Date: November 23, 2022

Claimant: David Taylor

Claimant Address: 4707 N. 42nd Street Milwaukee, WI 53209

Claimant Email Address: <u>Taylordavid28@yahoo.com</u>

Claimant PH: 414-507-3975

To whom it may concern,

Please accept this as a notice of claim against the city of Milwaukee.

Description of incident is as follows:

On August 21, 2022, at approximately 12:50 am in the block of 100 N Water Street in Milwaukee, I, David Taylor, was traveling southbound on Water Street. Just north of the Erie Street intersection is a pothole/sinkhole my motorcycle crossed, causing me and my bike to go down. As a result of the incident, medical injuries occurred, damages to the vehicle, loss of wages, and pain and suffering.

As a result of the incident mentioned above, the claimant, David Taylor, is seeking money damages of \$200,000.00.

Included with this notice is a copy of the current but not complete medical cost and an estimate for vehicle repairs.

Please use the e-mail address listed above for further correspondence regarding this matter.

Sincerely,

David Taylor

Ey2, 1





THIS IS NOT A BILL

David L Taylor 4707 N 42ND ST MILWAUKEE WI 53209

The following document contains the requested services for David L Taylor (Guarantor #6810978) for date(s) of service August 21, 2022 to November 04, 2022. If you have any questions, please contact customer service at 800-466-9670.

<u>Charges Insurance Payments Patient Payments Adjustments Total Balance</u>
95,330.44 -53,881.20 0.00 -41,163.24 286.00

Svc Date	Code	Description Payor	Qty	Amount
Emerge	ncy Visit	to Froedtert Hospital (Acct #6504420517, Patient David L Taylor)		
August 21,		nts-and-Attentiones		
Charges				
08/21/22 -	250000001	KETAMINE 10 MG/ML SOLUTION (67457-181-00)	1.	48.95
08/21/22	250000001	KETAMINE 10 MG/ML SOLUTION (67457-181-00)	1.	58.60
08/21/22	250000001	KETAMINE 10 MG/ML SOLUTION (67457-181-00)	100	39.30
08/21/22	250000001	LIDOCAINE 1 % SOLUTION 20 ML VIAL (0409-4276-01)	1	45.12
08/21/22	250637001	OXYCODONE 5 MG TAB (0406-0552-23)	1	11.13
08/21/22	258000001	LACTATED RINGERS SOLUTION (0338-0117-04)	1	135.00
08/21/22	272001003	IV INSERTION KIT	1	86.50
08/21/22	27818	CLSD TX OF BROKEN THUMB WITH MANIP	1	1,778.00
08/21/22	71045	X-RAY OF CHEST, 1 VIEW	1	396.00
08/21/22	73090	X-RAY OF FOREARM, 2 VIEWS	STORY TO	427.00
08/21/22	73560	X-RAY OF KNEE, 1 OR 2 VIEWS	1	451.00
08/21/22	73590	X-RAY OF LOWER LEG, 2 VIEWS	1	514.00
08/21/22	73600	X-RAY OF ANKLE, 2 VIEWS	1	406.00
08/21/22	73600	X-RAY OF ANKLE, 2 VIEWS	1	406.00
08/21/22	73610	X-RAY OF ANKLE, 3 OR MORE VIEWS	1	491.00
08/21/22	80048	METABOLIC PANEL TOTAL CA	20010-1100	100.00
08/21/22	96361	INFUSION THERAPY - HYDRATION	3	420.00
08/21/22	96372	INFUSION THERAPY - UNDER THE SKIN	1	139.00
08/21/22	96374	INFUSION THERAPY - INFUSION INTO A VEIN	1.0	231.00
08/21/22	96375	INFUSION THERAPY - INJECTION INTO VEIN	1 1	142.00
08/21/22	96376	INFUSION THERAPY - INJECTION INTO VEIN	5	690.00
08/21/22	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4	1	2,300.00
08/21/22	J1170	HYDROMORPHONE 1 MG/ML SOLUTION (0409-1283-03)	1	58.23

