

09/12/2016

To: City Clerk

ATTN: CLAIMS

200 East Wells Street Room 205

Milwaukee, Wi 53202-3567

Date of accident: 07/23/2016

Time: 10 a.m.

Location: Milwaukee Recycling Center at 3879 West Lincoln Avenue Milwaukee, Wi 53215

Claimant: Pamela J. Maschke

5271 South 22nd Street

Milwaukee, Wi 53221

Home # 414-282-3956

Cell# 414-526-6605

RECEIVED

SEP 13 2016

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2016 SEP 12 PM 4:01
CITY CLERK'S OFFICE

My husband and I were at the recycling center on 07/23/15 because we were disposing of our television and computers. We were told to place the television and computer monitors into the correct boxes on the pallets. These two boxes were right in front of us. The box we had to put the computer towers in was in the second or rear row. We walked around the last box in the front row with our computer towers to get to the second row. The woman worker was on the other side of this box pointing out the location to us. My husband put his tower in the box and I was behind him. I stumbled on the forks of a forklift that was in the path to this box. I had my computer tower held up by my shoulder because I was ready to place it in the high opening of a four foot tall box. When I pushed the computer tower toward the opening in the box, the computer tower came back and smashed against my face. The woman worker came around the box and asked if I was okay because it was such a loud noise. My husband came over when he heard the sound and said we needed to file an incident report. The worker in the office called the supervisor, Mr. Mike Lewand. As he didn't have an incident report available, he took my information. He also took pictures of the accident scene and my face. I had to go to St Luke's Medical Center early that afternoon because my face was swelling so much and I was in a lot of pain. My face kept swelling up in the emergency room even though they had given me some ice packs. We were at the emergency room for 4 1/2 hours. They also gave me a pain pill. They took a CT scan of my face and head

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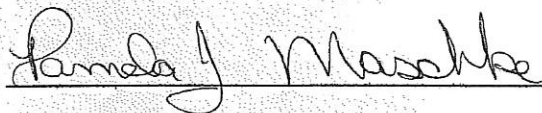
to make sure nothing was broken. They indicated nothing was broken. I received a prescription for pain pills, which I filled that evening. I couldn't sleep in a bed because I had to sleep sitting up. I had to sleep that way for almost a month.

Mike Lewand called me in the a.m. of Monday, July 25th, and asked how I was doing. I told him that I needed to file a claim with the city because I had gone to the emergency room after the injury. He dropped off the information on how to file a claim with the city at my home. Later that day, I had to follow-up with my Primary Care doctor, Dr. Joseph Trojan. He told me my face would be turning yellow and black. He gave me a prescription for pain medication because I wouldn't be coming back to his office until August 25th. By that appointment, my face lost most of the dark colors below my left eye. I still have the hematoma on my left cheek, but this will fade in time. It will still take additional time for my face to be completely clear and normal looking.

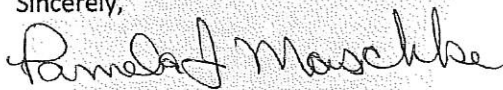
I have attached copies of the bills, which I have received that are related to this incident. I am asking that the City of Milwaukee pay the following bills, since I was injured on city property.

St Luke's Medical Center	07/23/16	\$4,563.25
ERMED SC	07/23/16	\$1,124.00
Radiologists Charges	07/23/16	\$821.00
Medication	07/23/16	\$4.11
Dr. Trojan	07/25/16	\$135.00
Medication	07/25/16	\$10.32
Dr. Trojan	08/25/16	\$246.00
(\$123.00) consider ½ for follow-up and ½ for my routine		
Total charges for this incident		\$6,780.68

Please pay the providers, since they are requesting a payment from me. If you have any other questions, please call me. I am authorizing also a release to the providers, so you can obtain the necessary diagnosis and treatment notes if necessary. This is my signature to obtain this information.



