

08-5-12

Home Office
One General Drive
Sun Prairie, WI 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
HO Claims Fax: 608.825.5122
Subro Unit Fax 608.825.5350



April 17, 2008

City of Milwaukee City Clerk
Attn: Claims
200 E Wells Street - Room 205
Milwaukee WI 53202-3567

CITY OF MILWAUKEE
2008 APR 21 PM 1:01
RONALD D. LEONHARDT
CITY CLERK

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service
Claimant: Tony Nice
Date of loss: 11/5/2007

Dear City Clerk Claims Division:

This letter is in follow up to our letters of January 3, 2008 and February 29, 2008, placing you on notice of our subrogation rights under Section 102.29 of the Wisconsin Statutes with respect to the above captioned matter.

Although we have received the Certified Mail Receipts indicating that you have received our letters, we have not received any formal acknowledgment from you concerning this matter.

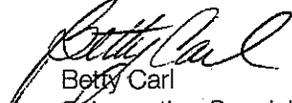
Please be advised, that our lien in this matter currently totals \$9,778.76, representing \$658.99 paid in lost time benefits and \$9,119.77 paid in medical bills on Mr. Nice's behalf.

Enclosed please find a copy of the WKC-13 that was filed with the State of Wisconsin confirming the amount of lost time benefits paid along with a copy of our supports substantiating the medical bills that have been paid on this claim.

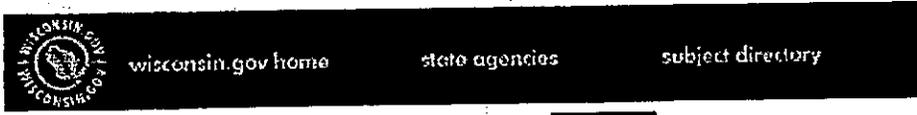
Please acknowledge receipt of this letter and the attachments and your position with respect to this matter.

Thank you for giving this your attention and consideration.

Sincerely,


Betty Carl
Subrogation Specialist

CITY OF MILWAUKEE
2008 APR 21 PM 3:22
CITY ATTORNEY



Wisconsin Department of Workforce Development

Site Map | Home | Search | Feedback | DWD Home

Home > Worker's Compensation > Insurers > Pending Reports Information > Insurer Pending Reports > View Payments

WC Claim Number	2007036568	Ins Claim Number	0940771539
Employee Name	NICE, TONY	SSN	390805108
Injury Date	11/05/2007	Due Date	05/18/2008
Employer	KEN MARKWARDT SALES/SERV		
Address1		Address2	4717 S TAYLOR DR
City State Zip	SHEBOYGAN, WI 53081	Claim Handling Name	REGENT INSURANCE CO
Insurer	REGENT INSURANCE CO	Address2	1 GENERAL DR
Address1			
City State Zip	SUN PRAIRIE, WI 53596		

Note: Amount Comp Paid for Temporary Partial Disability must be verified by Division staff and may temporarily display a zero amount.

Wage Reported 539.17

Payments to Claimants:

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Payment Calculated	Amount Comp. Paid	Attorney Fees
TEMPORARY TOTAL DISABILITY 102.43	11/06/2007	11/20/2007	0	658.99	658.99	0.00
				Balance Due:	0.00	

Payments to State Fund:

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Payment Calculated	Amount Comp. Paid	Attorney Fees
No Payments.						

[Back](#)



GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596
 Genex Bill Number: 4097-H-11170-0
 Received Date: 03/11/2008
 Date of Audit: 03/17/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Provider TIN: 392035058
 NPI:

Patient Account #: NICTO000 11782
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 02/21/2008 - 02/21/2008

ICD-9 DX:
 847.0 NECK SPRAIN AND STRAIN
 847.1 THORACIC SPRAIN AND STRAIN

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 02/21/2008									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
Explanation Codes*: 100, 111-001, 113-021									
TOTAL CHARGES						\$	295.00		
BILL REVIEW REDUCTION						\$	0.00		
NETWORK REDUCTION						\$	29.50		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	265.50		

210/0/679/0/0/0/0/0/889

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1. Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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001001094071539409700117000699



GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058
 NPI:

Genex Bill Number: 4097-H-6823-0
 Received Date: 02/25/2008
 Date of Audit: 02/29/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: NICTO000 11616
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 02/11/2008 - 02/11/2008

ICD-9 DX:
 310.2 POSTCONCUSSION SYNDROME
 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN
 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 02/11/2008									
97110		97110		- / 2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
TOTAL CHARGES						\$	202.00		
BILL REVIEW REDUCTION						\$	21.10		
NETWORK REDUCTION						\$	18.09		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	162.81		

210/0/416/0/0/0/0/0/626

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: CENTER FOR DIAGNOSTIC IMAGING
 PO BOX 2088
 DEPT 4058
 MILWAUKEE, WI 53201

