

SENATE HEARING SLIP

(Please Print Plainly)

DATE: Nov 3

BILL NO. SB 269 AB 518

OR
SUBJECT _____

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-3-99

BILL NO. AB 518 / SB 269

OR
SUBJECT External Provider
for Health Plans

Dr Kevin Katschek

(NAME)

2803 N. 71st St.

(Street Address or Route Number)

Milwaukee, WI 53210

(City and Zip Code)

WI Society of Podiatric
Medicine

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information
only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South

P.O. Box 7882
Madison, WI 53707-7882

Amy Lodes

(NAME)

401 W. Michigan St

(Street Address or Route Number)

Milwaukee, WI

(City and Zip Code)

Blue Cross/Blue Shield

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information
only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main

P.O. Box 7882
Madison, WI 53707-7882