Sincerely,



Pamela J. Maschke

AURORA HEALTH CARE
 AURORA HEALTH CARE
 PO BOX 809418
 CHICAGO, IL-60680-9418
 Ph: (800)326-2250

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SEP 13 2016

Account ID
 658309

Guarantor Name & Address
 MASCHKE, PAMELA J
 5271 S. 22ND STREET
 MILWAUKEE WI 53221

OFFICE OF
 CITY ATTORNEY

Visit ID
 144550653

Detailed Bill For

Patient Name: MASCHKE, PAMELA J
 Account Class: Emergency
 Attending Physician: BEUTLER, SELENA RAE
 Admission Date: 07/23/2016
 Discharge Date: 07/23/2016

Charges

Service Date	Cost Ctr.	Rev. Code	Proc. Code	Description	Qty.	Amount
Hospital Charges						
07/23/16	1003400	0250	10002803	HYDROCODONE-ACETAMINOPHE	1	24.25
07/23/16	1004208	0350	10000293	CT HEAD W/O DYE	1	1,340.00
07/23/16	1004208	0350	10000299	CT MAXILLIOFACIAL W/O DY	1	1,630.00
07/23/16	1006500	0300	10002305	VENIPUNCTURE	1	30.00
07/23/16	1006500	0305	10001227	PROTHROMBIN TIME	1	39.00
07/23/16	1005500	0450	10002638	ED LEVEL 4	1	1,500.00

Total hospital charges: 4,563.25

Payments

Post Date	Recd. From	Amount
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No payments on this account.

Adjustments

Post Date	Adj. For	Amount
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No adjustments on this account.

Total balance: 4,563.25

AURORA HEALTH CARE
 AURORA HEALTH CARE
 PO BOX 809418
 CHICAGO, IL-60680-9418
 Ph: (800)326-2250

RECEIVED

Account ID
 658309

Guarantor Name & Address
 MASCHKE, PAMELA J
 5271 S. 22ND STREET
 MILWAUKEE WI 53221

SEP 19 2016

Visit ID
 144567222

OFFICE OF
 CITY ATTORNEY

Detailed Bill For

Patient Name: MASCHKE, PAMELA J
 Account Class: Emergency
 Attending Physician: Service Date From: 07/23/2016
 Service Date To: 07/23/2016

Charges

Service Date	Cost Ctr.	Rev. Code	Proc. Code	Description	Qty.	Amount
Professional Charges						
07/23/16			70450	CT HEAD/BRAIN NO CONTRAS	1	353.00
07/23/16			70486	CT SCAN FACE, JAW	1	468.00
Total professional charges:						821.00

Payments

Post Date	Recd. From	Amount
No payments on this account.		

Adjustments

Post Date	Adj. For	Amount
Professional Adjustments		
07/26/16	UNINSURED DISCOUNT	-158.85
Total professional adjustments:		-158.85

Total balance: 662.15

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Thank you for choosing ERMED SC for your health care needs.

Statement Date: 8/22/16
Responsible Party: OFFICE OF CITY ATTORNEY
Account Number: PAMELA J MASCHKE
Due Date: 836*0045785050
Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

Total Charges	\$ 1,124.00
Insurance Payments	\$ 0.00
Insurance Adjustments	- \$ 656.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
AMOUNT DUE	\$ 468.00

Amount you owe may include deductible amounts. Your prompt payment is appreciated! Please see the following page for transaction details.

Important Message:

Thank you for using our services. Your insurance has made payment on your account. The remaining balance due is your responsibility. Please make payment in full using a payment method listed to the left of the statement. If you do not have other insurance or do not provide us with additional insurance information the balance due is your responsibility. Thank you for your prompt attention.

Gracias por usar nuestros servicios. Hemos recibido el pago de su compañía de seguro medico y el balance de la cuenta es su responsabilidad. Por favor haga su pago usando los metodos que se le proveen en la parte izquierda de este estado de cuenta. Gracias por su pronta atencion en referencia a esta cuenta.