Provider TIN: 411748361
 NPI:

Patient Account #: 737139101CMWI
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 12/19/2007 - 12/19/2007

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596
 Genex Bill Number: 4097-H-6821-0
 Received Date: 02/25/2008
 Date of Audit: 02/29/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer:
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

ICD-9 DX:
 782.0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 12/19/2007									
72141	TC	72141	TC	- / 1	1,749.00	-	624.00	-	1,125.00
MRI SPI CANAL&CNTS CRV C-MATRL									
Explanation Codes*: 100, 111-011, 113-021									
TOTAL CHARGES						\$	1,749.00		
BILL REVIEW REDUCTION						\$	0.00		
NETWORK REDUCTION						\$	624.00		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	1,125.00		

210/0/14352/0/0/0/0/0/14562

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-011 FHN CONTRACT STATUS INDICATOR 11 - NEGOTIATED OR OTHER PRICING.
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code FO19: Any network reduction is in accordance with the FOCUS/Emergis-AHC contract. For questions regarding network reductions, please call 1-800-243-2336.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: WISCONSIN RADIOLOGY SPEC SC
 PO BOX 2350
 BROOKFIELD, WI 53008-2350

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 391959914
 NPI:

Genex Bill Number: 4097-H-6822-0
 Received Date: 02/25/2008
 Date of Audit: 02/29/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: 347738
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 11/12/2007 - 11/12/2007

ICD-9 DX:
 724.1 PAIN IN THORACIC SPINE

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 11/12/2007									
72072	26	72072	26	- / 1	50.00	-	5.00	-	45.00
RADEX SPI THRC 3 VIEWS									
Explanation Codes*: 100, 111-001, 113-021									
TOTAL CHARGES						\$	50.00		
BILL REVIEW REDUCTION						\$	0.00		
NETWORK REDUCTION						\$	5.00		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	45.00		

210/0/115/0/0/0/0/0/325

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EFFF: The charges have been priced in accordance to a First Health owned network contract.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification 15 days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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201 001109 40771539 409700068220445



GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

Genex Bill Number: 4097-H-3898-0

Received Date: 02/13/2008

Date of Audit: 02/20/2008

Reprice: WI

LOB: WC

Network: FIRST HEALTH NE

Employer :

Claim Number: 0940771539

Policy Number:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

NPI:

Patient Account #: NICTO000 11338

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 01/22/2008 - 01/22/2008

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
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Date of Service: 01/22/2008

97110		97110		- /2	202.00	21.10	18.09	-	162.81
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THIR PX 1+ AREAS EA 15 MIN THER XERSS

Explanation Codes*: 100, 111-001, 113-021, 663-031

TOTAL CHARGES	\$	202.00
BILL REVIEW REDUCTION	\$	21.10
NETWORK REDUCTION	\$	18.09
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	162.81

210/0/416/0/0/0/0/0/626

***EXPLANATION CODES**

100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

Genex Bill Number: 4097-H-3901-0

Received Date: 02/13/2008

Date of Audit: 02/20/2008

Reprice: WI

LOB: WC

Network: FIRST HEALTH NE

Employer :

Claim Number: 0940771539

Policy Number:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

NPI:

Patient Account #: NICTO000 11169
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 11/08/2007 - 12/26/2007

ICD-9 DX:
 310.2 POSTCONCUSSION SYNDROME
 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN
 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 11/08/2007									
99205		99205		- / 1	444.00	7.06	43.69	-	393.25
OFFICE OUTPT NEW 60 MIN									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
Date of Service: 11/12/2007									
99214		99214		- / 1	218.00	22.21	19.58	-	176.21
OFFICE OUTPT EST 25 MIN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 11/19/2007									
99213		99213		- / 1	145.00	15.25	12.97	-	116.78
OFFICE OUTPT EST15 MIN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 12/17/2007									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
Explanation Codes*: 100, 111-001									
Date of Service: 12/26/2007									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
Explanation Codes*: 100, 111-001									

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TOTAL CHARGES	\$	1,987.00
BILL REVIEW REDUCTION	\$	44.52
NETWORK REDUCTION	\$	135.24
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	1,217.24

525/0/3111/0/0/0/0/0/3636

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

Should you have any questions or concerns, please contact the GENEX office listed at the top of this form. Please submit all future Bills and Records for General Casualty to the General Casualty office listed above





GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058
 NPI:

Genex Bill Number: 4097-H-3893-0
 Received Date: 02/13/2008
 Date of Audit: 02/20/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer:
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: NICTO000 11170
 Patient: NICE, TONY
 Patient ID: XXX-XX-510E
 Dates of Service: 12/17/2007 - 01/04/2008

