

8/23/02
City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
RECEIVED
'02 AUG 26 PM 3:32
OFFICE OF
CITY ATTORNEY

On April 30, 2002 at about 12:45 P.M. I broke my right ankle walking in the alley along side my house. I stepped on an uneven section, my ankle twisted, and I heard the bone break!

At 1:15 PM my husband drove me to the ER at St. Lukes Medical Center where I had x-rays taken that confirmed the break and a temporary cast was put on.

The next day I went to see Dr. James Minikel who told me that the tendons had over extended themselves breaking the bone and he put a new cast on my ankle and leg.

After weeks in the cast, I developed a blood clot in my right leg due to the break. This was confirmed by my primary care physician, Dr. Andrew Cantanzaro. Following that, both my knees became inflamed, first the right and then the left, due to the trauma to the ankle, the blood clot, and the stress placed upon the knees trying to maneuver.

Both knees had to be aspirated. I had to have blood work done daily for several weeks, was put on Coumadin, and had to inject myself with Lovinex twice daily for a week. I have now been diagnosed with phlebitis, and that along with the blood clot will be cause for me to continue to see my doctor periodically, have blood work done every two weeks, and remain on Coumadin at least until the end of the year.

Attached please find a sick time report from my employer, and a statement from my insurance company listing their paid charges to date of \$1786.09. My known costs to date are \$1793.23 as a result of lost time from work. I don't know what my out-of-pocket medical expenses are to date as I have not yet been invoiced, nor do I know what costs I will incur in the future.

I would like to be reimbursed for my current and any future expenses and time lost from work. The insurance company also seeks reimbursement, see attached copy of the letter I received.

In compliance with your instructions, I am sending this letter within the 120 days allotted, and suggest money damages of \$7500.00.

On May 7th city workers were here fixing the holes in the alley. Enclosed are before and after pictures. I am hoping to hear from you soon and will forward to you copies of any invoices I receive pertaining to this claim.....

Sincerely Yours,

Mary Gaurke
6711 W. Morgan Ave.
Milwaukee, WI 53220
543-0863 Home
647-3140 Work

2002 AUG 26 PM 2:27
RONALD D. LEONHARDT
CITY CLERK
CITY OF MILWAUKEE

July 31, 2002

MARY J GAURKEE
6711 W MORGAN AVE
MILWAUKEE WI 53220-1339

RE: Health Plan: FIRST HEALTH
Health Plan Member: MARY J GAURKEE
Date of Injury: 4/30/02
File Number: FH-396346453EMP3

Dear Member:

FIRST HEALTH is using the services of Healthcare Recoveries to obtain reimbursement of medical expenses that were paid out on you or your dependent's behalf in connection to an accident that occurred on the above-referenced date.

The purpose of this letter is to serve as the Health Plan's formal notice that in the event you receive a settlement from a third party or insurance carrier, the Health Plan may have a right of reimbursement for medical expenses paid.

Healthcare Recoveries should be contacted prior to any settlement with a third party or insurance carrier to obtain the amount of the Health Plan's interest and to discuss reimbursement.

Please contact me at the toll-free number listed below if you have any questions or concerns.

Sincerely,



Terry S. Hodges
(800) 813-9232

FH-396346453EMP3/REIMB1

CONSOLIDATED STATEMENT OF BENEFITS

PATIENT'S NAME: MARY J GAURKEE
HEALTH PLAN: FIRST HEALTH
DATE OF INJURY: 4/30/02
SERVICE PERIOD: 4/30/02-6/18/02
FILE NUMBER: FH-396346453EMP3

Subject to change.

Instructions:

- Make checks payable to: Healthcare Recoveries.
- Write the patient's name, MARY J GAURKEE, and file number, FH-396346453EMP3, on the check.

