

# TABAK & TEPPER, S.C.

*Attorneys at Law*

6045 NORTH GREEN BAY AVENUE  
GLENDALE, WI 53209

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TELEPHONE (414) 351-4400  
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OF COUNSEL  
GERALD G. PAGEL

*Rec'd 5/7/03  
@ 1:44pm  
City Atty*

May 5, 2003

**VIA FACSIMILE and U.S. MAIL TO: (414) 286-8550**

Attorney Grant Langley  
City Attorney, City of Milwaukee  
800 City Hall  
200 East Wells Street  
Milwaukee, Wisconsin 53202

**RE: C.I. File No.: 03-S-100**

Dear Mr. Langley:

I have recently been retained by Ms. Alyce Schwenn to investigate the accident which occurred on October 5, 2002. I have been provided with a copy of the letter sent to Ms. Schwenn by your office and wish to discuss this matter with you in greater detail.

This letter serves as Ms. Schwenn's written request for a hearing to appeal the denial of her claim. I hope to discuss this matter with you prior to having an actual hearing date set to see if we could reach an agreement with respect to the issue of the timely notice of this claim.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Very Truly Yours,

**TABAK & TEPPER, S.C.**

*Angela E. McGraw*  
Angela E. McGraw

AEM:ms

2003 MAY 12 PM 2:52  
CITY OF MILWAUKEE  
RONALD D. LEONHARDT  
CITY CLERK

January 28, 2003

Ronald D. Leonhardt, City Clerk  
Attention: Claims  
200 East Wisconsin Avenue  
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE  
RECEIVED

CITY OF MILWAUKEE

'03 FEB 21 PM 2:08

2003 FEB 21 PM 1:47

OFFICE OF  
CITY ATTORNEY

RONALD D. LEONHARDT  
CITY CLERK

Dear Mr. Leonhardt,

On Saturday, October 5, 2002, I was going to a class at Artist and Display Store, located at 9015 West Burleigh. I live at 3040 North 84<sup>th</sup> Street. It was a nice day and I decided to walk. I was just passing the entrance to the Star of Burleigh restaurant (8401 West Burleigh) when I tripped and fell. A section of the sidewalk was raised approximately two inches. A waitress from the restaurant came out and helped me get back on my feet. I was able to limp home. My right leg and foot became badly bruised and swollen. I also had pain in my right shoulder from trying to stop myself while falling.

Early Monday morning I phoned the City office. I was concerned that others would fall and perhaps injure themselves more severely than I was injured. Besides the foot traffic from the restaurant there is also a City bus stop on the corner of 84<sup>th</sup> and Burleigh at which large groups from the school across the street congregate. The person I spoke to assured me that the situation would be checked out. I was extremely happy to see that the area was repaired with asphalt the very next day.

I thought that this would be the end of the City's involvement in this situation. However, I found it necessary to see an orthopedic doctor. X-rays were taken and fortunately nothing was broken. The diagnosis made by Dr. David Kornreich was contusions to my right knee and leg and tendonitis to my right shoulder. At this time I thought the expenses would be modest and mostly covered by my insurance.

The medical care has been more significant than originally thought. After seeing Dr. Kornreich on November 4, 2002 and December 23, 2002 he determined that physical therapy for my shoulder and knee would be necessary. I was evaluated on December 30, 2002 at the Injury Rehabilitation Clinic II located at 3415 North 127 Street, Brookfield, WI. I began therapy January 3, 2003. I have two hour sessions, three times a week. On January 27, 2003, Dr. Kornreich agreed with the therapists that therapy should continue three times a week for the next four weeks. I will be seeing Dr. Kornreich on March 3, 2003 at which time the situation will be reassessed.

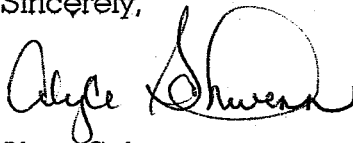
You can see on the copies of the insurance statements enclosed that I was responsible for only \$64.87 of the \$485.00 billed. Now that treatment has been extended to a new calendar year, I will be responsible for the entire amount billed until my deductible is satisfied. As of this date that would include a doctor visit and 11 therapy sessions.

The instructions for filing a claim against the City of Milwaukee say that a specific sum must be stated within 120 days of the event. I am unable to give a specific amount at this time.

I would like to be regarded as a good citizen of the City of Milwaukee. I have been a property owner and taxpayer for the past 24 years. I have missed 16 hours of work because of my injuries. Because of therapy appointments, I have been unable to accept additional hours at work. I expect to heal without problem or complications. However, I cannot afford to pay all of the medical expenses which are really the responsibility of the City.

If I were a "claims minded" person, I would have immediately taken steps in that direction. The sooner I receive your response recognizing the City of Milwaukee's responsibility in this, the less likely it is that I will need to seek legal representation. I look forward to receiving your response.

Sincerely,



Alyce Schwenn  
3040 North 84<sup>th</sup> Street  
Milwaukee, WI 53222

(414) 871-4423

Enclosures



**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.*  
**ADM SALARIED ACTIVE**  
01-16-03

Customer Service: 1-866-424-4222

**DENNIS A SCHWENN  
3040 NORTH 84TH ST  
MILWAUKEE WI 53222-4708**

Visit our website at [www.bcbsil.com](http://www.bcbsil.com)



**Claim Information**

Member Name: Dennis A Schwenn  
Group No.: 9859  
Identification No.: ADM390622163  
Claim No.: 301552505640H  
Patient Name: Alyce Schwenn

**Summary**

Total Billed:	\$75.00
Total Benefits Approved:	\$47.82
Amount You May Owe Provider:	\$11.95

The following shows how this claim was processed.