ICD-9 DX:
 310.2 POSTCONCUSSION SYNDROME
 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN
 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 12/17/2007									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
Date of Service: 12/26/2007									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 01/04/2008									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 663-031									

TOTAL CHARGES	\$	606.00
BILL REVIEW REDUCTION	\$	63.30
NETWORK REDUCTION	\$	54.27
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	488.43

315/0/1248/0/0/0/0/0/1563

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

Genex Bill Number: 4097-H-3894-0

Received Date: 02/13/2008

Date of Audit: 02/20/2008

Reprice: WI

LOB: WC

Network: FIRST HEALTH NE

Employer :

Claim Number: 0940771539

Policy Number:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

NPI:

Patient Account #: NICTO000 11195

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 01/10/2008 - 01/10/2008

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
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Date of Service: 01/10/2008

97110		97110		- /2	202.00	21.10	18.09	-	162.81
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THEIR PX 1+ AREAS EA 15 MIN THER XERSS

Explanation Codes*: 100, 111-001, 113-021, 663-031

TOTAL CHARGES	\$	202.00
BILL REVIEW REDUCTION	\$	21.10
NETWORK REDUCTION	\$	18.09
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	162.81

210/0/416/0/0/0/0/0/626

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058
 NPI:

Genex Bill Number: 4097-H-3895-0
 Received Date: 02/13/2008
 Date of Audit: 02/20/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: NICTO000 11170
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 11/26/2007 - 12/12/2007

ICD-9 DX:
 310.2 POSTCONCUSSION SYNDROME
 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN
 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 11/26/2007									
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
Date of Service: 11/30/2007									
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*: 100, 111-001									
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 12/07/2007									
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*: 100, 111-001									
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 12/12/2007									
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*: 100, 111-001									

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TOTAL CHARGES	\$	264.00
BILL REVIEW REDUCTION	\$	4.20
NETWORK REDUCTION	\$	25.98
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	233.62

630/0/598/0/0/0/0/0/1228

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

Should you have any questions or concerns, please contact the GENEX office listed at the top of this form. Please submit all future Bills and Records for General Casualty to the General Casualty office listed above



GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058
 NPI:

Genex Bill Number: 4097-H-3896-0
 Received Date: 02/13/2008
 Date of Audit: 02/20/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer:
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: NICTO000 11170
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 11/08/2007 - 11/26/2007

ICD-9 DX:
 310.2 POSTCONCUSSION SYNDROME
 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN
 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service:		11/08/2007							
97001		97001		- / 1	204.00	5.12	19.89	-	178.99
PHYSICAL THER EVAL									
Explanation Codes*:		100, 111-001, 113-021, 663-031							
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*:		100, 111-001							
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*:		100, 111-001, 663-031							
Date of Service:		11/12/2007							
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*:		100, 111-001							
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*:		100, 111-001, 663-031							
Date of Service:		11/26/2007							
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*:		100, 111-001							

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TOTAL CHARGES	\$	416.00
BILL REVIEW REDUCTION	\$	7.92
NETWORK REDUCTION	\$	40.81
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	367.27

630/0/939/0/0/0/0/0/1569

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

Genex Bill Number: 4097-H-3041-0

Received Date: 02/11/2008

Date of Audit: 02/19/2008

Reprice: WI

LOB: WC

Network: FIRST HEALTH NE

Employer :

Claim Number: 0940771539

Policy Number:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

NPI:

Patient Account #:

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 01/15/2008 - 01/15/2008

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

847.0 NECK SPRAIN AND STRAIN

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
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Date of Service: 01/15/2008

97110		97110		- / 2	202.00	21.10	18.09		162.81
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THER PX 1+ AREAS EA 15 MIN THER XERSS

Explanation Codes*: 100, 111-001, 113-021, 663-031

TOTAL CHARGES	\$	202.00
BILL REVIEW REDUCTION	\$	21.10
NETWORK REDUCTION	\$	18.09
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	162.81

210/0/416/0/0/0/0/0/626

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPPH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.

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 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: WISCONSIN RADIOLOGY SPEC SC
 P O BOX 2350
 BROOKFIELD, WI 53008-0000

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 391959914
 NPI:

Genex Bill Number: 4097-H-3038-0
 Received Date: 02/11/2008
 Date of Audit: 02/19/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer:
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: 347738
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 01/02/2008 - 01/02/2008

ICD-9 DX:
 723.2 CERVICOCRANIAL SYNDROME

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 01/02/2008									
78320	26	78320	26	- / 1	261.00	-	26.10	-	234.90
B1&JT-IMG TOMOG SPECT									
Explanation Codes*: 100, 111-001, 113-021									

TOTAL CHARGES	\$	261.00
BILL REVIEW REDUCTION	\$	0.00
NETWORK REDUCTION	\$	26.10
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	234.90

210/0/600/0/0/0/0/0/810

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPPH: The charges have been priced in accordance to a First Health owned network contract.