	Code	Description	Payor	Qty	Amount
08/21/22	J1170	HYDROMORPHONE 1 MG/ML SOLUTION (0409-128	83-	1	58.23
		03)			
08/21/22	J1170	HYDROMORPHONE 1 MG/ML SOLUTION (0409-128	83-	1	58.23
00.404.400	14.550	03)			00.54
08/21/22	J1650	ENOXAPARIN 60 MG/0.6ML SOLUTION PREFILLED		6	98.51
00/21/22	12010	SYRINGE (63323-607-01)		1	50.73
08/21/22 08/21/22	J3010 J3010	FENTANYL 0.05 MG/ML SOLUTION (63323-806-11) FENTANYL 0.05 MG/ML SOLUTION (63323-806-11)		1 1	58.73 58.73
08/21/22	J3010 J3010	FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION (63	222	1	58.73 58.73
00/21/22	13010	806-11)	323-		30.73
08/21/22	J3010	FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION (63	323-	1	58.73
00/21/22	33010	806-11)	.525		30.73
		Total Charges			9,823.72
Incurance	o Doverno	D1 18 34 34 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			v.••
	e Payme 3000	nts and Adjustments CONTRACTUAL WRITE-OFF	ANTHEM	1	E 000 73
08/26/22 09/07/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-5,009.72 -4,814.00
09/01/22	2000	Total Insurance Payments and Adjustments	ANTHEM	1	-4,614.00 - 9,823.72
		Total insurance rayments and Adjustments			-5,023.72
Emerge	ncy Visi	t to Froedtert Hospital (Acct #8028608604, Pati	ont David I Taylor		
August 21,		Acce #8020008004, Fati	ent David L Taylor)		
	2022				
Charges for	r vicit vith	Kroft, Steven H, MD			
Charges for			N. M. Digitalis	WEST REF	
08/21/22	R2011	BASIC METAROTIC PARIET	ANITHEM	1	37.00
08/21/22	B8011	BASIC METABOLIC PANEL	ANTHEM	1	37.00
Insuranc	e Payme	nts and Adjustments		Hery 1.	
			ANTHEM	1	37.00 -37.00
Insuranc 08/21/22	e Payme 3086	nts and Adjustments CLIN LAB WRITE OFF	ANTHEM	1 . no 5.	
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Insuranc 08/21/22 Emerge August 21, Charges Charges for 08/21/22	e Payme 3086 ncy Visi 2022 r visit with 27818	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP	ANTHEM ent David L Taylor) ANTHEM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-37.00 5,679.00
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Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72
Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42
Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22 09/12/22	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000 3000	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42
Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22 09/12/22	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000 3000 ncy Visi	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF Total Insurance Payments and Adjustments	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42
Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22 09/12/22 Charges for 08/21/22	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000 3000 ncy Visi	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF Total Insurance Payments and Adjustments	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42
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Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22 09/12/22 Charges Emerge: August 21, Charges	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000 3000 3000	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF Total Insurance Payments and Adjustments t to Froedtert Hospital (Acct #8029153505, Patie	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42
Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22 09/12/22 09/12/22 Charges Charges for Charges Charges for Charges Charges for Charges Charges for Charges Ch	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000 3000 ncy Visi 2022	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF Total Insurance Payments and Adjustments t to Froedtert Hospital (Acct #8029153505, Patie) Desouches, Stephane L, DO	ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM ANTHEM	1 1 1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42 -6,751.00
Insurance 08/21/22 Emerge: August 21, Charges Charges for 08/21/22 08/21/22 Insurance 09/12/22 09/12/22 09/12/22 Emerge: August 21, Charges Charges for 08/21/22	e Payme 3086 ncy Visi 2022 r visit with 27818 99285 e Payme 2000 3000 3000 3000 ncy Visi 2022 r visit with 71045	nts and Adjustments CLIN LAB WRITE OFF t to Froedtert Hospital (Acct #8028928891, Patie Knych, McKenna J, MD CLOSED RX TRIMALLEOLAR FX,MANIP EMERGENCY DEPARTMENT VISIT LEVEL 5 Total Charges nts and Adjustments INSURANCE PAYMENT (INSURANCE) CONTRACTUAL WRITE-OFF CONTRACTUAL WRITE-OFF Total Insurance Payments and Adjustments t to Froedtert Hospital (Acct #8029153505, Patie) Desouches, Stephane L, DO RADIOLOGIC EXAM CHEST SINGLE VIEW	ANTHEM	1 1 1 1 1	-37.00 5,679.00 1,072.00 6,751.00 -2,186.86 -599.72 -3,964.42 -6,751.00

