CT scans are important when diagnosing cancer in people with symptoms, using a CT scan to screen for cancer may do more harm than good. The FDA's website states that the radiation received by a CT scan of the abdomen equals 500 chest x-rays. This means radiation levels are high enough to potentially cause cancer after multiple scans.

### Visit Your Personal Member Website

Have you visited your Definity Health website lately? If not, you've missed out on a lot of important information. Not only can you find your current account balance and track claims activity, but there is also a variety of tools to help you manage your health. So if you haven't logged in for a while, check out your member website at [www.definityhealth.com](http://www.definityhealth.com) today. If you forgot your password, don't worry - the website can help you.

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

55.12 = JON

### Do You Review Your Bills?

In a recent survey, 5 percent of patients who reviewed their hospital bills found significant errors. These errors were twice as likely to happen if a patient had out-of-pocket expenses of \$2,000 or more. The most common mistakes included duplicate orders and incorrect lengths of stay. Be sure to check your bill, and call your hospital with any questions. What might seem like an insignificant error could relate to something much larger. Survey by Consumer Reports.

See the last page for more helpful information.

**Member Number** 800 568 665  
**Statement Period** 12/01/2005 - 12/31/2005

Balance Summary	
previous balance	\$29.62
payments and credits	\$0.00
new purchases	\$40.31
<b>NEW BALANCE DUE</b>	<b>\$69.93</b>

JON prior 29.62  
 JON = 26.10  
 Entine = 14.20

Account Balances	Annual	Applied	Remaining
Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$7,218.55	

See the back of this page for information on how to read your health statement.

Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
MADELEINE ENTINE on 11/09/05 (processed 12/01/05) DOUGLAS MOORE 205V1177100 Medical	\$45.00	\$34.07	\$0.00	\$0.00	\$27.28	\$8.81	\$0.00
JON ENTINE on 11/22/05 (processed 12/02/05) Secured for patient's privacy 205VM183100 Medical	\$55.00	\$49.37	\$0.00	\$0.00	\$39.50	\$9.87	\$0.00

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.



*Jon Entine's charges*

Member Number      Statement Period

800 568 665      11/01/2005 - 11/30/2005

**INVOICE - Please pay upon receipt**

New Balance Due    \$29.62

Amount Enclosed \$

*Make check payable to Definity Health, and mail to:*

Definity Health  
PO BOX 77023  
Minneapolis, MN 55480-7723

**YOUR HEALTH STATEMENT**

Address changes should be made through your employer.

TURNER, ELLEN L  
7719 SHAWNEE RUN ROAD  
CINCINNATI OH 45243-3119

8005686657 00002962 0 20051101 200511305

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

Member Number      Statement Period

800 568 665      11/01/2005 - 11/30/2005

**Balance Summary**

previous balance	(\$89.17)
payments and credits	\$0.00
new purchases	\$118.79
<b>NEW BALANCE DUE</b>	<b>\$29.62</b>

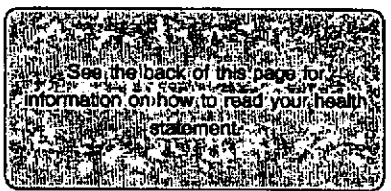
**New Login Process**

Beginning in mid-December, all Definity Health members will re-register for their member website. Once we begin the re-registration process, you will automatically be taken through a series of easy-to-follow steps. After you re-register, you should always log in at [myuhc.com](http://myuhc.com). This new login process allows us to communicate information in new ways, and it will allow us to continue to innovate our web-based services. Remember to add [myuhc.com](http://myuhc.com) to your web Favorites.

See the last page for more helpful information.

**Account Balances**

	Annual	Applied	Remaining
Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$5,922.53	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

**Claims Details**

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
JON ENTINE on 09/28/05 (processed 11/03/05) Secured for patient's privacy 205SJ419500 Medical	\$295.00	\$295.00	\$0.00	\$0.00	\$236.00	\$59.00	\$0.00
MADELEINE ENTINE on 10/25/05 (processed 11/10/05) Secured for patient's privacy 205TA788900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00

Claim details continued on page 3

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# DEFINITY HEALTH STATEMENT

Member Number: 800 568 665 | Statement Period: 11/01/2005 - 11/30/2005

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe Definity Health
JON ENTINE on 11/10/05 (processed 11/15/05) Secured for patient's privacy 205TO389700 Pharmacy	\$317.69	\$317.69	\$0.00	\$0.00	\$254.15	\$0.00	\$63.54
MADELEINE ENTINE on 11/12/05 (processed 11/15/05) ADRIEN PHARMACY 205TO774400 AMOX TR-K CLV 600-42.9/5 SUSP	\$102.62	\$84.54	\$0.00	\$0.00	\$67.63	\$0.00	\$18.91
MADELEINE ENTINE on 11/08/05 (processed 11/16/05) SALLY SHOTT 205TU723500 Medical	\$88.00	\$75.51	\$0.00	\$0.00	\$80.41	\$15.10	\$0.00
ELLEN L TURNER on 11/18/05 (processed 11/18/05) CVS PHARMACY #6097 [REDACTED] TABLET	\$32.09	\$29.59	\$0.00	\$0.00	\$23.67	\$0.00	\$6.92
MADELEINE ENTINE on 11/08/05 (processed 11/22/05) Secured for patient's privacy 205UG809000 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
JON ENTINE on 11/17/05 (processed 11/22/05) Secured for patient's privacy 205UI091500 Pharmacy	\$162.11	\$162.11	\$0.00	\$0.00	\$129.69	\$0.00	\$32.42
JON ENTINE on 09/29/05 (processed 11/23/05) Secured for patient's privacy 205UL788900 Medical	\$285.00	\$285.00	\$0.00	\$0.00	\$165.00	\$120.00	\$0.00
Previous Balance							\$89.17
<b>TOTALS</b>	<b>\$1,744.91</b>	<b>\$1,508.44</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,092.56</b>	<b>\$298.10</b>	<b>\$29.62</b>

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## Consumer Alerts

### Medication: Take It If You Got It

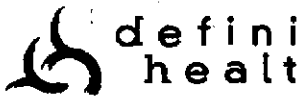
Too often, people do not take the medications that their doctors prescribe. A recent study\* found that one in three patients do not take their high blood pressure and cholesterol medications as often as prescribed. This is especially true if the patient takes more than one medication at a time. If you find that you do not take your medications as often as you should, talk to your doctor about ways to stay on schedule. \*Study from Archives of Internal Medicine

### Full-Body CT Scans Have Risks

Full-body CT scans have been promoted as a way to screen for cancer, regardless of whether symptoms exist. Though CT scans are important when diagnosing cancer in people with symptoms, using a CT scan to screen for cancer may do more harm than good. The FDA's website states that the radiation received by a CT scan of the abdomen equals 500 chest x-rays. This means radiation levels are high enough to potentially cause cancer after multiple scans.

### Hospital Quality Gap is Growing

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A UnitedHealth Group Company

PO Box 740800, Atlanta, GA 30374-0800

2006  
BILLS

Member Number

Statement Period

800 568 665

03/01/2006 - 03/31/2006

INVOICE - Please pay upon receipt

New Balance Due \$59.24

Amount Enclosed \$

Check here and complete back if paying by or

Make check payable to United Healthcare, and mail to:

United Healthcare  
PO BOX 77023  
Minneapolis, MN 55480-7723

### YOUR HEALTH STATEMENT

Address changes should be made through your employer or enrollment department.

TURNER, ELLEN L  
7719 SHAWNEE RUN ROAD  
CINCINNATI OH 45243-3119

008005686657 00005924 0 20060301 200603313

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

Member Number

Statement Period

800 568 665

03/01/2006 - 03/31/2006

### Balance Summary

previous balance	\$33.22
payments and credits	\$0.00
new purchases	\$26.02
<b>NEW BALANCE DUE</b>	<b>\$59.24</b>

### You Have Met Your Deductible

Because you have recently met your deductible, Health Coverage will pay for eligible medical and pharmacy expenses for the rest of the year. This means you are not responsible to pay the full cost of the service. If you have questions about the charges you do owe, this statement, along with the Benefit Amounts and Covered Services on your member website, will help you understand where these charges come from. Remember eligible preventive care is covered 100%.

See the last page for more helpful information.

### Account Balances

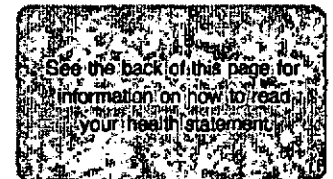
Initial

Applied

Remaining

Definiti <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$1,258.95	

Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.



### Claims Details

Amount Billed

Cost of Care

Paid by HRA

Applied to Deductible

Health Coverage

You May Owe Provider\*

You Owe UHC\*

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider*	You Owe UHC*
MADELEINE ENTINE on 01/25/06 (processed 02/28/06) Secured for patient's privacy 206F8155500 Medical	\$130.00	\$130.00	\$0.00	\$130.00	\$0.00	\$130.00	\$0.00
JON ENTINE on 01/30/06 (processed 03/01/06) Secured for patient's privacy 206G0733000 Medical	\$115.00	\$115.00	\$0.00	\$115.00	\$0.00	\$115.00	\$0.00

Claim details continued on page 3

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# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

03/01/2006 - 03/31/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
<b>JON ENTINE on 01/10/06 (processed 03/02/06)</b> Secured for patient's privacy 206GB489100 Medical	\$800.00	\$350.00	\$0.00	\$350.00	\$0.00	\$350.00	\$0.00
<b>ELLEN L TURNER on 01/11/06 (processed 03/03/06)</b> BETHESDA LABORATORY SERVICE 206C7192500 Medical	\$84.00	\$33.97	\$0.00	\$0.00	\$33.97	\$0.00	\$0.00
<b>MADELEINE ENTINE on 01/17/06 (processed 03/07/06)</b> Secured for patient's privacy 206I3886000 Medical	\$260.00	\$260.00	\$0.00	\$260.00	\$0.00	\$260.00	\$0.00
<b>ELLEN L TURNER on 03/08/06 (processed 03/08/06)</b> CVS PHARMACY # 6103 206J0994700 SPRINTEC 28 DAY TABLET	\$26.02	\$26.02	\$0.00	\$26.02	\$0.00	\$0.00	\$26.02
<b>MADELEINE ENTINE on 02/03/06 (processed 03/08/06)</b> CHILDRENS HOSPITAL MEDICA 206J2210600 Medical	\$75.51	\$75.51	\$0.00	\$75.51	\$0.00	\$75.51	\$0.00
<b>MADELEINE ENTINE on 02/02/06 (processed 03/08/06)</b> CHILDRENS HOSPITAL MEDICA 206J2214600 Medical	\$1,650.00	\$1,274.36	\$0.00	\$702.54	\$457.46	\$816.90	\$0.00
<b>MADELEINE ENTINE on 02/14/06 (processed 03/13/06)</b> Secured for patient's privacy 206K5400800 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
<b>MADELEINE ENTINE on 02/08/06 (processed 03/13/06)</b> Secured for patient's privacy 206K5405700 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
<b>MADELEINE ENTINE on 02/28/06 (processed 03/21/06)</b> Secured for patient's privacy 206N3018800 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
<b>MADELEINE ENTINE on 02/22/06 (processed 03/21/06)</b> Secured for patient's privacy 206N3022900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
<b>JON ENTINE on 02/28/06 (processed 03/22/06)</b> Secured for patient's privacy 206N7843100 Medical	\$750.00	\$277.91	\$0.00	\$0.00	\$222.03	\$55.58	\$0.00
<b>JON ENTINE on 02/27/06 (processed 03/22/06)</b> Secured for patient's privacy 206N7843300 Medical	\$250.00	\$103.21	\$0.00	\$0.00	\$92.57	\$20.64	\$0.00
Previous Balance							\$33.22
<b>TOTALS</b>	<b>\$4,484.19</b>	<b>\$3,165.98</b>	<b>\$0.00</b>	<b>\$1,659.07</b>	<b>\$1,108.33</b>	<b>\$2,031.63</b>	<b>\$59.24</b>

\* This may include amounts paid to your provider/pharmacy at the time of service, deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. United Healthcare only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.