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GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: THE MEDICAL COLLEGE OF WI INC
 BOX 88350
 MILWAUKEE, WI 53288-0350

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 390806261
 NPI:

Genex Bill Number: 4097-H-3039-0
 Received Date: 02/11/2008
 Date of Audit: 02/19/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #: 333116423
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 12/19/2007 - 12/19/2007

ICD-9 DX:
 782.0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 12/19/2007									
72141	26	72141	26	- /1	458.00	-	9.16	-	448.84
MRI SPI CANAL&CNTS CRV C-MATRL									
Explanation Codes*: 100, 111-001, 113-021									

TOTAL CHARGES	\$	458.00
BILL REVIEW REDUCTION	\$	0.00
NETWORK REDUCTION	\$	9.16
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	448.84

210/0/21 t/0/0/0/0/0/421

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.

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 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: MASI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058
 NPI:

Genex Bill Number: 4097-H-3040-0
 Received Date: 02/11/2008
 Date of Audit: 02/19/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Patient Account #:
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 01/15/2008 - 01/15/2008

ICD-9 DX:
 310.2 POSTCONCUSSION SYNDROME
 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN
 847.0 NECK SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 01/15/2008									
99214		99214		- / 1	218.00	22.21	19.58	-	176.21
OFFICE OUTPT EST 25 MIN									
Explanation Codes*: 100, 111-001, 113-021, 663-031									

TOTAL CHARGES	\$	218.00
BILL REVIEW REDUCTION	\$	22.21
NETWORK REDUCTION	\$	19.58
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	176.21

210/0/450/0/0/0/0/0/660

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving your written justification.



GENEX Services, Inc.
 Medical Bill Review Department
 1933 N. Meacham Rd., Suite 300
 Schaumburg, IL 60173
 Phone: (847)619-9000
 Fax: (888)300-0744

EXPLANATION OF REVIEW

Provider: ST MARYS OZAUKEE
 DRAWER 78294
 MILWAUKEE, WI 53278-0294

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596
 Genex Bill Number: 4097-U-2828-0
 Received Date: 02/11/2008
 Date of Audit: 02/19/2008
 Reprice: WI
 LOB: WC
 Network: FIRST HEALTH NE
 Employer :
 Claim Number: 0940771539
 Policy Number:
 Adj: S09
 Carrier Account: REGENT INSURANCE COMPANY

Provider TIN: 390807063
 #2321708

NPI:

Patient Account #: 510702425
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 01/02/2008 - 01/02/2008

ICD-9 DX: 786.50 UNSPECIFIED CHEST PAIN V15.5 PERSONAL HX INJURY PRESENTING HAZARDS HEALTH

DOS	Submitted Code Modifier(s)	Reimbursed Code(s) Modifier(s)	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
01/02/2008	341	341	- / 1	3,258.24	-	244.37	-	3,013.87
	NUC MED/DX							
	Explanation Codes*: 100, 111-001, 113-021, 648							
01/02/2008	78320	78320	- / 1	3,258.24	-	244.37	-	3,013.87
	Explanation Codes*: 100, 648							
01/02/2008	343	343	- / 1	35.97	-	2.70	-	33.27
	NUC MED/DX RADIOPHARM							
	Explanation Codes*: 100, 111-001, 648							
01/02/2008	A9503	A9503	- / 1	35.97	-	2.70	-	33.27
	Explanation Codes*: 100							

TOTAL CHARGES \$ 3,294.21
 BILL REVIEW REDUCTION \$ 0.00
 NETWORK REDUCTION \$ 247.07
 OTHER REDUCTION \$ 0.00
 TOTAL RECOMMENDED ALLOWANCE \$ 3,047.14

420/0/5683/0/0/0/0/0/6103

***EXPLANATION CODES**

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
- 111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
- 113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.
- 648 THE ALLOWANCE FOR THIS SERVICE IS DETERMINED FROM THE STATE FEE SCHEDULE.

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
 One General Drive
 Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

LOB: Workers' Compensation
Site/Bill # : 39/1333757 - 1
Reprice: WI, 53128
Billed Date: 12/20/2007
Business Rcvd: 12/27/2007
MBR Rcvd: 12/31/2007
MBR Date: 01/03/2008
Approved Date: 01/03/2008
DOS From - To: 12/18/2007 - 12/18/2007

Working Rx
 PO Box 281238
 Atlanta, GA 30384-1238



Network:
Network Branch:
Contract:
Provider Tax Id: 42-1538325
Claim Rep.: S09
Vendor #:

Treating Provider:
Referring Physician:
Patient Control #: NA
RX Number:

Claim #: 0940771539
Processor Initials: LH
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
12/18/2007	00406-0357-05	HYDROCODONE/ACETAMINOPHEN TAB 5-50 70		\$16.78		\$0.00	\$16.78
12/18/2007	4205588 49884-0779-05	IBUPROFEN TAB 800MG 90		\$30.43		\$0.00	\$30.43
	6236025						
Sub-Totals for Bill: 1333757				\$47.21		\$0.00	\$47.21
Totals for Bill: 1333757							\$47.21

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law
 *****Payment to Follow under Separate Cover*****

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

847.1 Thoracic Sprain And Strain

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
 Phone: (262) 574-2001
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 Waukesha, WI 53188

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
One General Drive
Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

LOB: Workers' Compensation
Site/Bill # : 39/1322820 - 1
Reprice: WI, 53201
Billed Date: 12/03/2007
Business Rcvd: 12/06/2007
MBR Rcvd: 12/12/2007
MBR Date: 12/20/2007
Approved Date: 12/21/2007
DOS From - To: 11/12/2007 - 11/12/2007

Columbia St. Mary's Hospital Milwaukee, Inc
Drawer 78408
Milwaukee, WI 53278-0408



Network: CorCare
Network Branch: CorCare II WC
Contract: 390000642
Provider Tax Id: 39-0806315
Claim Rep.: S09
Vendor #:

Treating Provider: MASCIVANCE
Referring Physician:
Patient Control #: 117952983
RX Number:

Claim #: 0940771539
Processor Initials: PD
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Bill Comments

RADIOLOGICAL PROCEDURES HAVE BEEN REVIEWED USING THE WISCONSIN WORKERS COMPENSATION RADIOLOGICAL FEE DATABASE

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/12/2007	72072	1	RADEX SPI THRC 3 VIEWS	\$331.80		\$24.88	\$306.92
	320-DX X-RAY						
Sub-Totals for Bill: 1322820				\$331.80		\$24.88	\$306.92
Totals for Bill: 1322820							\$306.92

*Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law
*****Payment to Follow under Separate Cover******

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

847.1 Thoracic Sprain And Strain

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
Phone: (262) 574-2001
Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
Waukesha, WI 53188

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
One General Drive
Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

Aurora Medical Group
PO Box 979
Sheboygan, WI 53082

LOB: Workers' Compensation
Site/Bill # : 39/1310815 - 1
Reprice: WI, 53081
Billed Date: 11/12/2007
Business Rcvd: 11/16/2007
MBR Rcvd: 11/27/2007
MBR Date: 12/06/2007
Approved Date: 12/12/2007
DOS From - To: 11/06/2007 - 11/06/2007



Network: CorCare
Network Branch: CorCare II WC
Contract: 390000824
Provider Tax Id: 39-1678306
Claim Rep.: S09
Vendor #:

Treating Provider: EDWARD CHESNA
Referring Physician: SOERENS NP ALLISON E
Patient Control #: 0342290323
RX Number:

Claim #: 0940771539
Processor Initials: MG
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	72052	1	11	\$250.00	1	\$30.00	\$220.00
Sub-Totals for Bill: 1310815				\$250.00		\$30.00	\$220.00
Totals for Bill: 1310815							\$220.00

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law
*****Payment to Follow under Separate Cover*****

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

959.09 Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
Phone: (262) 574-2001
Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
Waukesha, WI 53188

Claim Summary to Date

Date Range: 11/06/2007 - 12/18/2007
Dollars Billed on Claim: \$894.10
Allowed Fee on Claim: \$819.18
Total Bills for Claim: 6

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
 One General Drive
 Sun Prairie, WI 53596

XXX-XX-5108
Patient DOB:
Gender:

LOB: Workers' Compensation
Site/Bill # : 39/1313713 - 1
Reprice: WI, 53013
Billed Date: 11/16/2007
Business Rcvd: 11/26/2007
MBR Rcvd: 11/30/2007
MBR Date: 12/11/2007
Approved Date: 12/12/2007
DOS From - To: 11/06/2007 - 11/06/2007

Aurora Medical Group
 PO Box 979
 Sheboygan, WI 53082



Network: CorCare
Network Branch: CorCare II WC
Contract: 390000824
Provider Tax Id: 39-1678306
Claim Rep.: S09
Vendor #:

Treating Provider: BRIAN DEMASTER
Referring Physician: SOERENS NP ALLISON E
Patient Control #: 0342402379
RX Number:

Claim #: 0940771539
Processor Initials: MG
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	99214	OFFICE OUTPT EST 25 MIN 1	11	\$167.00	1	\$20.04	\$146.96
		BRIAN J DEMASTER MD					
Sub-Totals for Bill: 1313713				\$167.00		\$20.04	\$146.96
Totals for Bill: 1313713							\$146.96

*Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law
 *****Payment to Follow under Separate Cover******