Provider of Service	Diagnosis Code	Claim Number	
Date of Service	Procedure Code(s)	Billed Amt.	Paid Amt.
DERUS KEVIN	824.2 Fx of ankle	215123610183	
4/30/02	99283 Emergency dept v	\$207.00	\$84.13
MINIKEL JAMES	824.8 Fx of ankle	219208951193	
5/1/02	99213 Office/outpatien	\$90.00	\$65.12
5/1/02	27786 Treat ankle frac	\$664.00	\$383.08
5/1/02	L2116 AFO, FX/TIBIAL F	\$248.00	\$178.56
	824.8 Fx of ankle	218900690503	
5/13/02	73610 X-ray exam of an	\$107.00	\$39.31
	824.8 Fx of ankle	218911652243	
5/13/02	99212 Office/outpatien	\$64.00	\$46.32
	824.8 Fx of ankle	219314163003	
6/3/02	73610 X-ray exam of an	\$107.00	\$39.31
6/3/02	L1906 AFO, MULTILIGAME	\$75.00	\$54.00
	824.8 Fx of ankle	219713440303	
6/3/02	99212 Office/outpatien	\$64.00	\$46.32
RYDLEWICZ JAMES	836.1 Disloc of knee	220011651323	
6/13/02	99213 Office/outpatien	\$90.00	\$65.12
6/13/02	20610 Drain/inject maj	\$171.00	\$124.46
6/13/02	J0170 INJECT, ADRENALI	\$10.00	\$3.04
6/13/02	J0702 BETAMETHASONE AC	\$30.00	\$26.78
ST LUKE'S MEDICAL C	824.4 Fx of ankle	213711651823	
4/30/02	51 O-PAT ACUT	\$1122.50	\$504.43
	719.47 Pain in joint	219008950193	
6/18/02	03 OUTPATIENT	\$280.25	\$126.11
Total Billed Charges		\$3,329.75	Amount Received
Total Paid Charges		\$1,786.09	\$0.00
		Balance Due	\$1,786.09



Aurora
HealthCare®

3000 West Montana Street
P.O. Box 343910
Milwaukee, WI 53234-3910
(414) 647-3000

JULY 23 2002

MARY GAURKEE
6711 W MORGAN AVE
MILWAUKEE WI 53220

RECORDS IN THE PAYROLL DEPARTMENT ARE AS FOLLOWS;

APRIL 30, 2002 THRU MAY 3, 2002 SHE HAD 32.0 HOURS OF ILL
TIME - TOTAL GROSS WAGES \$452.80.

MAY 6, 2002 THRU MAY 13, 2002 SHE HAD 48.0 HOURS OF ILL
TIME - TOTAL GROSS WAGES \$707.04.

JUNE 3, 2002 THRU JUNE 15, 2002 SHE HAD 8.0 HOURS OF ILL
TIME - TOTAL GROSS WAGES \$117.84.

JUNE 16, 2002 THRU JUNE 28, 2002 SHE HAD 32.0 HOURS OF ILL
TIME - TOTAL GROSS WAGES \$471.36.

JUNE 29, 2002 THRU JULY 13, 2002 SHE HAD 3.0 HOURS OF ILL
TIME - TOTAL GROSS WAGES \$44.19.

TOTAL HOURS OF ILL TIME = 123.0
TOTAL GROSS WAGES = \$1,793.23

Nancy Plecha

NANCY PLECHA
SR PAYROLL REPRESENTATIVE
414-647-3412

STATEMENT

Account Number	Amount Due	Date
14005	148.27	06/06/02

MILW CLINIC OF ORTHOPEDIC SURGERY, LTD.
 5233 W MORGAN AV
 MILWAUKEE, WI 53220
ADDRESS SERVICE REQUESTED

Please show your account number on your check.
 Show amount paid here \$ _____

MILW CLINIC OF ORTHOPEDIC SURGERY, L
 5233 W MORGAN AV
 MILWAUKEE, WI 53220

MARY J GAURKEE
 6711 W MORGAN AVE

MILWAUKEE, WI 53220

Please return upper portion of this statement with your payment.