DATE	DESCRIPTION	PATIENTS NAME	CHARGES	CREDITS
01/01/2006	Balance Forward		242.00	
01/03/2006	Payment - DELTA DENTAL PLAN OF ILLINOIS	ELLEN		-132.00
01/03/2006	Payment - DELTA DENTAL PLAN OF ILLINOIS	MADELEINE		-97.44
* 01/09/2006	DDS1:D1351:Sealant-per tooth	MADELEINE	45.00	
* 01/09/2006	DDS1:D1351:Sealant-per tooth	MADELEINE	45.00	
* 01/09/2006	DDS1:D1351:Sealant-per tooth	MADELEINE	45.00	
* 01/09/2006	DDS1:D1351:Sealant-per tooth	MADELEINE	45.00	
02/01/2006	Payment - DELTA DENTAL	MADELEINE		-117.00
01/03/2006	Credit Adjustment	ELLEN		-9.00
01/03/2006	Credit Adjustment	MADELEINE		-3.56
02/01/2006	Credit Adjustment	MADELEINE		-24.00

\* Indicates that insurance has been billed for the procedure.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
39.00	0.00	0.00	0.00	39.00



Cincinnati Children's  
 Location 0194  
 Cincinnati, OH 45264-0194

233V1149952491

**Hospital Billing Statement**

ELLEN TURNER  
 6255 S CLIPPINGER DR  
 CINCINNATI OH 45243-3253



**Account Summary**

Account Number	149952491
Patient Name	MADELEINE ENTINE
Service Date	08/12/05
Total Charges	\$ 57.00
Total Insurance Payments	\$ 0.00
Total Adjustments/Discounts	\$ 0.00
Total Parent Payments	\$ 0.00
Account Balance	\$ 57.00
Amount Pending Insurance	\$ 0.00
Please Pay by 01/09/06	\$ 57.00

E = 28.50  
 J = 28.50

**Important Message**

Thank you for selecting Cincinnati Children's for your child's health care. Your insurance has paid, but there is a remaining balance due from you. If you have any questions about why your insurance did not pay the entire claim, please call your insurance company directly.

Please send payment for the entire balance of \$ 57.00 by 01/09/06. If you are not able to make payment in full, please call Customer Service to set up a payment plan or to apply for financial assistance.

Please see the back of this statement for information regarding free or discounted care.

**Account Activity Since Last Statement**

No activity since last statement

*Pd. 1/20/06*

**Insurance Information**

Please contact Customer Service if this information is not correct or if you have secondary insurance.

Primary	PRIVATE HEALTH CARE
ID Number	800568667

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462

Customer Service reps available M-F 8:00 a.m. - 5:30 p.m.

- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
- Billing questions or changes to your insurance.
- Automated Account information 24 hrs/day 7 days/week.



Visit [www.cincinnatichildrens.org/ebill](http://www.cincinnatichildrens.org/ebill) to manage your account online or to Contact Us

*This statement is for hospital services only. Your physician may bill separately for their services.*



Cincinnati Children's  
 Location 0194  
 Cincinnati, OH 45264-0194

236V1153082920

## Hospital Billing Statement

ELLEN LEE TURNER  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119



### Account Summary

Account Number	153082920
Patient Name	MADELEINE ROSE ENTINE
Service Date	02/02/08 *
Total Charges	\$ 5,655.01
Total Insurance Payments	\$ -4,297.81 ✓
Total Adjustments/Discounts	\$ -282.75
Total Parent Payments	\$ -197.60
Account Balance	\$ 876.85
Amount Pending Insurance	\$ 0.00
Please Pay by 06/09/06	\$ 876.85

### Insurance Information

Please contact Customer Service if this information is not correct or if you have secondary insurance.

Primary	UHC OTHERS
ID Number	800568667

### Important Message

**YOUR ACCOUNT IS SERIOUSLY OVERDUE!** To avoid late charges and your account being sent to collections, please send payment for the entire balance of \$ 876.85 immediately. If you have already paid this balance, please disregard this statement.

If you are not able to make payment for the entire balance, please call Customer Service to set up a payment plan or to apply for financial assistance.

Please see the back of this statement for information regarding free or discounted care.

### Account Activity Since Last Statement

No activity since last statement

### Contact Us - Póngase En Contacto Con Nosotros

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- Billing questions or changes to your insurance.
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Cincinnati Children's  
 Location 0194  
 Cincinnati, OH 45264-0194

236V1153082920

**Important Message**

YOUR ACCOUNT IS SERIOUSLY OVERDUE! To avoid late charges and your account being sent to collections, please send payment for the entire balance of \$ 876.85 immediately. If you have already paid this balance, please disregard this statement.

If you are not able to make payment for the entire balance, please call Customer Service to set up a payment plan or to apply for financial assistance.

Please see the back of this statement for information regarding free or discounted care.

**Hospital Billing Statement**

ELLEN LEE TURNER  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119



**Account Summary**

Account Number	153082920
Patient Name	MADELEINE ROSE ENTINE
Service Date	02/02/06 *
Total Charges	\$ 5,655.01
Total Insurance Payments	\$ -4,297.81 ✓
Total Adjustments/Discounts	\$ -282.75
Total Parent Payments	\$ -197.60
Account Balance	<u>\$ 876.85</u>
Amount Pending Insurance	\$ 0.00
Please Pay by 06/09/06	\$ 876.85

**Account Activity Since Last Statement**

No activity since last statement.

E 438.42  
 J 438.43

**Insurance Information**

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462  
 Hours of operation: M-F 8:00 a.m. - 5:30 p.m.

**TURNER + HUMBERT, LLC**  
 10200 ALLIANCE DRIVE  
 CINCINNATI, OH 45242  
 (513) 503-1268

1037

PAY TO THE ORDER OF

*Cinci Children's*

DATE 6/3/06

25-1-440

*eight hundred seventy-six & 85/100*

\$ 876.85

**National City.**  
 National City Bank  
 Cincinnati, Ohio

DOLLARS

FOR

*Ellen Turner*

⑈00001037⑈ ⑆04400001⑆ 983411010⑈



Cincinnati Children's  
 Location 0242  
 Cincinnati, OH 45264-0242

**Important Message**

Thank you for choosing the professional staff of Cincinnati Children's. Please pay the Amount Now Due. For help with your bill or to learn about financial assistance or payment plans, please call Customer Service.

**Physician Billing Statement**

ELLEN LEE TURNER  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119  
 1101904

PD. 4/17/06  
 #1149

**Account Summary**

Statement Date	03/25/06
Account Number	111991602
Patient Name	MADELEINE ROSE ENTINE
Total Charges	\$ 1,650.00
Insurance Payments/Adjustments	\$ -833.10
Parent Payments	\$ 0.00
Total Account Balance	\$ 816.90
Pending With Insurance	\$ 0.00
<b>Please Pay by 04/12/06</b>	<b>\$ 816.90</b>

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462  
 Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.

- Billing questions or changes to your insurance
- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
- E-mail: [patientbilling@ochmc.org](mailto:patientbilling@ochmc.org)

Please see the reverse side to view your account details... 

*This statement is for your physician services only. The hospital may bill separately for their services.*



Cincinnati Children's  
 Location 0242  
 Cincinnati, OH 45264-0242

**Important Message**

Thank you for choosing the professional staff of Cincinnati Children's. Please pay the Amount Now Due. For help with your bill or to learn about financial assistance or payment plans, please call Customer Service.

**Physician Billing Statement**

ELLEN LEE TURNER 1V01905  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119  
 [Barcode]

**Account Summary**

Statement Date	03/25/06
Account Number	111991603
Patient Name	MADELEINE ROSE ENTINE
Total Charges	\$ 86.00
Insurance Payments/Adjustments	\$ -10.49
Parent Payments	\$ 0.00
<b>Total Account Balance</b>	<b>\$ 75.51</b>
Pending With Insurance	\$ 0.00
<b>Please Pay by 04/12/06</b>	<b>\$ 75.51</b>

**Contact Us - Póngase En Contacto Con Nosotros**

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- E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

Please see the reverse side to view your account details... ➔

*This statement is for your physician services only. The hospital may bill separately for their services.*



Cincinnati Children's  
 Location 0194  
 Cincinnati, OH 45264-0194

200V1151867850

## Hospital Billing Statement

TURNER  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119



### Account Summary

Account Number	151867850
Patient Name	MADELEINE ENTINE
Service Date	11/29/05
Total Charges	\$ 40.00
Total Insurance Payments	\$ -19.00
Total Adjustments/Discounts	\$ -8.06
Total Parent Payments	\$ 0.00
Account Balance	\$ 12.94
Amount Pending Insurance	\$ 0.00
Please Pay by 03/20/06	\$ 12.94

### Insurance Information

Please contact Customer Service if this information is not correct or if you have secondary insurance.

Primary	UHC BENESIGHT
ID Number	800568667

### Important Message

Thank you for selecting Cincinnati Children's for your child's health care. Your insurance has paid, but there is a remaining balance due from you. If you have any questions about why your insurance did not pay the entire claim, please call your insurance company directly.

Please send payment for the entire balance of \$ 12.94 by 03/20/06. If you are not able to make payment in full, please call Customer Service to set up a payment plan or to apply for financial assistance.

Please see the back of this statement for information regarding free or discounted care.

### Account Activity Since Last Statement

TRANS DATE	DESCRIPTION	AMOUNT
03/03/06	PMT TRANS TO/FROM OTHER ACCT	\$ -6.06
02/17/06	INSURANCE PAYMENT	-19.00
02/17/06	COMMERCIAL ADJ/DISCOUNT	-2.00
02/22/06	UNITED HEALTH CARE ADJ/DISCOUNT	\$ 2.00

### Contact Us - Póngase En Contacto Con Nosotros

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Customer Service reps available M-F 8:00 a.m. - 5:30 p.m.