**Service Information**

Service Description	Service Date	Amount Billed	Not Covered	Covered
DRS BAUWENS KLEIN & Medical Visits	12-23-02	75.00	15.23 (1)	59.77
<b>Totals</b>		<b>\$75.00</b>	<b>\$15.23</b>	<b>\$59.77</b>

**Coverage Information**

<b>Totals</b>	<b>\$75.00</b>	<b>\$15.23</b>	<b>\$59.77</b>
<b>Deductions</b>			
Your 20% Coinsurance Amount		\$11.95	\$11.95
<b>Total Deductions</b>			<b>\$11.95</b>
<b>Total Benefits Approved</b>			<b>\$47.82</b>
<b>Amount You May Owe Provider</b>			<b>\$11.95</b>
Total covered benefits approved for this claim: \$47.82 to DRS BAUWENS KLEIN & on 01-16-03.			



**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.*

**ADM SALARIED ACTIVE**

12-03-02

Customer Service: 1-866-424-4222

**DENNIS A SCHWENN  
3040 NORTH 84TH ST  
MILWAUKEE WI 53222-4708**

Visit our website at [www.bcbsil.com](http://www.bcbsil.com)



**Claim Information**

Member Name: Dennis A Schwenn  
Group No.: 9859  
Identification No.: ADM390622163  
Claim No.: 233652482980H  
Patient Name: Alyce Schwenn

**Summary**

Total Billed:	\$75.00
Total Benefits Approved:	\$47.82
Amount You May Owe Provider:	\$11.95

The following shows how this claim was processed.

**Service Information**

Service Description	Service Date	Amount Billed	Not Covered	Covered
DRS BAUWENS KLEIN & Medical Visits	11-04-02	75.00	15.23 (1)	59.77
<b>Totals</b>		<b>\$75.00</b>	<b>\$15.23</b>	<b>\$59.77</b>

**Coverage Information**

<b>Totals</b>	<b>\$75.00</b>	<b>\$15.23</b>	<b>\$59.77</b>
<b>Deductions</b>			
Your 20% Coinsurance Amount		\$11.95	
<b>Total Deductions</b>			<b>\$11.95</b>
<b>Total Benefits Approved</b>			<b>\$47.82</b>
<b>Amount You May Owe Provider</b>			<b>\$11.95</b>
<b>Total covered benefits approved for this claim: \$47.82 to DRS BAUWENS KLEIN &amp; on 12-03-02.</b>			



**State of Illinois**  
 300 East Randolph  
 Chicago, Illinois 60601-5099

*Explanation of Benefits (EOB).* **This is not a bill.**  
**ADM SALARIED ACTIVE**  
 10-25-02

Customer Service: 1-866-424-4222

**DENNIS A SCHWENN**  
**3040 NORTH 84TH ST**  
**MILWAUKEE WI 53222-4708**

Visit our website at [www.bcbsil.com](http://www.bcbsil.com)



**Claim Information**

Member Name: **Dennis A Schwenn**  
 Group No.: **9859**  
 Identification No.: **ADM390622163**  
 Claim No.: **229752412700H**  
 Patient Name: **Alyce Schwenn**

**Summary**

Total Billed:	\$335.00
Total Benefits Approved:	\$163.95
Amount You May Owe Provider:	\$40.97

The following shows how this claim was processed.

**Service Information**

Service Description	Service Date	Amount Billed	Not Covered	Covered
DRS BAUWENS KLEIN &				
Medical Visits	10-07-02	110.00	0.78 (1)	109.22
X-Ray Services	10-07-02	115.00	67.44 (1)	47.56
X-Ray Services	10-07-02	110.00	61.86 (1)	48.14
<b>Totals</b>		<b>\$335.00</b>	<b>\$130.08</b>	<b>\$204.92</b>

**Coverage Information**

<b>Totals</b>	<b>\$335.00</b>	<b>\$130.08</b>	<b>\$204.92</b>
<b>Deductions</b>		<b>\$40.97</b>	
Your Coinsurance Amount			\$40.97
<b>Total Deductions</b>			<b>\$40.97</b>
<b>Total Benefits Approved</b>			<b>\$163.95</b>
<b>Amount You May Owe Provider</b>			<b>\$40.97</b>
Total covered benefits approved for this claim: \$163.95 to DRS BAUWENS KLEIN & on 10-25-02			

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	CHGS PYMNT ADJUST	INS. PAID	OTHER ADJUST/ PYMNT	PATIENT BALANCE DUE
10 07 02	ALYCE	* OFFICE/OUTPT VISIT E	110.00	88.16		21.84
10 07 02	ALYCE	* RAD EXAM SHOULDER;CO	115.00	105.49		9.51
10 07 02	ALYCE	* RAD EXAM KNEE;AP & L	110.00	100.38		9.62
11 11 02	ALYCE	PAYMENT BLUE CROSS B			-163.95	
11 11 02	ALYCE	WRITE OFF HMO			-130.08	
11 04 02	ALYCE	OFFICE OUTPT VISIT E	75.00	0.00		0.00

*Faded text, possibly a signature or stamp, mostly illegible.*

PLEASE DISREGARD IF PAYMENT SENT

FOR BILLING QUESTIONS, PLEASE CALL: PATIENT ACCOUNTS

PA  
E

ACCT. #	**H - indicates that this has been billed to your insurance company.				414 2572525		
DK2116	CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	ACCT. BAL.	INS. BILLED
	40.97	0.00	0.00	0.00	0.00	115.97	75.00

4