Payment, Insurance & Billing Information



Pay by credit card online anytime, day or night! www.peryourhealth.com

Pay by credit card via phone: 866-898-7147 Certified, safe and secure credit card processing.



Visit us at www.peryourhealth.com to update your insurance, address, view your account, or send a message to our billing office. ID: 836*0045785050 Access key: 725P58



To contact the billing office, please call 866-898-7147 MON-FRI 8:00 AM - 5:00 PM CST Para asistencia en Español llame al numero de arriba.

Pay By Mail -- Please detach and return bottom stub with your check -- Include account number on check and correspondence

Account		Patient	
836*0045785050		PAMELA J. MASCHKE	
Statement Date	Amount Due	Due Date	Amount Paid
8/22/16	\$ 468.00	Upon Receipt	

For your protection: NEVER include credit card information in the mail.

Make CHECK payable and remit to:

ERMED SC
P.O. BOX 808
GRAND RAPIDS, MI 49518-0808
Temp - Return Service Requested

003913
GRAP*0595*0045785050*C836
459745 481588 284774382
PAMELA J MASCHKE
5271 S 22ND ST
MILWAUKEE, WI 53221-3822

ERMED SC
PO BOX 78012
MILWAUKEE, WI 53278-8012



Pay by credit card online anytime, day or night!
www.peryourhealth.com

Statement Date:
 Responsible Party:
 Account Number:
 Due Date:

8/22/16
 PAMELA J MASCHKE
 836*0045785050
 Upon Receipt

Patient: PAMELA J. MASCHKE		Site of Service: ST LUKES MEDICAL CENTER		Primary: UNITED HEALTHCARE			
Account: 836*0045785050		Refer Prov:		Secondary:			
Service Dt.	Provider	Service Description	Qty	Charges	Payments	Adjustments	You Owe
07/23/16	CARLY E WINDT, PA	99285-EMERGENCY DEPT VISIT	1.00	1124.00			
08/19/16		UNITED HEALTHCARE			0.00	-656.00	
Amount You Owe							468.00

Total Amount You Owe
\$ 468.00

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 CITY ATTORNEY

Please be aware that the above summary represents PROFESSIONAL services from your medical provider.
 You may receive a separate statement for services provided by the hospital.

CHANGE OF: Address Primary Insurance Supplemental Insurance

PAMELA J MASCHKE
 836*0045785050

Complete this form or go online to www.peryourhealth.com to make changes.

New Patient Address, City, State, Zip			New Phone#
Primary Policy Holder Name	Policy Holder Date of Birth _/_/___		Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date _/_/___
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth _/_/___		Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date _/_/___
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Work connected illness or Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset or Accident: _/_/___	
Employer Name	Address, City, State, Zip		

CHILDREN: STORE IN A SECURE PLACE

PAMELA MASCHKE
5271 S 22ND ST, MILWAUKEE, WI 532213822
(414)282-3956

RX # 2761532-02911

DATE: 07/23/16

HYDROCODONE/ACETAMINOPHEN 5-325 TB

QTY: 10 NO REFILLS

New NDC: 00591-2172-05

Retail Price: \$13.99 Your Insurance Saved Your: \$ 9.88

C. WINDT, PA
MFG: ACTAVIS
CMN/CMN/CMN/CMN

PLAN: UHC RX
GROUP # UHEALTH
CLAIM REF # 162056148673276999

Walgreens
692 SOUTH 27TH ST, MILWAUKEE, WI 53221
PH: (414)761-0994

Customer Receipt

Pharmacy use only

WAITING

SAT 7:17PM

New

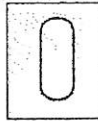
HYDROCODONE/ACETAMINOPHEN 5-325 TB

00591-2172-05

SAFE

QTY 10
10 DRAM

WHITE
FRONT: 2172



CMN/CMN/CMN/CMN

PAMELA MASCHKE

5271 S 22ND ST, MILWAUKEE, WI 532213822
(414)282-3956

RX # 2761532-02911

DATE: 07/23/16

HYDROCODONE/ACETAMINOPHEN 5-325 TB

QTY: 10 NO REFILLS

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MFG: ACTAVIS
CMN/CMN/CMN/CMN