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**MAILED  
 to JON  
 on 3/22/06**

**Member Number Statement Period**

800 568 665 | 02/01/2006 - 02/28/2006

**INVOICE - Please pay upon receipt**

**New Balance Due \$33.22**

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

Check here and complete back if paying by  or 

*Make check payable to United Healthcare, and mail to:*

United Healthcare  
 PO BOX 77023  
 Minneapolis, MN 55480-7723

**YOUR HEALTH STATEMENT**

*Address changes should be made through your employer or enrollment department.*

TURNER, ELLEN L  
 7719 SHAWNEE RUN ROAD  
 CINCINNATI OH 45243-3119

008005686657 00003322 0 20060201 20060228B

*Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.*

**Member Number Statement Period**

800 568 665 | 02/01/2006 - 02/28/2006

**Balance Summary**

previous balance	\$0.00
payments and credits	\$0.00
new purchases	\$33.22
<b>NEW BALANCE DUE</b>	<b>\$33.22</b>

**★  
 all  
 JON.  
 HE OWES  
 THIS**

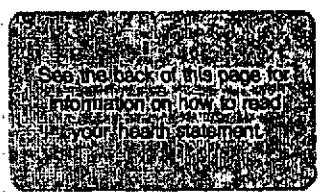
**Do You Review Your Bills?**

In a recent survey, 5 percent of patients who reviewed their hospital bills found significant errors. These errors were twice as likely to happen if a patient had out-of-pocket expenses of \$2,000 or more. The most common mistakes included duplicate orders and incorrect lengths of stay. Be sure to check your bill, and call your hospital with any questions. What might seem like an insignificant error could relate to something much larger. *Survey by Consumer Reports.*

*See the last page for more helpful information.*

**Account Balances Initial Applied Remaining**

Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$2,340.93)	\$1,659.07
Health Coverage		\$129.80	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

**Claims Details Amount Billed Cost of Care Paid by HRA Applied to Deductible Health Coverage You Owe Provider You Owe UHC**

<b>ELLEN L TURNER on 08/08/05 (processed 08/23/05)</b>							
205KK058400 Medical	\$125.00	\$125.00	\$0.00	\$0.00	\$0.00	(\$125.00)	\$0.00
<b>MADELEINE ENTINE on 08/12/05 (processed 08/30/05)</b>							
SALLY SHOTT 205LE061500 Medical	\$247.00	\$247.00	\$0.00	\$0.00	\$0.00	(\$247.00)	\$0.00

*Claim details continued on page 3*

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.



YOUR HEALTH STATEMENT

★ JON OWES

Member Number

Statement Period

800 568 665

02/01/2006 - 02/28/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You Owe Provider	You Owe UHC
ELLEN L TURNER on 08/28/05 (processed 08/31/05) CVS PHARMACY #6097 205LM220700	\$32.09	\$32.09	\$0.00	\$0.00	\$0.00	\$0.00	(\$32.09)
MADELEINE ENTINE on 08/12/05 (processed 09/08/05) CHILDRENS HOS MED CTR-CH 205LW980100 Medical	\$57.00	\$57.00	\$0.00	\$0.00	\$0.00	(\$57.00)	\$0.00
MADELEINE ENTINE on 08/31/05 (processed 09/16/05) Secured for patient's privacy 205NG013200 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00	(\$130.00)	\$0.00
JON ENTINE on 01/05/06 (processed 01/30/06) Secured for patient's privacy 20651779200 Medical	\$120.00	\$70.00	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00
JON ENTINE on 09/30/05 (processed 02/06/06) Secured for patient's privacy 205AHA21800 Pharmacy	\$187.99	\$185.99	\$0.00	\$0.00	\$148.79	\$0.00	\$37.20
JON ENTINE on 09/30/05 (processed 02/06/06) Secured for patient's privacy 205AHA22100 Pharmacy	\$22.99	\$20.99	\$0.00	\$0.00	\$18.79	\$0.00	\$4.20
MADELEINE ENTINE on 02/02/06 (processed 02/06/06) ADRIEN PHARMACY 20673914200 OMNICEF 250 MG/5 ML SUSPENSION	\$132.03	\$132.03	\$132.03	\$132.03	\$0.00	\$0.00	\$0.00
MADELEINE ENTINE on 01/03/06 (processed 02/06/06) Secured for patient's privacy 20675552300 Medical	\$130.00	\$130.00	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00
MADELEINE ENTINE on 01/04/06 (processed 02/06/06) Secured for patient's privacy 20675552400 Medical	\$130.00	\$130.00	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00
JON ENTINE on 02/01/06 (processed 02/07/06) Secured for patient's privacy 20677590000 Pharmacy	\$309.57	\$309.57	\$309.57	\$309.57	\$0.00	\$0.00	\$0.00
JON ENTINE on 02/01/06 (processed 02/07/06) Secured for patient's privacy 20677590400 Pharmacy	\$276.24	\$276.24	\$276.24	\$276.24	\$0.00	\$0.00	\$0.00
MADELEINE ENTINE on 11/29/05 (processed 02/03/06) CHILDRENS HOS MED CTR-CH 205AIZ17800 Medical	\$38.00	\$38.00	\$0.00	\$0.00	\$19.00	\$19.00	\$0.00
JON ENTINE on 12/14/05 (processed 02/10/06) Secured for patient's privacy 205AJQ70100 Medical	\$140.00	\$140.00	\$0.00	\$0.00	\$112.00	\$28.00	\$0.00

Claim details continued on page 4

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

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PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

DEFINITY HEALTH CLAIMS  
P.O. BOX 9525  
AMHERST, NY 14226-9525

Sent to Jon 3/22/06

HEALTH INSURANCE CLAIM FORM

PICA	HEALTH INSURANCE CLAIM FORM										PICA						
1. MEDICARE <input type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	CHAMPUS <input type="checkbox"/> (Sponsor's SSN)	CHAMPVA <input type="checkbox"/> (VA File #)	GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)	FECA BLK LUNG <input type="checkbox"/> (SSN)	OTHER <input checked="" type="checkbox"/> (ID)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)					800568666					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)					TURNER ELLEN					
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)					7719 SHAWNEE RUN ROAD		STATE	OH			
CITY		STATE		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>				CITY		STATE		CINCINNATI	OH				
ZIP CODE		TELEPHONE (Include Area Code)		Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>				ZIP CODE		TELEPHONE (INCLUDE AREA CODE)		45243	613 561 2857				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER					103045				
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		10 02 1960	M <input type="checkbox"/> F <input checked="" type="checkbox"/>				
b. OTHER INSURED'S DATE OF BIRTH MM DD YY				b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. EMPLOYER'S NAME OR SCHOOL NAME					SARA LEE				
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME					DEFINITY HEALTH CLAIMS				
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
SIGNED SIGNATURE ON FILE						DATE 03 18 2006						SIGNED SIGNATURE ON FILE					
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				17a. I.D. NUMBER OF REFERRING PHYSICIAN				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
UNKNOWN								20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO 0 00									
19. RESERVED FOR LOCAL USE				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
1. 296 23 DSM IV				3. _____				23. PRIOR AUTHORIZATION NUMBER									
2. _____				4. _____													
24. A DATE(S) OF SERVICE: From MM DD YY To MM DD YY		B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E DIAGNOSIS CODE	F \$ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE					
02162006 02162006		11		90806 INDIVI			120 00	1									
02212006 02212006		11		90806 INDIVI			120 00	1									
03012006 03012006		11		90806 INDIVI			120 00	1									
03082006 03082006		11		90806 INDIVI			120 00	1									
03152006 03152006		11		90806 INDIVI			120 00	1									
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$					
311269386		X						\$ 600 00		\$ 0 00		\$ 600 00					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)				33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #									
DAVID S MARCUS PH D								DAVID S MARCUS PH D									
059 40 1760								7809 LAUREL AVENUE SUITE #									
SIGNED 03 18 2006								CINCINNATI OH 45243									
								PIN 059 40 1760 GRP 866 333 4648									

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION



Cincinnati Children's  
 Location 0242  
 Cincinnati, OH 45264-0242

**Important Message**

Thank you for choosing the professional staff of Cincinnati Children's. Please pay the Amount Now Due. For help with your bill or to learn about financial assistance or payment plans, please call Customer Service.

**PAID 4/17/06  
 # 1149**

**Physician Billing Statement**

ELLEN LEE TURNER 1V01904  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119  


**Account Summary**

Statement Date	03/25/06
Account Number	111991602
Patient Name	MADELEINE ROSE ENTINE
Total Charges	\$ 1,650.00
Insurance Payments/Adjustments	\$ -833.10
Parent Payments	\$ 0.00
Total Account Balance	\$ 816.90
Pending With Insurance	\$ 0.00
<b>Please Pay by 04/12/06</b>	<b>\$ 816.90</b>

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462  
 Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.

- Billing questions or changes to your insurance
- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
- E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

Please see the reverse side to view your account details...

**Account Summary**

Statement Date	03/25/06
Account Number	111991603
Patient Name	MADELEINE ROSE ENTINE
Total Charges	\$ 86.00
Insurance Payments/Adjustments	\$ -10.49
Parent Payments	\$ 0.00
Total Account Balance	\$ 75.51
Pending With Insurance	\$ 0.00
<b>Please Pay by 04/12/06</b>	<b>\$ 75.51</b>

**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462  
 Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.

- Billing questions or changes to your insurance
- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
- E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

Please see the reverse side to view your account details...

*This statement is for your physician services only. The hospital may bill separately for their services.*

**Summary of Services and Charges**

PATIENT NAME: MADELEINE ROSE ENTINE      CASE NUMBER: 163246246      DOCTOR(S): SALLY R. SHOTT  
 LOCATION: CINCINNATI CHILDREN'S MAIN

Date	CPT Code	Description	Charges	Payment/Adj	Pending Insurance	Parent Balance
02/03/06	99212	OV EST PT PROB FOCUSED	\$ 86.00			
03/17/06		613066/MED/COMMERCIAL		\$ 0.00		
03/17/06		HMO/PPO OTHER ADJUST/DISCOUNT		\$ -10.49		\$ 75.51
<b>TOTAL:</b>			<b>\$ 86.00</b>	<b>\$ -10.49</b>	<b>\$ 0.00</b>	<b>\$ 75.51</b>
<b>GRAND TOTAL:</b>			<b>\$ 86.00</b>	<b>\$ -10.49</b>	<b>\$ 0.00</b>	<b>\$ 75.51</b>

**Summary of Services and Charges**

PATIENT NAME: MADELEINE ROSE ENTINE      CASE NUMBER: 163082920      DOCTOR(S): SALLY R. SHOTT  
 LOCATION: CINCINNATI CHILDREN'S MAIN

Date	CPT Code	Description	Charges	Payment/Adj	Pending Insurance	Parent Balance
02/02/06	38510	LYMPH NODE NECK DEEP EXC	\$ 1,650.00			
03/14/06		604252/MED/COMMERCIAL		\$ -457.46		
03/14/06		HMO/PPO OTHER ADJUST/DISCOUNT		\$ -375.64		\$ 816.90
<b>TOTAL:</b>			<b>\$ 1,650.00</b>	<b>\$ -833.10</b>	<b>\$ 0.00</b>	<b>\$ 816.90</b>
<b>GRAND TOTAL:</b>			<b>\$ 1,650.00</b>	<b>\$ -833.10</b>	<b>\$ 0.00</b>	<b>\$ 816.90</b>