Svc Date	Code	Description	Payor	Qty	Amount
08/21/22	73600	X-RAY ANKLE 2 VW	ANTHEM	1	95.00
08/21/22	73610	X-RAY ANKLE 3+ VW	ANTHEM	1	101.00
Charges for	r visit with	Klassen, Christopher L, MD			
08/21/22	73600	X-RAY ANKLE 2 VW	ANTHEM	100	95.00
		Total Charges			673.00
Insuran	e Payme	nts and Adjustments			
09/19/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-249.24
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-54.34
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-66.34
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-60.34
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-58.58
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-34.82
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-54.34
		Total Insurance Payments and Adjustments			-578.00
Fmerge	ncy Visi	t to Froedtert Hospital (Acct #8029251914, Pat	iont David I Taylor)		
August 21		(Accembassississississississississississississi	ient bavid e rayion		
Charges					
		Martin, Jill M, MD			
08/21/22	27842	CLOSED RX ANKLE DISLOCATN, ANESTH	ANTHEM	MACON	4,257.00
08/21/22	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4	ANTHEM	and the second	727.00
00/21/22	33204	Total Charges	ANTHEM	000	4,984.00
Insuran	e Payme	nts and Adjustments			SA HERE
09/19/22	2000	INSURANCE PAYMENT (INSURANCE)	ANITHENA	1	2 106 55
		CONTRACTUAL WRITE-OFF	ANTHEM	1	-3,106.55
09/19/22	3000 .		ANTHEM .	dalay aqiri e	-40.6.35
09/19/22	3000 .	CONTRACTUAL WRITE-OFF	ANTHEM .		-1,471.10
		Total Insurance Payments and Adjustments			-4,984.00
		t Visit to Center for Advanced Care, O	rthopaedic Clir	nic (Acct #65	604428277,
Patient Dav					
August 23					
Charges					
08/23/22	99213	FACILITY E&M LEVEL 3		1	168.00
Insuran	e Paymei	nts and Adjustments			
09/01/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-168.00
Now Do	tiont Vic	it to Orthonoodic Clinic Contor for A	duanced Care		1. 12110424
David L Tay		sit to Orthopaedic Clinic, Center for A	avanced Care (A	Acct #8 02869 9	9585, Patient
August 23,					
Charges		SECTION OF THE SECTIO			
08/23/22	99204	Burton, Alex T, MD OFFICE/OUTPATIENT NEW MODERATE MDM	ANTHEM	1	563.00
Insurance	e Paymei	nts and Adjustments	emiculay day sa		THE TOTAL
09/06/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-323.66
09/06/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1-	-239.34
	100 personal (100 de 100 d			n 11.11	