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

847.0 Neck Sprain And Strain

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
 Phone: (262) 574-2001
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 Waukesha, WI 53188

Claim Summary to Date

Date Range: 11/06/2007 - 12/18/2007
Dollars Billed on Claim: \$894.10
Allowed Fee on Claim: \$819.18
Total Bills for Claim: 6

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
One General Drive
Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

LOB: Workers' Compensation
Site/Bill # : 39/1312815 - 1
Reprice: WI, 53128
Billed Date: 11/21/2007
Business Rcvd: 11/21/2007
MBR Rcvd: 11/30/2007
MBR Date: 12/03/2007
Approved Date: 12/05/2007
DOS From - To: 11/19/2007 - 11/19/2007

Working Rx
PO Box 281238
Atlanta, GA 30384-1238



Network:
Network Branch:
Contract:
Provider Tax Id: 42-1538325
Claim Rep.: S09
Vendor #:

Treating Provider:
Referring Physician:
Patient Control #: NA
RX Number:

Claim #: 0940771539
Processor initials: LH
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/19/2007	49884-0779-05	IBUPROFEN TAB 800MG 90		\$30.43		\$0.00	\$30.43
11/19/2007	00406-0357-05	HYDROCODONE/ACETAMINOPHEN TAB 5-50 40		\$10.87		\$0.00	\$10.87
	4205478						
Sub-Totals for Bill: 1312815				\$41.30		\$0.00	\$41.30
Totals for Bill: 1312815							\$41.30

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law
*****Payment to Follow under Separate Cover*****

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis
959.09 Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
Phone: (262) 574-2001
Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
Waukesha, WI 53188

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regert
 One General Drive
 Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

LOB: Workers' Compensation
Site/Bill # : 39/1311501 - 1
Reprice: WI, 53128
Billed Date: 11/14/2007
Business Rcvd: 11/19/2007
MBR Rcvd: 11/27/2007
MBR Date: 11/30/2007
Approved Date: 12/03/2007
DOS From - To: 11/06/2007 - 11/09/2007

Working Rx
 PO Box 281238
 Atlanta, GA 30384-1238



Network:
Network Branch:
Contract:
Provider Tax Id: 42-1538325
Claim Rep.: S09
Vendor #:

Treating Provider:
Referring Physician:
Patient Control #: NA
RX Number:

Claim #: 0940771539
Processor Initials: LH
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	00591-5658-10	CYCLOBENZAPRINE HCL TAB 10MG 30		\$35.74		\$0.00	\$35.74
11/06/2007	6235093 49884-0779-05	IBUPROFEN TAB 800MG 30		\$12.14		\$0.00	\$12.14
11/09/2007	6235094 00406-0357-05	HYDROCODONE/ACETAMINOPHEN TAB 5-50 30		\$8.91		\$0.00	\$8.91
	4205442						
Sub-Totals for Bill: 1311501				\$56.79		\$0.00	\$56.79
Totals for Bill: 1311501							\$56.79

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat. 102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law
 *****Payment to Follow under Separate Cover*****

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

959.09 Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
 Phone: (262) 574-2001
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 Waukesha, WI 53188

Home Office
One General Drive
Sun Prairie, WI 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
HO Claims Fax: 608.825.5122
Subro Unit Fax 608.825.5350



February 29, 2008

City of Milwaukee City Clerk
Attn: Claims
200 E Wells Street - Room 205
Milwaukee WI 53202-3567

Certified Mail - Return Receipt Requested

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service
Claimant: Tony Nice
Date of loss: 11/5/2007

CITY OF MILWAUKEE
2008 MAR 11 AM 11:52
RONALD D. LEONHARDT
CITY CLERK

Dear City Clerk:

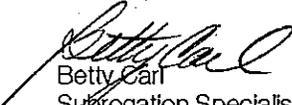
Enclosed please find a copy of our letter of January 3, 2008 placing you on notice of our intention to seek reimbursement from the City of Milwaukee for any payments we are obliged to make as a result of injuries sustained by Mr. Nice on 11/5/07, pursuant to Section 102.29 of the Wisconsin Statutes.

We would ask that you please acknowledge receipt of our letters and that you advise us as to your position in this matter.

Please be advised that as of today's date, our lien in this matter totals \$8,264.15, representing \$658.99 paid in indemnity benefits and \$7,605.16 paid in medical bills paid on Mr. Nice's behalf. We will keep you advised of our lien amount on a periodic basis and will provide you with documentation of our lien once it becomes final.

Thank you for giving this your prompt attention and consideration.