OWED → \$ 892.41





(513) 872-7005  
Outside area code:  
(800) 576-6263

PO Box 20010  
Cincinnati OH 45220-0010  
ADDRESS SERVICE REQUESTED

April 7, 2006

**CINCINNATI CHILDREN'S**  
PO Box 20010  
Cincinnati OH 45220-0010  
[Barcode]

9412886-235 254373 21714  
[Barcode]  
Ellen Turner  
7719 Shawnee Run Rd  
Cincinnati OH 45243-3119

**Patient #: 151532645**  
Service Date: 11/08/05

**Patient Name: Madeleine Entine**  
Payment Due Date: Apr 21 2006

**Payment Amt. Due: \$19.00**  
Amount Paid: \$ 19.00

\*\*\*Detach Upper Portion and Return with Payment\*\*\*

**ATTENTION**  
**WE HAVE NOT RECEIVED A RESPONSE FROM YOU**

Our records show an overdue account balance of \$19.00. Please pay this balance immediately. ~~For more information, please contact Customer Service at~~

ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

25-1  
440-915  
104597980

1149

DATE 4/17/06

or to learn more

PAY TO THE ORDER OF Children's Hospital

\$ 911.41

it (513) 872-7005.

nine hundred eleven & 41/100

DOLLARS

**National City.**

National City Bank

Cincinnati, OH

MEMO  
1) 151532645 = 19.00  
2) 11199502 = 816.90  
3) 111991603 = 75.51  
Total: 911.41

Ellen Turner

104597980 1149

PLEASE RETAIN FOR YOUR RECORDS

**Account Number: 151532645**  
**Patient's Name: Madeleine Entine**  
**Service Date: 11/08/05**  
**Statement Date: April 7, 2006**  
**Current Account Balance: \$19.00**  
2CSMRS110235

**Responsible Party:**  
Ellen Turner  
7719 Shawnee Run Rd  
Cincinnati OH 45243-3119



Cincinnati Children's  
Location 0242  
Cincinnati, OH 45264-0242

ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

25-1 615  
440  
104597980

1217

DATE 7/30/06

PAY TO THE ORDER OF Cincinnati Children's \$ 15.10

fifteen & 10/100

DOLLARS

Physician Billing Statement

ELLEN LEE TURNER  
7719 SHAWNEE RUN RD  
CINCINNATI OH 45243-3119  
111991602

National City.

National City Bank  
Cincinnati, Ohio

MEMO Maddie # 111991602

Ellen Turner

⑆04400001⑆ 104597980⑈ 1217

Account Summary

Statement Date	07/15/06
Account Number	111991602
Patient Name	MADELEINE ROSE ENTINE
Total Charges	\$ 86.00
Insurance Payments/Adjustments	\$ -70.90
Parent Payments	\$ 0.00
Total Account Balance	\$ 15.10
Pending With Insurance	\$ 0.00
Please Pay by 08/02/06	\$ 15.10

Contact Us - Póngase En Contacto Con Nosotros

Customer Service: (513) 636-4427 or (800) 344-2462  
Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.

- Billing questions or changes to your insurance
- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
- E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

Please see the reverse side to view your account details...

This statement is for your physician services only. The hospital may bill separately for their services.



Statement Date: 07/15/06

Check here if your address or insurance information has changed.  
Please indicate changes on the back of this page.

MAKE CHECK PAYABLE TO:

Cincinnati Children's  
Location 0242  
Cincinnati, OH 45264-0242  
111991602

Patient Name	Account Number	Date Due
MADELEINE ROSE ENTINE	111991602	08/02/06
Amount Now Due	Amount I Am Paying	
\$ 15.10	\$ 15.10	

Select One:  Payment Enclosed  Charge



Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

7900011119916020000000015103

CCHMC01-PHY-RA

**Summary of Services and Charges**

PATIENT NAME: MADELINE ROSE ENTINE	CASE NUMBER: 183901809	DOCTOR(S): SALLY R SHOT
LOCATION: CINCINNATI CHILDREN'S MAIN		

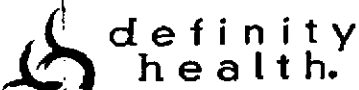
Date	CPT Code	Description	Charges	Payment/Adj	Pending Insurance	Parent Balance
06/23/06	99212	OV EST PT PROB FOCUSED	\$ 86.00			
07/11/06		706267/LEO/COMMERCIAL		\$ -60.41		
07/11/06		HMO/PPO OTHER ADJUST/DISCOUNT		\$ -10.49		\$ 15.10
<b>TOTAL:</b>			<b>\$ 86.00</b>	<b>\$ -70.90</b>	<b>\$ 0.00</b>	<b>\$ 15.10</b>
<b>GRAND TOTAL:</b>			<b>\$ 86.00</b>	<b>\$ -70.90</b>	<b>\$ 0.00</b>	<b>\$ 15.10</b>

**HAS YOUR INSURANCE OR ADDRESS INFORMATION CHANGED?**

If you have new health insurance information or a new address, please enter the information below.

PATIENT NAME		NEW PHONE #	
NEW ADDRESS	CITY	STATE	ZIP CODE
POLICY HOLDER	Policy/ID #	GROUP #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)			INSURANCE PHONE #
INSURANCE COMPANY NAME	EFFECTIVE DATE	INSURANCE ADDRESS	
EMPLOYER	EMPLOYER ADDRESS		

I authorize the hospital to submit any or all medical data to my insurance company, and authorize the assignment of any benefits or payments to the hospital. I understand I am financially responsible to the hospital for charges not covered by this authorization.



A UnitedHealth Group Company

PO Box 740800, Atlanta, GA 30374-0800

**Member Number**      **Statement Period**

800 568 665

06/01/2006 - 06/30/2006

**INVOICE - Please pay upon receipt**

**New Balance Due \$150.12**

ed **\$ 69.89**

**ELLEN L TURNER**  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

25-1915  
440  
104597980

1218

DATE 8/1/06

complete back if paying by or

United Healthcare, and mail to:

ire

N 55480-7723

allinaddddbllldld

112 0 20060601 200606303

attach at perforation.

PAY TO THE ORDER OF United Healthcare \$ 69.89  
sixty-nine and 89/100 DOLLARS

**National City.**

National City Bank  
Cincinnati, Ohio

MEMO # 800-568-665  
(JON OWES 60.07)

Ellen Turner

⑆04400001⑆ ⑆04597980⑆ 1218

**Member Number**      **Statement Period**

800 568 665

06/01/2006 - 06/30/2006

**Balance Summary**

previous balance	\$80.23
payments and credits	\$0.00
new purchases	\$69.89
<b>NEW BALANCE DUE</b>	<b>\$150.12</b>

PA. 7/5/06  
JON = 64.63  
60.07  
9.82 ET

**You Have a New Balance Due**

The New Balance Due field on this statement indicates the amount of pharmacy charges that your employer initially paid on your behalf. They made this payment so you don't have to pay up-front at the pharmacy. Even though they made this payment, the cost of these prescriptions is still your responsibility. Your employer has asked us to recover the amounts they paid. Please pay your New Balance Due promptly or contact us to set up a payment plan.

JON NOW OWES \$124.70 &  
See the last page for more helpful information.

**Account Balances**

	Initial	Applied	Remaining
Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$10,552.38	

See the back of this page for information on how to read your health statement.

Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

**Claims Details**

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
JON ENTINE on 05/26/06 (processed 05/31/06) Secured for patient's privacy 206EP440100 Pharmacy	\$165.92	\$165.89	\$0.00	\$0.00	\$132.71	\$0.00	\$33.18
ELLEN L TURNER on 05/29/06 (processed 05/31/06) CVS PHARMACY #6103 206EP980800	\$29.19	\$24.53	\$0.00	\$0.00	\$19.52	\$0.00	\$4.91

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.



# YOUR HEALTH STATEMENT

Member Number: 800 568 665  
 Statement Period: 06/01/2006 - 06/30/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider*	You Owe UHC*
JON ENTINE on 04/06/06 (processed 05/31/06) Secured for patient's privacy 206ET894300 Medical	\$56.00	\$51.74	\$0.00	\$0.00	\$41.39	\$10.35	\$0.00
JON ENTINE on 04/19/06 (processed 05/31/06) Secured for patient's privacy 206ET896800 Medical	\$549.00	\$490.20	\$0.00	\$0.00	\$392.16	\$98.04	\$0.00
JON ENTINE on 02/27/06 (processed 05/31/06) Secured for patient's privacy 206EU482000 Medical	\$497.64	\$257.51	\$0.00	\$0.00	\$172.83	\$43.21	\$0.00
JON ENTINE on 03/15/06 (processed 06/02/06) Secured for patient's privacy 206FB428600 Medical	\$130.00	\$43.95	\$0.00	\$0.00	\$35.16	\$8.79	\$0.00
JON ENTINE on 04/19/06 (processed 06/02/06) Secured for patient's privacy 206FE320600 Medical	\$158.00	\$77.85	\$0.00	\$0.00	\$62.28	\$15.57	\$0.00
JON ENTINE on 06/02/06 (processed 06/06/06) Secured for patient's privacy 206FM246600 Pharmacy	\$105.35	\$86.21	\$0.00	\$0.00	\$68.97	\$0.00	\$17.24
JON ENTINE on 02/16/06 (processed 06/06/06) Secured for patient's privacy 206FN917200 Medical	\$600.00	\$350.00	\$0.00	\$0.00	\$280.00	\$70.00	\$0.00
MADELEINE ENTINE on 04/25/06 (processed 06/12/06) Secured for patient's privacy 206GL492900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
MADELEINE ENTINE on 04/19/06 (processed 06/12/06) Secured for patient's privacy 206GL530600 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
JON ENTINE on 08/25/05 (processed 06/15/06) Secured for patient's privacy 205BNU68700 Pharmacy	\$50.26	\$48.26	\$0.00	\$0.00	\$38.61	\$0.00	\$9.65
JON ENTINE on 04/27/06 (processed 06/15/06) Secured for patient's privacy 206GY917200 Medical	\$480.00	\$280.00	\$0.00	\$0.00	\$224.00	\$56.00	\$0.00
MADELEINE ENTINE on 05/03/06 (processed 06/20/06) Secured for patient's privacy 206HR834700 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
JON ENTINE on 04/03/06 (processed 06/21/06) Secured for patient's privacy 206HM974300 Medical	\$276.00	\$238.90	\$0.00	\$0.00	\$224.11	\$14.79	\$0.00

*JON*  
\$17.24

*JON*  
\$9.65

Claim details continued on page 4

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

06/01/2006 - 06/30/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
ELLEN L TURNER on 06/19/06 (processed 06/21/06) CVS PHARMACY # 6103 208HT992900	\$29.19	\$24.53	\$0.00	\$0.00	\$19.62	\$0.00	\$4.51
JON ENTINE on 04/26/06 (processed 06/29/06) Secured for patient's privacy 206JA670100 Medical	\$725.00	\$651.55	\$0.00	\$0.00	\$651.55	\$0.00	\$0.00
Previous Balance							\$80.23
<b>TOTALS</b>	<b>\$4,241.55</b>	<b>\$3,181.12</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,597.01</b>	<b>\$472.75</b>	<b>\$150.12</b>

\* This may include amounts paid to your provider/pharmacy at the time of service, deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. United Healthcare only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

## Consumer Alerts

### Pay Your Balance Online

You can now easily pay your balance right from your member website with your VISA or MasterCard. Just visit our new "Statements and Payments" page in the My Account section of your member website. Here you will find your current balance, recent payment activity, and a link to our Make a Secure Payment page. From this page, you can confirm the payment amount, click Continue, and then enter your credit card information.

