

Pipestone County Medical Center



916 4th Avenue SW
Pipestone, MN 56164-1065
(507) 825-5811
1-888-676-9672
Fax (507) 825-5733

05/23/08

JESSELYN FIGUEROA
111 SOUTH 5TH ST APT 307
MARSHALL MN 56258

RE: JESSELYN FIGUEROA
ACCT #: H0264613
DATE OF SERVICE: 05/15/08

Dear JESSELYN FIGUEROA:

Thank you for recently allowing Pipestone County Medical Center to provide healthcare to you or a family member. The services received are itemized on the attached billing.

At this time, our records show that you are uninsured for this service. If this is not the case please contact our insurance department at 825-5811 or 888-676-9672 so that we may update our records and bill your insurance provider.

If you are uninsured, we would like to make you aware that you may be eligible for our "uninsured discount". Please contact our office at 825-5811 or 888-676-9672 so we may verify your eligibility and apply the discount.

Once again, thank you for choosing Pipestone County Medical Center for your healthcare needs.

Sincerely,

Patient Account Representative
Pipestone County Medical Center

Fed. Tax No. 41-1392082

PATIENT NAME
FIGUEROA, JESSELYN

GUARANTOR
FIGUEROA, JESSELYN
 111 SOUTH 5TH ST
 APT 307
 MARSHALL MN 56258

AMOUNT ENCLOSED		TYPE	
		FINAL	
PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
H0264613	05/15/08		05/22/08
INSURANCE COVERAGE		POLICY NUMBER	

SERVICE DATE / POSTING DATE	DESCRIPTION	QTY	AMOUNT
05/15/08	*** PULMONARY FUNCTION *** 4607058 PFT PRE SCREEN	1	157.00
			----- 157.00

Pipestone County Medical Center
 916 4th Ave. SW
 Pipestone, MN 56164-1065
 Phone: (507) 825-5811
 Phone: (888) 676-9672 Toll Free
 Fax (507) 825-5733

PATIENT ACCOUNT NO. **H0264613**

TOTAL	157.00
TOTAL CREDITS	0.00
TOTAL DUE	157.00
ESTIMATED INSURANCE COVERAGE	
ESTIMATED PATIENT DUE	



**Pipestone County Medical Center /
Avera Health**

916 4th Ave SW
Pipestone, MN 56164

1 - 62

Phone Number: (507) 825-5811
888-676-9672 toll free

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
CARD NUMBER		AMOUNT	
VALUE VERIFICATION # (3 DIGIT NUMBER ON BACK OF CARD)			
SIGNATURE		EXP. DATE	
DATE OF SERVICE	STATEMENT DATE	ACCOUNT BALANCE	
05/15/08	06/21/08	157.00	
ACCOUNT NUMBER H0264613		SHOW AMOUNT PAID HERE \$	
REMIT TO:			

JESSELYN FIGUEROA
111 SOUTH 5TH ST
APT 307
MARSHALL MN 56258

PIPESTONE COUNTY MEDICAL CENTER / AVERA HEALTH
916 4TH AVE SW
PIPESTONE MN 56164-1065



NOTE CHANGE OF ADDRESS/INSURANCE INFORMATION ON REVERSE

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME		DATE OF SERVICE	STATEMENT DATE	ACCOUNT NO.	
JESSELYN FIGUEROA		05/15/08	06/21/08	H0264613	
DATE	TRANSACTION	DESCRIPTION		CREDIT	DEBIT
05/22/08		BILL			157.00
		Estimated Patient due:			157.00
		Account Balance:			157.00

For questions concerning your outstanding balance please telephone our business office.

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

THIS STATEMENT SHOWS THE BALANCE FOR SERVICES RECEIVED AT PCMC. IF YOU HAVE ANY QUESTIONS ABOUT YOUR BILL OR NEED ASSISTANCE PLEASE CALL 507-825-5811.

ACCOUNT BALANCE
157.00

NAME: _____ *E/R PATIENT*
 000327449 MR 000105140
 DATE OF BIRTH: _____ AGUSTO FIGUEROA JESSELYN
 DATE OF SERVICE: _____ DOB: 12/29/1976
 EMERGENCY DOCTOR: _____ ADMIT DATE: 6/29/08
 _____ PATEL, BHARAT

After Care Instructions pamphlets given

<input type="checkbox"/> Cast Care	<input type="checkbox"/> Croup	<input type="checkbox"/> RSV	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Catheter Care	<input type="checkbox"/> Fever Control	<input type="checkbox"/> Sprains/Fractures	<input type="checkbox"/> Other
<input type="checkbox"/> Cough/Cold	<input type="checkbox"/> Head Trauma	<input type="checkbox"/> Vomit/Diarrhea	_____

Diet/Activity _____ No specific instructions

Plenty of water/liquids

Medications _____ None indicated _____ Continue Same Medications

claritin
Prednisone } *Per Prescription*

Continue cream

Other Instructions: _____

Follow up care: *see local doctor at clinic / urgent care*
for followup & if more medicine is needed

If symptoms develop that cannot be controlled with the prescribed treatment please contact your doctor or return to this Emergency Department.

Discharge Diagnosis *urticaria Rash* Physician Signature *[Signature]*

The examination and treatment you have received in the Emergency Department has been on an emergency basis only. It should not be a substitute for complete medical care obtained from your doctor or clinic.

You may receive a survey form in the mail in the next month asking for your thoughts on this ER visit. If we have done a good job please fill out the form to let the staff know. If there are opportunities for improvement you may be helping the next patient by sharing these suggestions and giving us the chance to focus on your suggestions for change.