DATE	PATIENT	PROCEDURE	CHARGES	RECEIPT
071902	MARY J	AURORA HEALTHCARE PAYMENT		-93.31
071902	MARY J	AURORA HEALTHCARE CREDIT		-78.32
072202	MARY J	AURORA HEALTHCARE PAYMENT		-46.32
072202	MARY J	AURORA HEALTHCARE CREDIT		-12.53
072502	MARY J	AURORA HEALTHCARE PAYMENT		-219.40
072502	MARY J	AURORA HEALTHCARE CREDIT		-57.21
073002	MARY J	AURORA HEALTHCARE PAYMENT		-262.70
073002	MARY J	AURORA HEALTHCARE CREDIT		-91.10

TOTAL BALANCE: 212.27
 ESTIMATED INS DUE: 64.00
 PATIENT PORTION DUE: 148.27

INSURANCE BILLED ON: 07/31/02

FOR BILLING QUESTIONS CALL (414) 321-8960

Account Number	Statement Date	Current	30 Days Past Due	60 Days Past Due	90 Days Past Due	120 Days Past Due	Total Balance Due
14005	08/06/02	212.27	0.00	0.00	0.00	0.00	212.27

MILW CLINIC OF ORTHOPEDIC SURGERY, LTD. Telephone: 414 321-8960

STATEMENT

Account Number	Amount Due	Date
14005		08/06/02

MILW CLINIC OF ORTHOPEDIC SURGERY, LTD.
 5233 W MORGAN AV
 MILWAUKEE, WI 53220
 ADDRESS SERVICE REQUESTED

Please show your account number on your check.
 Show amount paid here \$ _____

MILW CLINIC OF ORTHOPEDIC SURGERY, LT
 5233 W MORGAN AV
 MILWAUKEE, WI 53220

MARY J GAURKEE
 6711 W MORGAN AVE

MILWAUKEE, WI 53220

Please return upper portion of this statement with your payment.

DATE	PATIENT	PROCEDURE	CHARGES	RECEIPT
20201	MARY J	APPLIED TO DEDUCTIBLE		0.00
20201	MARY J	AURORA HEALTHCARE CREDIT		-31.43
32901	MARY J	AURORA HEALTHCARE PAYMENT		-60.99
32901	MARY J	AURORA HEALTHCARE CREDIT		-16.23
80601	MARY J	AURORA HEALTHCARE PAYMENT		-154.83
80601	MARY J	AURORA HEALTHCARE CREDIT		-67.96
82001	MARY J	AURORA HEALTHCARE PAYMENT		-150.79
82001	MARY J	AURORA HEALTHCARE CREDIT		-37.46
90401	MARY J	AURORA HEALTHCARE PAYMENT		-94.20
90401	MARY J	AURORA HEALTHCARE CREDIT		-18.33
12301	MARY J	AURORA HEALTHCARE PAYMENT		-67.77
12301	MARY J	AURORA HEALTHCARE CREDIT		-16.23
20402	MARY J	APPLIED TO DEDUCTIBLE		0.00
20402	MARY J	AURORA HEALTHCARE CREDIT		-17.64
32202	MARY J	PATIENT PAYMENT		-72.36
50102	MARY J	ESTABLISHED PATIENT LEVEL 3	90.00	
50102	MARY J	FIB DSLT LAT MALLEOLUS FX TX W/O MANIP	664.00	
50102	MARY J	AFO FRAC ORTHOSIS TIBIAL FX RIGID	248.00	
51302	MARY J	ESTABLISHED PATIENT LEVEL 2	64.00	
51302	MARY J	ANKLE THREE VIEWS	107.00	

TOTAL BALANCE: 212.27
 ESTIMATED INS DUE:
 PATIENT PORTION DUE:

INSURANCE BILLED ON: 07/31/02

FOR BILLING QUESTIONS CALL (414) 321-8960							
Account Number	Statement Date	Current	30 Days Past Due	60 Days Past Due	90 Days Past Due	120 Days Past Due	Total Balance Due
14005	08/06/02	212.27	0.00	0.00	0.00	0.00	212.27
MILW CLINIC OF ORTHOPEDIC SURGERY, LTD.							414 321-8960
nd jures							Telephone

STATEMENT

MILW CLINIC OF ORTHOPEDIC SURGERY, LTD.
 5233 W MORGAN AV
 MILWAUKEE, WI 53220
 ADDRESS SERVICE REQUESTED

Account Number	Amount Due	Date
14005		08/06/02

Please show your account number on your check.

Show amount paid here \$ _____

MARY J GAURKEE
 6711 W MORGAN AVE

MILW CLINIC OF ORTHOPEDIC SURGERY, LTD
 5233 W MORGAN AV
 MILWAUKEE, WI 53220

MILWAUKEE, WI 53220

Please return upper portion of this statement with your payment.

DATE	PATIENT	PROCEDURE	CHARGES	RECEIPT
0302	MARY J	ESTABLISHED PATIENT LEVEL 2	64.00	
0302	MARY J	ANKLE THREE VIEWS	107.00	
0302	MARY J	ANKLE FOOT ORTHOSIS MULTILIGAMENTUS	75.00	
1302	MARY J	ESTABLISHED PATIENT LEVEL 3	90.00	
1302	MARY J	ASPIRATION/INJECTION MAJOR JOINT	171.00	
1302	MARY J	INJ EPINEPHRINE UP TO 1 AMP	10.00	
1302	MARY J	INJ BETAMETHASONE ACE/SOD PHOS 3 MG	30.00	
1702	MARY J	ESTABLISHED PATIENT LEVEL 3	90.00	
2002	MARY J	ESTABLISHED PATIENT LEVEL 2	64.00	
2002	MARY J	ASPIRATION/INJECTION MAJOR JOINT	171.00	
2002	MARY J	INJ EPINEPHRINE UP TO 1 AMP	10.00	
2002	MARY J	INJ METHYLPREDNISOLONE ACETATE 20MG	40.00	
2002	MARY J	ACE WRAP	8.00	
1202	MARY J	AURORA HEALTHCARE PAYMENT		-46.32
1202	MARY J	AURORA HEALTHCARE CREDIT		-12.53
1202	MARY J	AURORA HEALTHCARE PAYMENT		-39.31
1202	MARY J	AURORA HEALTHCARE CREDIT		-63.32
1602	MARY J	AURORA HEALTHCARE PAYMENT		-626.76
1602	MARY J	AURORA HEALTHCARE CREDIT		-305.60
0202	MARY J	ESTABLISHED PATIENT LEVEL 2	64.00	

TOTAL BALANCE: 212.27

ESTIMATED INS DUE:

PATIENT PORTION DUE:

INSURANCE BILLED ON: 07/31/02

FOR BILLING QUESTIONS CALL (414) 321-8960

Account Number	Statement Date	Current	30 Days Past Due	60 Days Past Due	90 Days Past Due	120 Days Past Due	Total Balance Due
14005	08/06/02	212.27	0.00	0.00	0.00	0.00	212.27

MILW CLINIC OF ORTHOPEDIC SURGERY, LTD Telephone 414 321 8960

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
043002	DERUS MD	CPT: 99283 EMERGENCY DEPT VISIT LEVEL M GAURKEE		207.00	
051302		AURORA HEALTH NETWORK # 3625616 Filed			
060702		568445 AURORA HEAL c#36256161			
060702		Co-ins 9.35			-84.13
060702		WRITE-OFF AURORA HEALTH NETWORK#36256161			-113.52

This bill is for the Emergency Room or Hyperbaric physician services at St.Lukes or South Shore hosp

STATEMENT CLOSING DATE: 06/09/02	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:				00003406
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING
9.35				9.35	0.00
					NEW BALANCE PAY THIS AMOUNT
					9.35

SEND INQUIRIES TO:
 ERMED SC
 7071 S 13TH ST
 SUITE 104
 OAK CREEK WI 53154

(414) 570-7100

you by the provider(s) shown below. your maximum responsibility is \$9.35 for the services provided. The \$9.35 reduced by any amounts you may have already paid. If you have any questions please call [redacted] representative will be happy to answer your questions.