Sincerely,


Betty Carl
Subrogation Specialist

CITY OF MILWAUKEE
2008 MAR 11 PM 2:54
MILWAUKEE
CITY ATTORNEY

January 3, 2008

City of Milwaukee City Clerk
Attn: Claims
200 E Wells Street - Room 205
Milwaukee WI 53202-3567

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service Inc
Claimant: Tony Nice
Date of loss: 11/5/2007

Dear City Clerk:

General Casualty is the workers' compensation carrier for Ken Markwardt Sales & Service Inc., the employer of Tony Nice, who sustained injuries on 11/5/2007. On that date, he was driving westbound on Bluemound Road when a light pole fell from the Wisconsin Avenue Bridge above onto the vehicle he was driving. A copy of the police report is enclosed as documentation of the event.

As the workers' compensation carrier, pursuant to Section 102.29 of the Wisconsin Statutes, we are advising you of our right to reimbursement of any payments we are obliged to make as a result of Mr. Nice's injuries.

As of today's date, we have paid a total of \$1,430.96 on Mr. Nice's claim, representing \$658.99 paid in indemnity benefits and \$771.97 paid in medical bills. This amount is not final. We will keep you advised of our lien amount on a periodic basis and will provide you with documentation of our lien once it becomes final.

Please acknowledge receipt of this letter and advise us as to your position in this matter.

Thank you for your cooperation and consideration.

Sincerely,

Betty Carl
Subrogation Specialist

Home Office
One General Drive
Sun Prairie, WI 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
HO Claims Fax: 608.825.5122
Subro Unit Fax 608.825.5350



February 29, 2008

City of Milwaukee City Clerk
Attn: Claims
200 E Wells Street - Room 205
Milwaukee WI 53202-3567

Certified Mail - Return Receipt Requested

2008 MAR 03 PM 3:02
CITY OF MILWAUKEE
RONALD D. LEONHARDT
CITY CLERK

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service
Claimant: Tony Nice
Date of loss: 11/5/2007

Dear City Clerk:

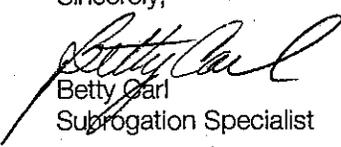
Enclosed please find a copy of our letter of January 3, 2008 placing you on notice of our intention to seek reimbursement from the City of Milwaukee for any payments we are obliged to make as a result of injuries sustained by Mr. Nice on 11/5/07, pursuant to Section 102.29 of the Wisconsin Statutes.

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Thank you for giving this your prompt attention and consideration.

Sincerely,


Betty Carl
Subrogation Specialist

2008 MAR -3 PM 3:31
CITY OF MILWAUKEE
OFFICE OF
CITY ATTORNEY

Home Office
One General Drive
Sun Prairie, WI 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
HO Claims Fax: 608.825.5122
Subro Unit Fax 608.825.5350



January 3, 2008

City of Milwaukee City Clerk
Attn: Claims
200 E Wells Street – Room 205
Milwaukee WI 53202-3567

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service Inc
Claimant: Tony Nice
Date of loss: 11/5/2007

Dear City Clerk:

General Casualty is the workers' compensation carrier for Ken Markwardt Sales & Service Inc., the employer of Tony Nice, who sustained injuries on 11/5/2007. On that date, he was driving westbound on Bluemound Road when a light pole fell from the Wisconsin Avenue Bridge above onto the vehicle he was driving. A copy of the police report is enclosed as documentation of the event.

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Please acknowledge receipt of this letter and advise us as to your position in this matter.

Thank you for your cooperation and consideration.

Sincerely,

Betty Carl
Subrogation Specialist

Home Office
One General Drive
Sun Prairie, WI 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
HO Claims Fax: 608.825.5122
Subro Unit Fax 608.825.5350



January 3, 2008

City of Milwaukee City Clerk
Attn: Claims
200 E Wells Street - Room 205
Milwaukee WI 53202-3567

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service Inc
Claimant: Tony Nice
Date of loss: 11/5/2007

2008 JAN - 7 PM 3: 01
CITY OF MILWAUKEE
RONALD D. LEONARDI
CITY CLERK

Dear City Clerk:

General Casualty is the workers' compensation carrier for Ken Markwardt Sales & Service Inc., the employer of Tony Nice, who sustained injuries on 11/5/2007. On that date, he was driving westbound on Bluemound Road when a light pole fell from the Wisconsin Avenue Bridge above onto the vehicle he was driving. A copy of the police report is enclosed as documentation of the event.

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Please acknowledge receipt of this letter and advise us as to your position in this matter.

Thank you for your cooperation and consideration.