**YOUR HEALTH STATEMENT**

Address changes should be made through your employer or enrollment department.

TURNER, ELLEN L  
7719 SHAWNEE RUN ROAD  
CINCINNATI OH 45243-3119

\$ 80.23 DUE  
Mr. Jones → \$64.63  
E owes → \$15.60  
PAID 7/17/06 #1203

008005686657 00008023 0 20060501 20060531

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

Member Number: 800 568 665 | Statement Period: 05/01/2006 - 05/31/2006

Balance Summary	
previous balance	\$75.03
payments and credits	\$0.00
new purchases	\$5.20
<b>NEW BALANCE DUE</b>	<b>\$80.23</b>

JON: 57.24 + 6.31 = \$64.63  
ELLEN: 10.18 + 5.28 = \$15.60

**You Have a New Balance Due**  
The New Balance Due field on this statement indicates the amount of pharmacy charges that your employer initially paid on your behalf. They made this payment so you don't have to pay up-front at the pharmacy. Even though they made this payment, the cost of these prescriptions is still your responsibility. Your employer has asked us to recover the amounts they paid. Please pay your New Balance Due promptly or contact us to set up a payment plan.  
See the last page for more helpful information.

Account Balances	Initial	Applied	Remaining
Definity™ Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$8,762.69	

Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
JON ENTINE on 03/28/06 (processed 05/01/06) Secured for patient's privacy 206BM052900 Medical	\$360.00	\$210.00	\$10.00	\$0.00	\$160.00	\$42.00	\$0.00
MADELEINE ENTINE on 03/28/06 (processed 05/08/06) Secured for patient's privacy 206BQ074600 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$72.00	\$32.00	\$0.00

#800-568-665  
\* Amounts may in amounts for servi.  
Attention FSA/HC Health only admin. maintain the priv  
ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119  
DATE: 7/5/06  
\$ 80.23  
eighty + 23/100 DOLLARS

National City  
National City Bank  
Cincinnati, OH  
MEMO: DEFINITY - Jon owes \$64.63  
Ellen Turner  
0440000100 1045979801 1203



A UnitedHealth Group Company  
 PO Box 740800, Atlanta, GA 30374-0800

Member Number: 800 568 665 | Statement Period: 05/01/2006 - 05/31/2006  
**INVOICE - Please pay upon receipt**  
 New Balance Due \$80.23

**YOUR HEALTH STATEMENT**

Address changes should be made through your employer or enrollment department.

TURNER, ELLEN L  
 7719 SHAWNEE RUN ROAD  
 CINCINNATI OH 45243-3119

\* 80.23 DUE  
 Mc Jones → \$64.63  
 E owes → \$15.60  
 PD. Check #1203

008005686657 00008023 0 20060501 200605317

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

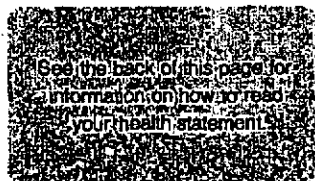
Member Number: 800 568 665 | Statement Period: 05/01/2006 - 05/31/2006

Balance Summary	
previous balance	\$75.03
payments and credits	\$0.00
new purchases	\$5.20
<b>NEW BALANCE DUE</b>	<b>\$80.23</b>

JON: 59.24 + 5.39 = \$64.63  
 ELLEN: 10.10 + 5.50 = \$15.60

**You Have a New Balance Due**  
 The New Balance Due field on this statement indicates the amount of pharmacy charges that your employer initially paid on your behalf. They made this payment so you don't have to pay up-front at the pharmacy. Even though they made this payment, the cost of these prescriptions is still your responsibility. Your employer has asked us to recover the amounts they paid. Please pay your New Balance Due promptly or contact us to set up a payment plan.  
 See the last page for more helpful information.

Account Balances	Initial	Applied	Remaining
Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$8,752.69	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
JON ENTINE on 03/28/06 (processed 05/04/06) Secured for patient's privacy 206BM052900 Medical	\$360.00	\$210.00	\$0.00	\$0.00	\$150.00	\$42.00	\$0.00
MADELEINE ENTINE on 03/28/06 (processed 05/08/06) Secured for patient's privacy 206B0074600 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

05/01/2006 - 05/31/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
JON ENTINE on 04/06/06 (processed 05/09/06) Secured for patient's privacy 206BT773600 Medical	\$254.00	\$24.16	\$0.00	\$0.00	\$24.16	\$0.00	\$0.00
ELLEN L TURNER on 05/09/06 (processed 05/11/06) CVS PHARMACY #6103 206CH320200 SPRINTEC 28 DAY TABLET	\$26.19	\$26.02	\$0.00	\$0.00	\$26.02	\$0.00	\$5.20
ELLEN L TURNER on 04/10/06 (processed 05/15/06) PAMELA SISNEY 206AP987600 Medical	\$458.00	\$444.38	\$0.00	\$0.00	\$38.70	\$405.68	\$0.00
MADELEINE ENTINE on 01/30/06 (processed 05/16/06) MICHAEL BERNARDON 206CX900200 Medical	\$100.00	\$82.91	\$0.00	\$0.00	\$68.33	\$16.58	\$0.00
JON ENTINE on 05/01/06 (processed 05/19/06) Secured for patient's privacy 206DF811900 Medical	\$55.00	\$49.37	\$0.00	\$0.00	\$39.50	\$9.87	\$0.00
MADELEINE ENTINE on 04/05/06 (processed 05/23/06) Secured for patient's privacy 206DS710000 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
MADELEINE ENTINE on 04/11/06 (processed 05/23/06) Secured for patient's privacy 206DS712400 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
Previous Balance							
<b>TOTALS</b>	<b>\$1,656.19</b>	<b>\$1,226.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$591.81</b>	<b>\$630.13</b>	<b>\$75.00</b>

\* This may include amounts paid to your provider/pharmacy at the time of service, deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. United Healthcare only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

## Consumer Alerts

### Allergy Season is Budding!

Spring is in the air - and so are mold, pollen, and other allergens that cause a stuffy nose, scratchy throat, and watery eyes. If you suffer from seasonal allergies, there is good news - relief can be found at your local drug store! Many allergy medications that were previously available only with a prescription are now available over the counter. So, don't suffer - call the number on the back of your ID card and discuss your options with a Health Coach.

### Hang Up the Phone When Driving

The National Highway Traffic Safety Administration estimates that driver-distraction causes 25% of all traffic accidents. One major distraction can be talking on a cell phone. To be safe, hang up your phone when driving. If you believe you must drive and talk at the same time, be sure to know the laws of the state you're driving in; some states do not allow talking on the phone while driving or only allow phone conversations when using a hands-free device.

### Say What?

Roughly 1 out of 10 (28 million) Americans experience hearing loss. Even if you are not one of the 28 million, you are not necessarily out of the woods. In fact, hearing loss happens gradually, and the initial signs may be so subtle that you may not notice a problem for up to 7 years. With today's loud world, it's even more important than before to protect your ears from extended loud noises or close contact with sound (ear buds). Take care of your hearing with regular hearing exams.



A UnitedHealth Group Company  
 PO Box 740800, Atlanta, GA 30374-0800

Member Number: 800 568 665  
 Statement Period: 04/01/2006 - 04/30/2006

INVOICE - Please pay upon receipt

New Balance Due \$75.03

Amount Enclosed \$

Check here and complete back if paying by or

Make check payable to United Healthcare, and mail to:

United Healthcare  
 PO BOX 77023  
 Minneapolis, MN 55480-7723

**YOUR HEALTH STATEMENT**

Address changes should be made through your employer or enrollment department.

TURNER, ELLEN L  
 7719 SHAWNEE RUN ROAD  
 CINCINNATI OH 45243-3119

008005686657 00007503 0 20060401 200604306

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

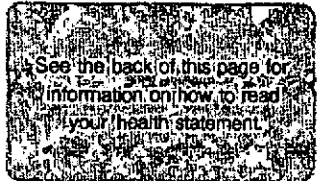
Member Number: 800 568 665  
 Statement Period: 04/01/2006 - 04/30/2006

Balance Summary	
previous balance	\$59.24
payments and credits	\$0.00
new purchases	\$15.79
<b>NEW BALANCE DUE</b>	<b>\$75.03</b>

*Handwritten notes: JUN, Ellen 10.40, Jan 5.31*

**You Have a New Balance Due**  
 The **New Balance Due** field on this statement indicates the amount of pharmacy charges that your employer initially paid on your behalf. They made this payment so you don't have to pay up-front at the pharmacy. Even though they made this payment, the cost of these prescriptions is still your responsibility. Your employer has asked us to recover the amounts they paid. Please pay your **New Balance Due** promptly or contact us to set up a payment plan.  
 See the last page for more helpful information.

Account Balances	Initial	Applied	Remaining
Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$7,402.47	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
ELLEN L TURNER on 03/28/06 (processed 03/30/06) CVS PHARMACY #6103	\$29.19	\$26.02	\$0.00	\$0.00	\$20.82	\$0.00	\$5.20
MADELEINE ENTINE on 02/02/06 (processed 03/31/06) CHILDRENS HOS MED CTR-CH 206R2515300 Medical	\$5,655.01	\$5,372.26	\$0.00	\$0.00	\$4,297.81	\$1,074.45	\$0.00

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.

# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

04/01/2006 - 04/30/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
JON ENTINE on 02/28/06 (processed 04/03/06) Secured for patient's privacy 206R7840700 Medical	\$2,485.00	\$2,095.25	\$0.00	\$0.00	\$1,876.20	\$419.05	\$0.00
JON ENTINE on 04/06/06 (processed 04/10/06) Secured for patient's privacy 206T7807900 Pharmacy	\$144.45	\$26.93	\$0.00	\$0.00	\$21.54	\$0.00	\$5.39
JON ENTINE on 02/28/06 (processed 04/12/06) Secured for patient's privacy 206V0289100 Medical	\$80.75	\$43.71	\$0.00	\$0.00	\$34.97	\$8.74	\$0.00
JON ENTINE on 02/28/06 (processed 04/13/06) Secured for patient's privacy 206V4617800 Medical	\$32.00	\$17.73	\$0.00	\$0.00	\$14.18	\$3.55	\$0.00
ELLEN L TURNER on 04/18/06 (processed 04/20/06) PHARMACY #6103 [REDACTED]	\$29.19	\$26.02	\$0.00	\$0.00	\$20.82	\$0.00	\$5.20
MADELEINE ENTINE on 03/08/06 (processed 04/26/06) Secured for patient's privacy 206Z8506300 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
Previous Balance							\$59.24
<b>TOTALS</b>	<b>\$8,569.59</b>	<b>\$7,737.92</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$6,164.34</b>	<b>\$1,557.79</b>	<b>\$75.03</b>

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## Consumer Alerts

### Prevent Back Pain by Drinking Water

Minor back pain is often the result of a deficiency in body fluid levels. The disks in our back are in reality little hydraulic shock absorbers. These disks are made up of an outer shell filled with fluid, primarily water. A properly hydrated disk creates a cushion that absorbs the shock of physical activity and supports the weight of the upper body. So give your back a break and drink plenty of water!