PLAN: UHC RX
GROUP # UHEALTH
CLAIM REF # 162056148673276999

Walgreens
692 SOUTH 27TH ST, MILWAUKEE, WI 53221
PH: (414)761-0994

Duplicate Receipt



\$ 4.11

MA WAITING

07/25/2016

PROMISED: 11

07-25

Scrip

CVS/pharmacy #16005 Ph: 414.282-0634

4777 S 27TH ST
GREENFIELD, WI
53221

COUNSEL
New Drug



27 8921690 000 000 00 000

MASCHKE, PAMELA

5271 SOUTH 22ND ST, MILWAUKEE, WI 532210000

Ph: 414.282-3956 DOB: 02-52

HYDROCODON-ACETAMINOPHEN 5-325

TAKE ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR PAIN. MAX OF 6 TABLETS DAILY

Date: 07/25/2016

Rx: N 882169

INS: \$0.00

NDC: 00603-3890-21 Days Supply: 5 Refill: 0 Qty: 30 EA

Prscr: JOSEPH GERARD TROJAN

IP: 1125 DR: UHEALTH

TEL: 162073460715226993

UNITEDHEALTHCARE BIN
610278

PAY: \$10.32

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**Take.
Secure.
Dispose.**

Easy steps to handle commonly abused prescription drugs safely and responsibly.

Learn more at
CVS.com/prescription-drug-abuse

**Transaction Encounter Information (Tx 1)
Encounter Information**

CHG - PR OFFICE/OUTPT VISIT,EST,LEVL III [99213 (CPT®)]

Visit type: ESTABLISHED VISIT 30
Hospital account: 1112464
Service date: 7/25/16

Visit account: MASCHKE,PAMELA JEAN [303447]
Encounter form #: 742917

Point of Service Copay Adjudication

Total adjudicated amount: 0.00
Benefit engine method: Coverage Level Override
Benefit package: 208-STANDARD BENEFIT PACKAGE
Component/component group: 1002;G-PB BE PRIMARY CARE (VT, SPEC) (G)
Adjudication table: 696-PB BE PRIMARY CARE COVERAGE LEVEL COPAY
Adjudication formula: 9-STD COPAY (NON-CAP)

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Encounter Charges

Total charges: 135.00
Benefit engine self-pay: 0.00
Charge entry self-pay: 0.00

Encounter Payments

Non-copay payments matched: 5.41

Encounter Charge Details

Acct ID	Tx #	Desc	Flag	Amount	Ben Eng SP	Chg Ent SP	Outstd SP
303447	1	99213-PR OFFICE/OUTPT VISIT,EST,LEVL III		135.00	0.00	0.00	129.59

Other Transactions Matched to Encounter

Acct ID	Tx #	Desc	Flag	Type	Amount	Matched to Encounter	Undistributed	Refunded
303447	8	2000-INSURANCE PAYMENT (INSURANCE)		Pmt	0.00	0.00	0.00	0.00
303447	9	3000-CONTRACTUAL WRITE-OFF (INSURANCE)		Adj	5.41	5.41	0.00	0.00

**Maschke, Pamela Jean - Account
#1434620 - Visit on August 25 with**

Account #1434620

Date	Description	Charges	Payments / Adjustments	Insurance Balance	Patient Balance
	Trojan, Joseph G, MD at WFMG Metro Physicians Internal Medicine, Milwaukee				
	PREVENTIVE	246.00			
	VISIT, EST, 40-64 - 99396 (CPT®)				

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SEP 13 2016

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CITY ATTORNEY



HOLT, RINEHART AND WINSTON