Svc Date	Code	Description	Payor	Qty	Amount
PREOP	APP Vis	it to Preoperative Clinic, Center for Adv	anced Care	Acct #65044424	109, Patient
David L Ta					
August 25					
Charges		LAR COLLECT VENOUS DLOOP VENUDINISTUDE		4	42.00
08/25/22 08/25/22	36415 85027	LAB - COLLECT VENOUS BLOOD VENIPUNCTURE LAB - COMPL CBC AUTOMATED		estern # to	42.00 50.00
08/25/22		FACILITY E&M LEVEL 2		1	142.00
06/23/22	33212	Total Charges			234.00
Incuren	co Dayme				
	3000	ents and Adjustments CONTRACTUAL WRITE-OFF	ANTHEM	1	-197.45
08/30/22 09/07/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-197.45
09/01/22	2000	Total Insurance Payments and Adjustments	ANTHEW		-234.00
		Total insurance rayments and Adjustments			-234.00
PREOP	APP Vis	it to Preoperative Clinic, Center for Adv	anced Care	acct #80287971	17, Patient
David L Ta					
August 25					
Charge					
_		Weihert, Abigail T, PA-C	DIVANITUEM SILE	A STATE OF	562.00
08/25/22		OFFICE/OUTPATIENT NEW MODERATE MDM	ANTHEM	25/37/57	563.00
		ents and Adjustments			
09/06/22		INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-323.66
09/06/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	Terave ¹ 1 co	-239.34
		Total Insurance Payments and Adjustments			-563.00
DDEOD	ADD Vic	it to Wisconsin Diagnostic Laboratories	Froedtert H	ospital (191.60
		Pavid L Taylor)	, i i oeutert i i	DSpital (ACC	.l
August 25		end to taylor)			
Charge					
		Kroft, Steven H, MD			
08/25/22					
			ANTHEM	1	31.00
Incuren	co Dovemo	LAB - COMPL CBC AUTOMATED	ANTHEM	1	31.00
	The second secon	LAB - COMPL CBC AUTOMATED ents and Adjustments			31.00
Insuran 08/25/22	The second secon	LAB - COMPL CBC AUTOMATED	ANTHEM	1	
08/25/22	3086	LAB - COMPL CBC AUTOMATED ents and Adjustments CLIN LAB WRITE OFF	ANTHEM	1	-31.00
08/25/22 Billing	3086 Encount	LAB - COMPL CBC AUTOMATED ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories	ANTHEM	1	-31.00
08/25/22 Billing #80289166	3086 Encount 77, Patient D	LAB - COMPL CBC AUTOMATED ents and Adjustments CLIN LAB WRITE OFF	ANTHEM	1	-31.00
08/25/22 Billing #80289166 August 28	3086 Encount 77, Patient D 3, 2022	LAB - COMPL CBC AUTOMATED ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories	ANTHEM	1	-31.00
08/25/22 Billing #80289166 August 28 Charges	3086 Encount 777, Patient D 3, 2022	ents and Adjustments CLIN LAB WRITE OFF Ser to Wisconsin Diagnostic Laboratories avid L Taylor)	ANTHEM	1	-31.00
08/25/22 Billing #80289166 August 28 Charges Charges for	3086 Encount 77, Patient D 3, 2022 s or visit with	LAB - COMPL CBC AUTOMATED ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories	ANTHEM	1	-31.00
08/25/22 Billing #80289166 August 28 Charges	3086 Encount 77, Patient D 3, 2022 s or visit with U0004	ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories avid L Taylor) Kroft, Steven H, MD	ANTHEM s, Froedtert H	1	-31.00
08/25/22 Billing #80289166 August 28 Charges Charges for 08/28/22	3086 Encount 77, Patient D 3, 2022 s or visit with U0004	LAB - COMPL CBC AUTOMATED ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories avid L Taylor) Kroft, Steven H, MD COV-19 TEST NON-CDC HGH THRU	ANTHEM S, Froedtert F ANTHEM	1	-31.00 ect 150.00 50.00
08/25/22 Billing #80289166 August 28 Charges Charges fo 08/28/22 08/28/22	3086 Encount 77, Patient D 3, 2022 s or visit with U0004 U0005	ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories avid L Taylor) Kroft, Steven H, MD COV-19 TEST NON-CDC HGH THRU INFEC AGEN DETEC AMPLI PROBE Total Charges	ANTHEM S, Froedtert F ANTHEM	1	-31.00 ect 150.00 50.00
08/25/22 Billing #80289166 August 28 Charges Charges f 08/28/22 08/28/22	3086 Encount 77, Patient D 3, 2022 S or visit with U0004 U0005	ents and Adjustments CLIN LAB WRITE OFF Ser to Wisconsin Diagnostic Laboratories avid L Taylor) Kroft, Steven H, MD COV-19 TEST NON-CDC HGH THRU INFEC AGEN DETEC AMPLI PROBE Total Charges ents and Adjustments	ANTHEM S, Froedtert H ANTHEM ANTHEM	1	-31.00 150.00 50.00 200.00
08/25/22 Billing #80289166 August 28 Charges Charges for 08/28/22 08/28/22 Insuran 08/31/22	3086 Encount 77, Patient D 3, 2022 S or visit with U0004 U0005 Ce Payme 3000	ents and Adjustments CLIN LAB WRITE OFF eer to Wisconsin Diagnostic Laboratories avid L Taylor) Kroft, Steven H, MD COV-19 TEST NON-CDC HGH THRU INFEC AGEN DETEC AMPLI PROBE Total Charges ents and Adjustments CONTRACTUAL WRITE-OFF	ANTHEM S, Froedtert F ANTHEM ANTHEM ANTHEM	1	-31.00 50.00 50.00 200.00 -75.00
08/25/22 Billing #80289166 August 28 Charges Charges f 08/28/22 08/28/22	3086 Encount 77, Patient D 3, 2022 5 or visit with	ents and Adjustments CLIN LAB WRITE OFF Ser to Wisconsin Diagnostic Laboratories avid L Taylor) Kroft, Steven H, MD COV-19 TEST NON-CDC HGH THRU INFEC AGEN DETEC AMPLI PROBE Total Charges ents and Adjustments	ANTHEM S, Froedtert H ANTHEM ANTHEM	1	-31.00 fect 150.00 50.00 200.00