### Take the ID Migraine Quiz

Do you suffer from pounding headaches? To see if your headache is really a migraine, answer these questions: 1) Does light bother you when you have a headache? 2) Do you get nauseated or sick to your stomach when you have a headache? 3) Has a headache limited your activities for a day or more in the past 3 months? If you answered yes to two questions, you should talk with your doctor; you may be experiencing migraine headaches.

### A Healthy Mouth Helps Your Body

Taking care of your mouth, teeth and gums is not just a matter of good grooming. It can prevent infections - and maybe even diseases - throughout your body. Researchers are also discovering new reasons to brush and floss. An unhealthy mouth may increase your risk of serious health problems, such as heart attack, stroke, poorly controlled diabetes, and preterm labor.



Member Number	Statement Period
800 568 665	05/01/2006 - 05/31/2006

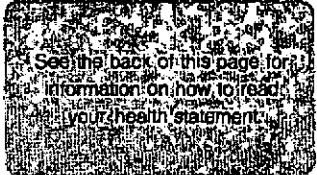
Balance Summary	
previous balance	\$75.03
payments and credits	\$0.00
new purchases	\$5.20
<b>NEW BALANCE DUE</b>	<b>\$80.23</b>

**You Have a New Balance Due**

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*See the last page for more helpful information.*

Account Balances	Initial	Applied	Remaining
Definity™ Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$8,752.69	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC*
<b>JON ENTINE on 03/28/06 (processed 05/08/06)</b> Secured for patient's privacy 206BM052900 Medical	\$360.00	\$210.00	\$0.00	\$0.00	\$158.00	\$42.00	\$0.00
<b>MADELEINE ENTINE on 03/28/06 (processed 05/08/06)</b> Secured for patient's privacy 206BQ074600 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$75.00	\$52.00	\$0.00

*Claim details continued on page 3*

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# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

05/01/2006 - 05/31/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider*	You Owe UHC*
JON ENTINE on 04/08/06 (processed 05/09/06) Secured for patient's privacy 206BT773600 Medical	\$254.00	\$24.16	\$0.00	\$0.00	\$24.16	\$0.00	\$0.00
ELLEN L TURNER on 05/09/06 (processed 05/11/06) CVS PHARMACY #6103 206CH320200 SPRINTEC 28 DAY TABLET	\$29.19	\$26.02	\$0.00	\$0.00	\$26.02	\$0.00	\$5.20
ELLEN L TURNER on 04/10/06 (processed 05/15/06) PAMELA SISNEY 206AP987600 Medical	\$468.00	\$444.38	\$0.00	\$0.00	\$38.70	\$405.68	\$0.00
MADELEINE ENTINE on 01/30/06 (processed 05/16/06) MICHAEL BERNARDON 206CX900200 Medical	\$100.00	\$82.91	\$0.00	\$0.00	\$68.99	\$16.58	\$0.00
JON ENTINE on 05/01/06 (processed 05/18/06) Secured for patient's privacy 206DF811900 Medical	\$55.00	\$49.37	\$0.00	\$0.00	\$49.50	\$9.87	\$0.00
MADELEINE ENTINE on 04/05/06 (processed 05/23/06) Secured for patient's privacy 206DS710000 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
MADELEINE ENTINE on 04/11/06 (processed 05/23/06) Secured for patient's privacy 206DS712400 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
Previous Balance							\$75.00
<b>TOTALS</b>	<b>\$1,656.19</b>	<b>\$1,226.84</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$591.51</b>	<b>\$630.13</b>	<b>\$80.23</b>

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### Say What?

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ELLEN L TURNER

Sara Lee Corporation

**Explanation Of Benefits**

<b>Claim #:</b>	205ALS94400	<b>Paid from HRA:</b>	\$0.00
<b>Member:</b>	MADELEINE ENTINE	<b>My Share:</b>	\$10.94
<b>Facility/Physician:</b>	CHILDRENS.HOS MED CTR-CH	<b>Health Coverage:</b>	\$43.78
<b>Date of Service:</b>	8/12/05		
<b>Processed Date:</b>	2/15/06		

Procedure	Description	Billed Amount	Cost of Care ①	Above U & C Amount	Ineligible Amount ②	Remark Code	Paid Amount
510	Clinic	\$57.00	\$54.72	\$0.00	\$0.00	F2	\$43.78
<b>Total</b>		<b>\$57.00</b>	<b>\$54.72</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$43.78</b>

**Remark Codes:**

F2 PRIVATE HEALTHCARE SYSTEMS DISCOUNT

<b>Received by Definity Health:</b>	1/25/06	<b>Applied to Deductible:</b>	\$0.00
<b>Patient Account Number:</b>	149952491	<b>Copay Amount:</b>	\$0.00
		<b>Coinsurance Amount:</b>	\$10.94
<b>Check Number:</b>	4018863	<b>Penalty Amount:</b>	\$0.00
		<b>COB Amount:</b>	\$0.00
		<b>Not Covered Amount:</b>	\$0.00

(DH:1012)

ELLEN L TURNER

Sara Lee Corporation

**Explanation Of Benefits**

<b>Claim #:</b>	205ALS98400	<b>Paid from HRA:</b>	\$0.00
<b>Member:</b>	MADELEINE ENTINE	<b>My Share:</b>	\$49.40
<b>Facility/Physician:</b>	SALLY SHOTT CHILDRENS HOS MED	<b>Health Coverage:</b>	\$197.60
<b>Date of Service:</b>	8/12/05		
<b>Processed Date:</b>	2/15/06		

Procedure	Description	Billed Amount	Cost of Care	Above U & C Amount	Ineligible Amount	Remark Code	Paid Amount
99243	Office consultation	\$247.00	\$247.00	\$0.00	\$0.00		\$197.60
<b>Total</b>		<b>\$247.00</b>	<b>\$247.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$197.60</b>

<b>Received by Definity Health:</b>	1/25/06	<b>Applied to Deductible:</b>	\$0.00
<b>Patient Account Number:</b>	522701676	<b>Copay Amount:</b>	\$0.00
		<b>Coinsurance Amount:</b>	\$49.40
<b>Check Number:</b>	4018864	<b>Penalty Amount:</b>	\$0.00
		<b>COB Amount:</b>	\$0.00
		<b>Not Covered Amount:</b>	\$0.00

(DH:1012)



Cincinnati Children's  
Location 0194  
Cincinnati, OH 45264-0194

200V1151867850

**Hospital Billing Statement**

TURNER  
7719 SHAWNEE RUN RD  
CINCINNATI OH 45243-3119



**Account Summary**

Account Number	151867850
Patient Name	MADELEINE ENTINE
Service Date	11/29/05
Total Charges	\$ 40.00
Total Insurance Payments	\$ -19.00
Total Adjustments/Discounts	\$ -8.06
Total Parent Payments	\$ 0.00
Account Balance	\$ 12.94
Amount Pending Insurance	\$ 0.00
Please Pay by 03/20/06	\$ 12.94

**Important Message**

Thank you for selecting Cincinnati Children's for your child's health care. Your insurance has paid, but there is a remaining balance due from you. If you have any questions about why your insurance did not pay the entire claim, please call your insurance company directly.

Please send payment for the entire balance of \$ 12.94 by 03/20/06. If you are not able to make payment in full, please call Customer Service to set up a payment plan or to apply for financial assistance.

Please see the back of this statement for information regarding free or discounted care.

**Account Activity Since Last Statement**

TRANS DATE	DESCRIPTION	AMOUNT
03/03/06	PMT TRANS TO/FROM OTHER ACCT	\$ -6.06
02/17/06	INSURANCE PAYMENT	-19.00
02/17/06	COMMERCIAL ADJ/DISCOUNT	-2.00
02/22/06	UNITED HEALTH CARE ADJ/DISCOUNT	\$ 2.00

E 6.47  
J 6.47

**Insurance Information**

Please contact Customer Service if this information is not correct or if you have secondary insurance.

Primary ID Number	UHC BENESIGHT 800568667
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**Contact Us - Póngase En Contacto Con Nosotros**

Customer Service: (513) 636-4427 or (800) 344-2462

Customer Service reps available M-F 8:00 a.m. - 5:30 p.m.

- Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
- Billing questions or changes to your insurance.
- Automated Account information 24 hrs/day 7 days/week.



Visit [www.cincinnatichildrens.org/ebill](http://www.cincinnatichildrens.org/ebill) to manage your account online or to Contact Us

This statement is for hospital services only. Your physician may bill separately for their services.



Statement Date: 03/04/06

Patient Name	MADELEINE ENTINE
Account Number	151867850
DATE	03/04/06

Check here if your address or insurance information has changed. Please indicate changes on the back of this statement.

All returned checks will be assessed a \$25.00 fee.

MAKE CHECK PAYABLE TO:

ELLEN L TURNER  
7719 SHAWNEE RUN RD  
CINCINNATI, OH 45243-3119

440-440-1046  
104697980

1131

DATE 3/18/06

PAY TO THE ORDER OF Children's Hospital

\$ 12.94

twelve and 99/100

Cincinnati Children's  
Location 0194  
Cincinnati, OH 45264-0194

**National City**

National City Bank  
Cincinnati, Ohio



MEMO # 151867850

Ellen Turner

⑆04400001⑆ 104597980⑆ 1131

00015186785000

ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

25-1  
440  
104597980

1337

DATE 11/27/06

Statement Period

10/01/2006 - 10/31/2006


PAY TO THE ORDER OF Definity Health  
seventy-five & 73/100

\$ 75.73

use pay upon receipt

Due \$75.73

Send \$ 75.73

Complete back if paying by  or 

United Healthcare, and mail to:

are  
N 55480-7723

National City.

National City Bank  
Cincinnati, Ohio

MEMO # XX-568-665

Ellen Turner

Please return the invoice above with your payment. To remove invoice, fold and detach at perforation.

Member Number 800 568 665  
Statement Period 10/01/2006 - 10/31/2006

Balance Summary

previous balance	\$10.39
payments and credits	\$0.00
new purchases	\$65.34
<b>NEW BALANCE DUE</b>	<b>\$75.73</b>

Jon =  $\begin{matrix} .88 \\ 35.40 \\ 19.24 \\ \hline \$55.52 \end{matrix}$

Ellen =  $\begin{matrix} 4.91 \\ 4.91 \\ \hline \$9.82 \end{matrix}$

You Have a New Balance Due

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See the last page for more helpful information.

See the back of this page for information on how to read your health statement.