I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ON THIS FOLLOW-UP CARE SHEET. I WILL ARRANGE FOR FOLLOW-UP CARE AS INDICATED.

Jesselyn Figueroa
 Patient or Authorized Signature

SERVE

C-UND-EVC-SMN

UCF-18 (SCAO 10/02)

Minn. Stat. §

District Co

Fourth Judicial Distric

State of Minnesota
Hennepin County

Court File Number: 27-CV-HC-08-5118

Case Type: Housing

Jim Bern Co dba Georgetown Park vs LUKE OLSON,
SUSAN COURTNEY, John Doe and Jane Doe

EVICITION SUMMONS
Minn. Stat. § 504B.321

THE STATE OF MINNESOTA TO THE ABOVE-NAMED DEFENDANT(S):
YOU ARE SUMMONED to appear before this Court on the date, time and place indicated below for a hearing on the attached Complaint. The original complaint is on file with the court. If you do not appear and contest the claim, judgment may be entered for the plaintiff/landlord.

Hearing Date set for: **June 27, 2008 at 8:45 AM** in Hennepin County Courthouse

located at: **300 South Sixth Street, A1700
Minneapolis MN 55487
612-348-5186**

Issued by the Administrator of the above-named Court on
6/16/2008.

Mark S. Thompson, Court Administrator

Jim Bern Co dba Georgetown Park
Plaintiff/Agent/Attorney

952-854-4141
Phone Number

This is an EVICITION SUMMONS

On the date and at the time shown above, the judicial officer will decide whether you will have to move or whether you can continue to stay in your home. You must be on time for court.

Note: This hearing will be held before a referee unless a written request for a judge is filed with the court at least 24 hours before the scheduled hearing date.

IF YOU DON'T COME TO COURT

The judicial officer can order you to move immediately; and if you do not move, the sheriff can move you out and put all your belongings into storage. You will then have to pay the storage and moving costs before you can get your belongings back.

YOU HAVE RIGHTS

- YOU HAVE THE RIGHT** to come to court and tell your side of the case. For example,
- If you believe that all or some of the things that your landlord says in the attached papers are wrong, you can tell those things to the judge.
 - If you believe that your landlord is trying to evict you because of something you did to protect your rights as a tenant, you can explain that to the judge.
 - If the attached papers say that you have not paid rent, and you believe that your apartment is in bad condition and needs repairs, you can tell that to the judge. Bring total rent owed to court hearing.
 - You may have other defenses. You should research the law or ask an attorney.
 - You may come to court and speak for yourself or you may have a lawyer with you to represent you.

If you want a lawyer, you must get one right away.

Original - Return to the Court Administrator with Proof of Service

SEE ATTACHED

Jim Bern Co. dba George Town Park
Plaintiff(s)/Owner

3122 Bloomington Ave. Street Address
Bloomington, MN 55425 City/State/Zip
PH 1-05 Case No. _____

DOB 12-25-80 -vs- DOB 8-1-71
Luke Olson, Susan Courtney, John Doe & Jane Doe
Defendant(s) - include birthdate, if known

3022 Bloomington Ave.
Bloomington, MN 55425
Defendant(s) - include birthdate, if known

Tina Freund (NAME OF PERSON SIGNING COMPLAINT) states upon oath:

- Landlord leased or rented to tenant(s) on 2-1-08 by an ORAL/WRITTEN agreement the premises at: 3022 Bloomington Ave. Apartment # N/A, and garage YES/NO, in the city of Bloomington, the state of Minnesota, Zip code 55425, in the County of Hennepin. The agreement was from 2-1-08 to 1-31-09. The current rent due and payable under this agreement each month is \$ 950.00 due on the 1st day of the month.
- The owner of the premises described above is Jim Bern Co. dba George Town Park
- Owner having present right of possession of said property, has complied with M.S.A. 504b.181 by:
 - a. disclosing to tenant either in the rental agreement or otherwise in writing prior to commencement of tenancy the name and address of:
 - the person authorized to manage premises AND
 - an owner or agent authorized by owner to accept service of process and receive and give receipts for notice and demands AND
 - b. posting in a conspicuous place on the premises a printed or typewritten notice containing the above information 3122 Bloomington Ave. (WHERE POSTED) OR
 - c. the above information was known by tenant(s) NOT LESS than 30 DAYS before the filing of this action because: _____
- Owner seeks to have the tenant evicted for the following reasons:
 - a. The tenant is still in possession of above premises and has failed to pay rent for the month(s) of May & June in the amount of \$ 1,900.00, plus 2 months late fee & court costs in the amount of \$ 302.00, for a total of \$ 2,202.00
 - b. The tenant has failed to vacate property after tenant WAS GIVEN/GAVE written notice to do so. This notice was served on TENANT/LANDLORD on _____ and tenant WAS GIVEN/GAVE notice to vacate the property by _____.
 - c. The tenant has broken the terms of the rental agreement with property owner by: (be specific) _____
- The property owner seeks judgment against the above tenant(s) for restitution of said premises plus costs and disbursements herein.

Verification and Affidavit of Non Military Status
Tina Freund, being duly sworn, says that she is agent plaintiff in this action, that she has read the complaint and that it is true of her own knowledge; that defendant(s) is/are not now in the military of the United State, to the best of her information and belief.

Subscribed and sworn to before me
this 16th day of June, 2008.
[Signature]
Notary Public/Court Clerk

Signed: [Signature]
Daytime Phone: 952-851-4141