Svc Date	Code	Description Payor	Qty	Amount
Surgery	to Home	Today Surgery, Froedtert Menomonee Falls Hospi	ital (Acct #	±4500483974,
Patient Davi		- Sugara Orea, espicación ana anacation		
August 29,	2022			
Charges				
08/29/22	250000001	BUPIVACAINE (PF) 0.5 % SOLUTION (0409-1162-01)	2	71.26
08/29/22	250000001	LABETALOL 5 MG/ML SOLUTION (0409-2267-20)	1	28.53
08/29/22	250000001	LABETALOL 5 MG/ML SOLUTION (0409-2339-24)	1	86.11
08/29/22	250000001	LABETALOL 5 MG/ML SOLUTION (0409-2339-24)	1	86.11
08/29/22	250000001	LABETALOL 5 MG/ML SOLUTION (0409-2339-24)	1	86.11
08/29/22	250000001	LIDOCAINE (PF) 2 % SOLUTION (0409-2066-05)	1	49.36
08/29/22	250000001	ROCURONIUM 50 MG/5ML SOLUTION (0409-9558-05)	1	61.41
08/29/22	250000001	SEVOFLURANE SOLUTION (9999-6700-00)	7	142.45
08/29/22	250000001	SUGAMMADEX SODIUM 200 MG/2ML SOLUTION (0006-5423-12)	00 1	542.94
08/29/22	250637001	ACETAMINOPHEN 500 MG TAB (0904-6730-61)	2	4.34
08/29/22	250637001	HYDROCODONE/ACETAMINOPHEN 5-325 MG TAB (68084-895-11)	1	11.20
08/29/22	250637001	OXYCODONE 5 MG TAB (68084-354-11)	1	11.15
08/29/22	258000001	LACTATED RINGERS SOLUTION (0338-0117-04)	1	135.00
08/29/22	258000001	LACTATED RINGERS SOLUTION (0338-0117-04)	1	135.00
08/29/22	271000001	HNDL LARYN INTUBRITE DISP MED	1	27.73
08/29/22	271001328	SENSOR PW SPOT NON STL 3M	1	41.00
08/29/22	272000001	ADHESIVE SKIN DERMABOND ADV .7	1	104.25
08/29/22	272000001	APPL CHLORAPREP STL 26ML ORNG	12) 1	40.87
08/29/22	272000001	BIT DRILL OVER AO 2.7X122	1	510.71
08/29/22	272000001	BIT DRILL SCALED AO 2.0X135	1	510.71
08/29/22	272000001	BIT DRILL SCALED AO 2.6X135	1	510.71
08/29/22	272000001	BLADE LARYN INTUBRITE MAC 3	1	28.08
08/29/22	272000001	BNDG ELASTIC XL 6IN	1	26.41
08/29/22	272000001	CIRCUIT CUSTOM ANES 120IN 3L	11.	45.80
08/29/22	272000001	DRAPE C-ARM 44INX77IN	1	23.98
08/29/22	272000001	DRAPE C-ARM EXPANDABLE STL	0015	278.00
08/29/22	272000001	DRAPE LOWER EXTREMITY 88X131IN	1	40.38
08/29/22	272000001	GOWN SURG CHROME XLNG XL	1	25.78
08/29/22	272000001	PACK CUSTOM DBL BASIN PLUS 2	harmal.	60.05
08/29/22	272000001	PACK CUSTOM SET UP	1	89.52
08/29/22	272000001	PENCIL SMOKE EVAC W/ROCKER	1	159.85
08/29/22	272000001	SUT STRATAFIX 3-0 PS1 45CM	1	205.16
08/29/22	272000001	SYS SKIN CLOSURE DERMABOND 22	1	422.50
08/29/22		TOURNQT CUFF 34 SGL PORT	F Hannel 1 is	55.60
08/29/22		STKG TED THIGH KNEE	, Um 10	48.50
08/29/22		SCD SLEEVE MEDIUM	1	69.00
08/29/22		WARMING RI ANKET	1	50.50
08/29/22		PLT TUB ONE THIRD 10H 119MM	0.1	1,788.61
08/29/22		OPERATING ROOM	- 1	6,237.00
08/29/22		OPERATING ROOM	104	6,760.00
08/29/22		ANESTHESIA		2,572.00
08/29/22		ANESTHESIA	8	5,240.00
08/29/22		PACU LEVEL 4 BASE	1	711.00