Account Balances	Initial	Applied	Remaining
Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$15,502.31	

Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider*	You Owe UHC*
ELLEN L TURNER on 08/28/05 (processed 08/31/05) CVS PHARMACY #6097 205LM220700 SPRINTEC 28 DAY TABLET	\$32.09	\$32.09	\$0.00	\$0.00	\$0.00	\$0.00	\$32.09
ELLEN L TURNER on 10/02/06 (processed 10/04/06) CVS PHARMACY #6103 205WH582000 SPRINTEC 28 DAY TABLET	\$29.19	\$24.53	\$0.00	\$0.00	\$19.52	\$0.00	\$4.91

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges that are eligible medical expenses per Internal Revenue Code Section 213(d)(1) are eligible for reimbursement. Definity Health only administers pharmacy claims for eligible prescription benefits. Some medication purchases may not appear on this statement to maintain the privacy of our members.

# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

10/01/2006 - 10/31/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
MADELEINE ENTINE on 09/12/06 (processed 10/04/06) Secured for patient's privacy 206WJ337900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
JON ENTINE on 09/19/06 (processed 10/09/06) Secured for patient's privacy 206WW749700 Medical	\$2,571.00	\$1,315.50	\$0.00	\$0.00	\$1,052.40	\$283.10	\$0.00
JON ENTINE on 10/09/06 (processed 10/11/06) Secured for patient's privacy 206XG980900 Pharmacy	\$213.46	\$177.01	\$0.00	\$0.00	\$141.61	\$0.00	\$35.45
JON ENTINE on 09/19/06 (processed 10/16/06) Secured for patient's privacy 206XT570700 Medical	\$910.00	\$301.74	\$0.00	\$0.00	\$241.39	\$60.35	\$0.00
JON ENTINE on 08/21/06 (processed 10/16/06) Secured for patient's privacy 206XV668400 Medical	\$600.00	\$350.00	\$0.00	\$0.00	\$280.00	\$70.00	\$0.00
MADELEINE ENTINE on 05/25/06 (processed 10/17/06) MICHAEL BERNARDON 206XY919800 Medical	\$7.00	\$1.98	\$0.00	\$0.00	\$1.98	\$0.00	\$0.00
MADELEINE ENTINE on 09/25/06 (processed 10/17/06) Secured for patient's privacy 206YB913800 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
MADELEINE ENTINE on 09/20/06 (processed 10/18/06) Secured for patient's privacy 206YD249300 Medical	\$260.00	\$260.00	\$0.00	\$0.00	\$156.00	\$104.00	\$0.00
JON ENTINE on 10/17/06 (processed 10/19/06) Secured for patient's privacy 206YH120200 Pharmacy	\$126.69	\$96.21	\$0.00	\$0.00	\$76.97	\$0.00	\$19.24
JON ENTINE on 10/17/06 (processed 10/19/06) Secured for patient's privacy 206YH121200 Pharmacy	\$301.26	\$4.42	\$0.00	\$0.00	\$3.54	\$0.00	\$0.66
JON ENTINE on 09/19/06 (processed 10/20/06) Secured for patient's privacy 206YN225000 Medical	\$32.00	\$18.45	\$0.00	\$0.00	\$14.76	\$3.69	\$0.00
ELLEN L TURNER on 08/28/05 (processed 10/25/06) CVS PHARMACY #6097 206BYA58000 SPRINTEC 28 DAY TABLET	\$32.00	(\$32.00)	\$0.00	\$0.00	\$0.00	\$0.00	(\$32.00)
* ELLEN L TURNER on 10/23/06 (processed 10/25/06) CVS PHARMACY #6103 206ZE198800 SPRINTEC 28 DAY TABLET	\$29.19	\$24.53	\$0.00	\$0.00	\$19.62	\$0.00	\$4.91

Claim details continued on page 4

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

Attention FSA/HCSA administrators: Any pharmacy charges listed above are eligible medical expenses per Federal guidelines. Entinity Health only administers pharmacy claims for eligible prescription benefits. Some medication names may not appear on this statement to maintain the privacy of our members.



A UnitedHealth Group Company  
PO Box 740800, Atlanta, GA 30374-0800

Member Number: 800 568 665 | Statement Period: 11/01/2006 - 11/30/2006  
INVOICE - Please pay upon receipt

**YOUR HEALTH STATE**  
Address changes should be made through your an

**ELLEN L TURNER**  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

25-1915  
440  
104597980  
1399  
DATE: 1/21/07

TURNER, ELLEN L  
7719 SHAWNEE RUN ROAD  
CINCINNATI OH 45243-3119

PAY TO THE ORDER OF: United Healthcare \$ 63.59

sixty three and 59/100 DOLLARS

**National City.**

National City Bank  
Cincinnati, Ohio

MEMO: \$ 800-568-665 Ellen Turner

Please return to

Member Number: 800 568 665 | Statement Period: 11/01/2006 - 11/30/2006

**Balance Summary**

previous balance	\$75.73
payments and credits	(\$75.73)
new purchases	\$63.59
<b>NEW BALANCE DUE</b>	<b>\$63.59</b>

E = \$5.44  
J = 58.15

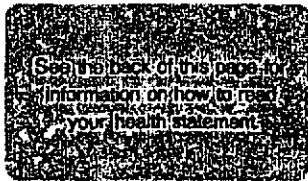
**Do You Review Your Bills?**

In a recent survey, 5 percent of patients who reviewed their hospital bills found significant errors. These errors were twice as likely to happen if a patient had out-of-pocket expenses of \$2,000 or more. The most common mistakes included duplicate orders and incorrect lengths of stay. Be sure to check your bill, and call your hospital with any questions. What might seem like an insignificant error could relate to something much larger. Survey by Consumer Reports.

See the last page for more helpful information.

**Account Balances**

	Initial	Applied	Remaining
Definity Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$17,029.01	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

**Claims Details**

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
MADELINE ENTINE on 10/09/06 (processed 10/31/06) Secured for patient's privacy 206ABQ04900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
JON ENTINE on 10/09/06 (processed 11/01/06) Secured for patient's privacy 206ADX79700 Medical	\$130.00	\$43.95	\$0.00	\$0.00	\$35.16	\$8.79	\$0.00

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

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# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

11/01/2006 - 11/30/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
MADELEINE ENTINE on 02/02/06 (processed 11/07/06) ELIZABETH HEIN 206ALQ91600 Medical	\$972.00	\$682.00	\$0.00	\$0.00	\$545.60	\$136.40	\$0.00
MADELEINE ENTINE on 10/18/06 (processed 11/07/06) Secured for patient's privacy 206ALK15900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
MADELEINE ENTINE on 10/23/06 (processed 11/07/06) Secured for patient's privacy 206ALK16900 Medical	\$130.00	\$130.00	\$0.00	\$0.00	\$78.00	\$52.00	\$0.00
ELLEN L TURNER on 11/12/06 (processed 11/14/06) CVS PHARMACY #8103 206AWV21300 SPRINTEC 28 DAY TABLET	\$29.19	\$27.19	\$0.00	\$0.00	\$21.75	\$0.00	\$5.44
JON ENTINE on 11/07/06 (processed 11/16/06) Secured for patient's privacy 206AXU44400 Pharmacy	\$12.15	\$12.15	\$0.00	\$0.00	\$9.72	\$0.00	\$2.43
JON ENTINE on 11/10/06 (processed 11/15/06) Secured for patient's privacy 206AXV39000 Pharmacy	\$278.59	\$278.59	\$0.00	\$0.00	\$222.87	\$0.00	\$55.72
MADELEINE ENTINE on 11/10/06 (processed 11/22/06) SALLY SHOTT 206BIF59200 Medical	\$89.00	\$88.85	\$0.00	\$0.00	\$71.08	\$17.77	\$0.00
ELLEN L TURNER on 11/13/06 (processed 11/27/06) CINDY HANSEL 206BKH69400 Medical	\$85.00	\$83.15	\$0.00	\$0.00	\$50.52	\$12.63	\$0.00
JON ENTINE on 10/03/06 (processed 11/29/06) Secured for patient's privacy 206BPX68700 Medical	\$720.00	\$420.00	\$0.00	\$0.00	\$336.00	\$84.00	\$0.00
Payment Received 11/30 ✓							(\$76.73)
Previous Balance							\$75.73
<b>TOTALS</b>	\$2,706.93	\$2,005.88	\$0.00	\$0.00	\$1,526.70	\$415.59	\$83.59

3  
P

\* This may include amounts paid to your provider/pharmacy at the time of service, deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

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A UnitedHealth Group Company  
 PO Box 740800, Atlanta, GA 30374-0800

Member Number Statement Period

800 568 665 12/01/2006 - 12/31/2006

INVOICE - Please pay upon receipt

**YOUR HEALTH STATE**

Address changes should be made through your em

TURNER, ELLEN L  
 7719 SHAWNEE RUN ROAD  
 CINCINNATI OH 45243-3119

ELLEN L TURNER  
 7719 SHAWNEE RUN RD.  
 CINCINNATI, OH 45243-3119

25-1 315 1400  
 440  
 104597980  
 DATE 1/23/07

PAY TO THE ORDER OF United Healthcare \$ 160.97

one hundred sixty & 97/100 DOLLARS

**National City.**  
 National City Bank  
 Cincinnati, Ohio  
 MEMO #800-568-665  
 Ellen Turner

Please return the invoice above with your payment. To remove invoice, toll and return as per instructions.

Member Number Statement Period

800 568 665 12/01/2006 - 12/31/2006

**Balance Summary**

previous balance	\$63.69	- PD, 1/21/07
payments and credits	\$0.00	
new purchases	\$160.97	PO 1/23/07
<b>NEW BALANCE DUE</b>	<b>\$224.56</b>	

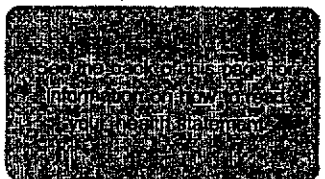
J = 9155.53  
 E = 5.44

**Choose a High Volume Hospital**

A study in the Journal of the American Medical Association states that hospitals are more likely to incorrectly perform a new or high-tech surgical procedure if they don't perform the procedure frequently. This may seem obvious, but most patients don't research this issue before having surgery. You can easily find the Patients Per Year that a hospital sees for a variety of procedures by visiting the Hospital Buyer's Guide on your member website.

See the last page for more helpful information.

Account Balances	Initial	Applied	Remaining
Definity <sup>SM</sup> Health Reimbursement Account (HRA)	\$2,000.00	(\$2,000.00)	\$0.00
Deductible	\$4,000.00	(\$4,000.00)	\$0.00
Health Coverage		\$19,765.74	



Balances may not match what is on your member website. This health statement reflects the balances as of the end of a statement period, while balances on your member website are updated daily.

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider*	You Owe UHC*
JON ENTINE on 11/09/06 (processed 11/30/06) Secured for patient's privacy 206BRK36800 Medical	\$2,814.48	\$1,383.75	\$0.00	\$0.00	\$1,107.00	\$276.75	\$0.00
MADELEINE ENTINE on 11/10/06 (processed 12/06/06) CHILDRENS HOS MED 206BZR64400 Medical	\$42.00	\$42.00	\$0.00	\$0.00	\$35.60	\$8.40	\$0.00

Claim details continued on page 3

\* Amounts may include deductible, co-insurance, brand/generic drug price difference, amounts over what is Usual and Customary (U&C), or amounts for services or products not covered by your plan.