Sincerely,


Betty Carl
Subrogation Specialist

2008 JAN - 7 PM 3: 16
CITY OF MILWAUKEE
OFFICE OF
CITY ATTORNEY

POLICE # DISTRICT 3

ACCIDENT # 073090832

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9GZWSV9		Document Override Number	
Agency Accident Number 073090832				Police Number DISTRICT 3					
4 - Accident Date 11/05/2007		5 - Time of Accident (Military Time) 1330		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name BLUE MOUND RD			14 - Bus/Fmt/Rmp		15 - Est. Dist 100	F/M/I F	15 - Hwy. Dir WEST
16 - Fr/At Hwy No.		16 - From/At Street Name 39TH ST N			16 - Business/Frontage/Ramp				
17 - Structure Type HOUSE #		17 - Structure Number 3945		12 - Latitude			13 - Longitude		
80 - First Harmful Event OTHER OBJECT-- NOT FIXED				93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain HILL		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT			116 - Road Surface Condition DRY			118 - Weather CLEAR			
<input type="checkbox"/> Hit and Run		<input checked="" type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

GENERAL INFORMATION

Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With OTHER OBJECT-- NOT FIXED		23 - Dir Of Travel WEST		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number N2008137232302		30 - State WI	31 - Expiration Year 2015	34 - On Duty Accident			
25 - Operator/Pedestrian Last Name NICE			25 - First Name TONY		25 - Middle Initial M	25 - Suffix	
32 - Date Of Birth 09/03/1972		33 - Sex MALE					
26 - Address Street & Number 266 S MAIN ST						26 - PO Box	
27 - City CEDAR GROVE		27 - State WI	27 - Zip Code 53013		28 - Telephone Number (800) 924-0345 EXT.		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NOT APPLICABLE		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 0	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.		64 - 5th Statute No.		
122 - Driver Factors NOT-APPLICABLE							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

Vehicle

VEHICLE 01	21 - Unit Type TRUCK		Vehicle Type STRAIGHT-TRUCK-(INSERT TRUCK)			22 - Total Occupants 1
	56 - License Plate Number XC44813		57 - Plate Type HTK	58 - State WI	59 - Exp Year 2007	55 - Vehicle Identification Number 1FTSS34F23HB75908
	50 - Year 2003	51 - Make FORD	52 - Model E350	53 - Body Style VN	54 - Color WHI	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage TOP OF VEHICLE					
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By OPERATOR	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator					
	46 - Vehicle Owner Last Name		46 - First Name		46 - Middle Initial	46 - Suffix
	46 - Company Name KEN MARKWARDT SALES & SERVICE					
	47 - Address Street & Number 4717 S TAYLOR DRIVE			47 - PO Box		
	48 - City SHEBOYGAN		48 - State WI	48 - Zip Code 53081		49 - Telephone Number (800) 924-0345 EXT.

Insurance

INS 01	63 - Liability Insurance Company GENERAL-CASUALTY-CO-OF-WISCONSIN		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name		61 - Policy Holder First Name		
	61 - Policy Holder Company KEN MARKWARDT SALES & SERVICE				

School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From		School Name		Body Make	Seating Capacity
	School District Contracted With					

Property

Organization Type GOVERNMENT	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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PROPERTY OWNER 01	84 - Company Name CITY OF MILWAUKEE		Government Property Type COUNTY/MUNICIPAL	
	85 - Address Street & Number 200 E WELLS STREET		85 - PO Box	
	86 - City MILWAUKEE	86 - State WI	86 - Zip Code 53202	87 - Telephone Number (414) 286-3481 EXT.
	83 - Government Damage Tag Number			
	Fixed Objects Struck			
82 - Striking Unit 1	82 - Object Struck LUM-LIGHT-SUPPORT	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	

Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>The diagram illustrates the accident scene. It shows a multi-lane road with a bridge above it. A light pole is shown falling from the bridge onto a vehicle labeled 'Unit 1'. The text '(light pole fell on top of vehicle)' is written below the vehicle. The bridge is labeled '(W. Wisconsin Ave Bridge)'. There are also some rectangular shapes at the bottom of the diagram, possibly representing buildings or structures.</p>
<p>UNIT 1 WAS TRAVELING WEST ON W. BLUEMOUND ROAD FROM N. 39TH STREET WHEN A LIGHT POLE FELL FROM THE BRIDGE ABOVE HIM AND LANDED ON TOP OF THE VEHICLE.</p>	

Officer Information

OFFICER INFORMATION	125 - Officer Last Name BORKOWSKI		125 - First Name JAMES	125 - Middle Initial M	131 - Officer ID 02887	
	129 - Law Enforcement Agency No. 006	130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT				
	126 - Law Enforcement Agency Address Street & Number 749 WEST STATE STREET					
	127 - City MILWAUKEE		127 - State WI	127 - Zip Code 53233	128 - Telephone Number (414) 933-4444 EXT.	
	132 - Date Notified 11/05/2007	133 - Time Notified (Military Time) 1342	134 - Time Arrived (Military Time) 1400	135 - Date Of Report 11/06/2007		
	Agency Accident Number 073090832		Police Number DISTRICT 3	19 - Special Study		
	18 - Agency Space					