Mary J. Gaurkee
 647-3140 6620-5923-9828-09
 6711 W. Morgan Ave.
 Milwaukee, WI 53220

American Wildflowers

2335

Date 6-15-09

12-5/750

Pay to the Order of ERMED SC
 Nine & 3/100

\$ 9.35

M&I MARSHALL & ILSLEY
 MILWAUKEE, WISCONSIN

Dollars Security features included. Details on back.

For Mary J. Gaurkee
 00016 30210 02335 00000000935

Member Accumulation Information Network

	YTD	Maximum Limit
ded	200.00	200.00
ded	287.00	400.00
DOP	265.38	1,000.00
DOP	352.38	2,000.00
me	63,937.04	2,000,000.00

Review of Services Processed on this Claim:

Benefit Category	Provider of Service	Service Dates From To	Submitted Charges	Less		Plan Covers	Less		Benefit Payment
				Savings	Other (code)*		Ded/Co-Ins	Co-Pay	
ER PHYS-EM	K DERUS, M	4/30/02 4/30/02	207.00	113.52		93.48	9.35		84.13
TOTAL			207.00	113.52	.00	93.48	9.35	.00	84.13

See Reverse side for code explanations.

DATE OF SERVICE	ACCOUNT NO	DESCRIPTION	INSURANCE ACTIVITY	PATIENT ACTIVITY
02/27/2002	100884329-2058	GAURKEE, MARY J Outpatient Visit - ST. LUKE'S MEDICAL CENTER PREVIOUS BALANCE 91.87 Patient Payment Received on 05/17/2002 Balance due	0.00	-91.87 0.00
04/30/2002	100884329-2120	GAURKEE, MARY J Emergency Room Visit - ST. LUKE'S MEDICAL CENTER PREVIOUS BALANCE 1,122.50 AURORA EMPLS FIRST HEALTH Payment Received on 05/17/2002 AURORA EMPLS FIRST HEALTH Adjustments on 05/17/2002 Balance due	-504.43 -561.25 0.00	56.82

Thank you for your payment of \$91.87

PLEASE PAY THIS AMOUNT-->

\$56.82

Thank you for the recent payment. Partial payments keep your account current only when arrangements have been made. Please call today for assistance.

ST. LUKE'S MEDICAL CENTER
St. Luke's Medical Center
Aurora Health Care
PO BOX 341100
MILWAUKEE WI 53234-1100

Page 1 of 1

Tax I.D.
39-0806181
Amount Due By: 07/01/2002
\$56.82



American Wildflowers 2336 12-5/750
 Date 6-15-02
 Mary J. Gaurke
 647-3140 6620-5923-9828-09
 6711 W. Morgan Ave.
 Milwaukee, WI 53220
 Pay to the Order of St. Luke's \$56.82
 Fifty six and 82/100 Dollars
 For 100884329 Mary Gaurke MP
 @7500005 @ 00016 30210 @ 02336 @0000005682

SIGNER CHECKS - AMERICAN WILDFLOWERS

View of Services Processed on this Claim:

Benefit Category	Provider of Service	Service Dates From To	Submitted Charges	Less		Plan Covers	Less		Benefit Payment
				Savings	Other (code)*		Ded/Co-Ins	Co-Pay	
PAT ACUT	ST LUKE'S	4/30/02 4/30/02	1122.50	561.25		561.25	56.82		504.43
TOTAL			1122.50	561.25	.00	561.25	56.82	.00	504.43

See Reverse side for code explanations.