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# YOUR HEALTH STATEMENT

Member Number

Statement Period

800 568 665

12/01/2006 - 12/31/2006

Claims Details	Amount Billed	Cost of Care	Paid by HRA	Applied to Deductible	Health Coverage	You May Owe Provider	You Owe UHC
ELLEN L TURNER on 12/05/06 (processed 12/07/06) CVS PHARMACY #6103 206CAT34400 SPRINTEC 28 DAY TABLET	\$27.19	\$27.19	\$0.00	\$0.00	\$21.75	\$0.00	\$5.44 <sup>E</sup>
JON ENTINE on 09/19/06 (processed 12/11/06) Secured for patient's privacy 206CFX04600 Medical	\$910.00	\$372.27	\$0.00	\$0.00	\$297.32	\$74.45	\$0.00
JON ENTINE on 11/09/06 (processed 12/11/06) Secured for patient's privacy 206CEF22800 Medical	\$910.00	\$301.74	\$0.00	\$0.00	\$241.39	\$60.35	\$0.00
JON ENTINE on 12/01/06 (processed 12/13/06) Secured for patient's privacy 206CIP21800 Pharmacy	\$476.38	\$476.38	\$0.00	\$0.00	\$381.10	\$0.00	\$95.28 <sup>J</sup>
JON ENTINE on 12/01/06 (processed 12/13/06) Secured for patient's privacy 206CIP22000 Pharmacy	\$273.85	\$273.85	\$0.00	\$0.00	\$219.08	\$0.00	\$54.77 <sup>J</sup>
JON ENTINE on 11/09/06 (processed 12/15/06) Secured for patient's privacy 206CMZ86500 Medical	\$32.00	\$18.45	\$0.00	\$0.00	\$14.76	\$3.69	\$0.00
JON ENTINE on 11/22/06 (processed 12/19/06) Secured for patient's privacy 206CRO21700 Medical	\$136.00	\$43.95	\$0.00	\$0.00	\$35.16	\$8.79	\$0.00
MADELEINE ENTINE on 12/12/06 (processed 12/21/06) ERIN DAYLIN 206CWM61200 Medical	\$72.00	\$63.91	\$0.00	\$0.00	\$51.13	\$12.78	\$0.00
JON ENTINE on 12/22/06 (processed 12/27/06) Secured for patient's privacy 206DAV97800 Pharmacy	\$59.41	\$27.42	\$0.00	\$0.00	\$21.94	\$0.00	\$5.46 <sup>J</sup>
MADELEINE ENTINE on 11/06/06 (processed 12/26/06) Secured for patient's privacy 206DDO10300 Medical	\$260.00	\$260.00	\$0.00	\$0.00	\$156.00	\$104.00	\$0.00
MADELEINE ENTINE on 11/15/06 (processed 12/26/06) Secured for patient's privacy 206DDO11500 Medical	\$260.00	\$260.00	\$0.00	\$0.00	\$156.00	\$104.00	\$0.00
Previous Balance							\$63.59
<b>TOTALS</b>	<b>\$8,269.32</b>	<b>\$3,550.91</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,796.73</b>	<b>\$653.21</b>	<b>\$224.58</b>

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Cincinnati Children's  
 Location 0242  
 Cincinnati, OH 45264-0242

**Important Message**

Thank you for choosing the professional staff of Cincinnati Children's. Please pay the Amount Now Due. For help with your bill or to learn about financial assistance or payment plans, please call Customer Service.

**Physician Billing Statement**

ELLEN LEE TURNER 1V01715  
 7719 SHAWNEE RUN RD  
 CINCINNATI OH 45243-3119



**Account Summary**

Statement Date	12/09/08
Account Number	111991602
Patient Name	MADELEINE ROSE ENTINE
Total Charges	\$ 89.00
Insurance Payments/Adjustments	\$ -71.27 ✓
Parent Payments	\$ 0.00
Total Account Balance	\$ 17.73
Pending With Insurance	\$ 0.00
Please Pay by 12/27/08	\$ 17.73

**Contact Us - Póngase En Contacto Con Nosotros**

- Customer Service: (513) 636-4427 or (800) 344-2462  
 Customer Service Reps available M-F 8:00 a.m. - 5:30 p.m.
- Billing questions or changes to your insurance
  - Tenemos intérpretes que hablan español, disponibles para contestar las preguntas relacionadas a su cuenta. Por favor llame al (513) 636-0799.
  - E-mail: [patientbilling@cchmc.org](mailto:patientbilling@cchmc.org)

E \$ 8.86  
 J \$ 8.87

Please see the reverse side to view your account details...

*This statement is for your physician services only. The hospital may bill separately for their services.*



Statement Date: 12/09/08

Patient Name	Account Number	Balance
MADELEINE ROSE ENTINE	111991602	\$ 17.73

Check here if your address or insurance has changed.  
 Please indicate changes on the back

MAKE CHECK PAYABLE TO

ELLEN L TURNER  
 7719 SHAWNEE RUN RD.  
 CINCINNATI, OH 45243-3119

25-1 915  
 440  
 104587980

1401

DATE 1/21/07

PAY TO THE ORDER OF Cincinnati Children's

\$ 17.73

seventeen & 73/100

DOLLARS

Cincinnati Children's  
 Location 0242  
 Cincinnati, OH 45264



**National City.**

National City Bank  
 Cincinnati, OH

MEMO # 111991602

Ellen Turner

ELLEN L TURNER  
7719 SHAWNEE BLVD RD.  
CINCINNATI OH 45243-3119

201-915  
248  
10/08/05

1026

DATE 10/5/05

CANCELLED  
CHECKS

2005-06

PAY TO THE ORDER OF Definity Health \$ 62.75  
sixty-two and 75/100 DOLLARS

**National City**

National City Bank  
Cincinnati, Ohio

800-568-665

*Ellen Turner*

AT THE BRANCH OR BY MAIL  
074909962  
N122005

DEPOSITED TO THE ACCT  
OF THE NAMED PAYER  
WITHOUT PREJUDICE  
LOCKED PROCESSING

3510424011

FR: SHIRLEY BERRY BROWN/NA/10/05/05/10/05 1

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NATIONAL CITY BK200  
N/13/05

FR: NA NPLS N/10/05  
TRACER 1600 607  
0910-0001-94

DENICE WOLFE  
1004 19203268 CF34348 71  
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09640

MADEIRA BRANCH  
LOC 25-C0915

ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

⑈-1-918  
140  
104397380

1033

DATE 10/18/05

PAY TO THE ORDER OF Definity Health \$ 181.23  
one hundred eighty one & 23/100 DOLLARS

National City.

National City Bank  
Cincinnati, Ohio

*Ellen Turner*

CHANGED TO THE ACCT  
OF THE NAMED PAYEE  
WITHOUT PREJUDICE  
LOCKBOX PROCESSING

AMERICAN CHASE BANK, NA  
074909952.  
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102102 00012 0000000000 075 14 1

041000124 NFB, NA NPLS 10/21/05  
NATIONAL CITY BK000 TRACER 2027 007  
10/24/05 00910-0001-9\*

DENICE WOLFE

~~XXXXXXXXXX~~ CF34348 71  
200002211104WS.VP2 OPR:TAP  
09640

MADEIRA BRANCH  
LOC 25-C0915



ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3119

ENCLOSURE  
10/29/05

1041

DATE 10/29/05

PAY TO THE ORDER OF Cincinnati Children's \$ 257.97

Two hundred fifty seven and 97/100 DOLLARS

National City

National City Bank  
Cincinnati, Ohio

Ellen Turner

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75146 1K3 98 31 11022005  
75146 1K3 98 31 11022005

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US BANK FOR CHILDREN  
ST. PETERS, MO  
7091000022K #2242

DEPOSIT SLIP  
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MADEIRA BRANCH  
LOC 25-C0915

ELLEN L TURNER  
7719 SHAWNEE BLVD. RD.  
CINCINNATI, OH 45243-3119

⑈-1  
480 915  
10488780

1081

DATE 12/30/05

PAY TO THE ORDER OF Children's Hospital

\$ 15.10

fifteen & 10/100

DOLLARS

National City  
National City Bank  
Cincinnati, Ohio

Ellen Turner

1561 173 99 31 01052006  
0000000151429 US BANK  
00910001224 ST PAUL, MN

0000000151499  
0000000151429 US BANK  
00910001224 ST PAUL, MN

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ELLEN L TURNER  
7719 SHAWNEE RUN RD.  
CINCINNATI, OH 45243-3118

EL 213  
498  
10482780

1068

DATE 12/5/85

PAY TO THE ORDER OF Dr. Jackson \$291.20

two hundred ninety-one & 20/100 DOLLARS

National City.

National City Bank  
Cincinnati, Ohio

Ellen Turner

~~[Redacted Signature Area]~~

77-75

420000314  
NATIONAL CITY BANK  
CINCINNATI, OH 45224

PAY THE FIFTH THIRD BANK  
Cincinnati Banking Center  
FOR DEPOSIT ONLY  
WILLIAM G. JACKSON JR., D.D.S., INC.  
MONEY MARKET ACCOUNT  
713-25588

~~42000314~~  
~~NATIONAL CITY BANK~~  
~~CINCINNATI, OH~~

~~DENIED TO BE DEPOSITED  
1000  
25  
OFF. DAS~~

MADISON BRANCH  
606-75-0375

COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
HAMILTON COUNTY, OHIO

ENTINE

CASE NO. DR 0500131

-vs-

WRITTEN REQUEST FOR SERVICE  
(TYPE OF PAPERS BEING SERVED)

TURNER

MOTION

PLAINTIFF / DEFENDANT REQUESTS:

CERTIFIED MAIL SERVICE \_\_\_\_\_

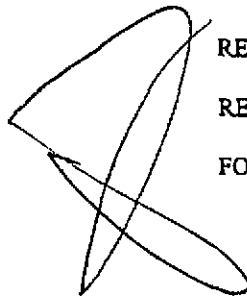
REGULAR MAIL SERVICE \_\_\_\_\_

PERSONAL SERVICE  \_\_\_\_\_

RESIDENCE SERVICE \_\_\_\_\_

PROCESS SERVICE \_\_\_\_\_

FOREIGN SHERIFF \_\_\_\_\_



IN ACCORDANCE WITH CIVIL RULE 4.6(C) OR (D) AND  
4.6(E) AN ORDINARY MAIL WAIVER IS REQUESTED

FILED

2007 AUG 31 AM 11:00

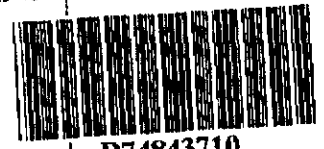
GREGORY HARTMAN  
CLERK OF COURT  
HAMILTON COUNTY, OHIO

LIST NAME AND ADDRESS OF PERSON(S) TO BE SERVED

ELLEN TURNER

6720 CAMARIDGE RD.

CINCINNATI/INDIAN HILL 45243



D74843710

SIGNATURE

PHONE NUMBER

ADDRESS

ATTORNEY NUMBER