Svc Date	Code	Description	Payor	Qty	Amount
08/29/22	710000008			110	4,070.00
08/29/22	710000014			1	2,349.00
08/29/22	76000	GUIDANCE FOR PROCEDURE, UP TO 1 HOUR		1	717.00
08/29/22	C1713	KIT TIGHTROPE XP TITANIUM		1	4,365.40
08/29/22	C1713	KIT TIGHTROPE XP TITANIUM		1	4,365.40
08/29/22	C1713	SCREW BONE T10 FTHRD 2.7X18		2	1,096.04
08/29/22	C1713	SCREW BONE T10 FTHRD 2.7X28		1	548.02
08/29/22	C1713	SCREW BONE T10 FTHRD 2.7X34		1	548.02
08/29/22	C1713	SCREW BONE T10 FTHRD 3.5X12		1	548.02
08/29/22	C1713	SCREW BONE T10 FTHRD 3.5X14		4	2,192.08
08/29/22	C1713	WIRE K 2MM T10 SCREWHEAD		2	687.94
08/29/22	J0131	ACETAMINOPHEN 10 MG/ML SOLUTION (0781-3156-		100	245.84
00 (00 (00	103.60	06)		1	50.20
08/29/22	J0360	HYDRALAZINE 20 MG/ML SOLUTION (63323-614-21)		1.	59.30
08/29/22	J0360	HYDRALAZINE 20 MG/ML SOLUTION (63323-614-21)		1	59.30
08/29/22	J0690	CEFAZOLIN 3 G/30 ML SOLUTION (0409-2585-01)		6	76.74
08/29/22	J1100	DEXAMETHASONE PRESERVATIVE-FREE 10 MG/ML SOLUTION (63323-506-01)		10	80.28
08/29/22	J1170	HYDROMORPHONE 1 MG/ML SOLUTION (0409-1283-		1	63.09
		31)			
08/29/22	J1885	KETOROLAC 30 MG/ML SOLUTION (0409-3795-01)		2	75.80
08/29/22	J2175	MEPERIDINE 25 MG/ML SOLUTION (0641-6052-01)		1	63.02
08/29/22	J2250	MIDAZOLAM PF 2 MG/2ML SOLUTION (0409-2305-16)	10.40	2	55.59
08/29/22	J2405	ONDANSETRON 4 MG/2ML SOLUTION (0641-6080-25)	a sa	4	36.48
08/29/22	J2704	PROPOFOL 200 MG/20ML EMULSION (0069-0209-10)		20	67.34
08/29/22	J3010	FENTANYL 0.05 MG/ML SOLUTION (0409-9094-12)		1	60.32
08/29/22	J3010	FENTANYL 0.05 MG/ML SOLUTION (0409-9094-12)			60.32
08/29/22	J3010	FENTANYL 0.05 MG/ML SOLUTION (0409-9094-12)	an nikačinie	1	60.32
08/29/22	J3010	FENTANYL 100 MCG/2ML SOLUTION (0409-9094-12)		1	60.32
		Total Charges			50,745.65
Insuranc	e Payment	s and Adjustments			
09/05/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-18,599.12
10/12/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1.	-32,146.53
		Total Insurance Payments and Adjustments			-50,745.65

Hospital Outpatient Visit to Perioperative Services, Froedtert Menomonee Falls

Hospital (Acct #8028950223, Patient David L Taylor)

August 29, 2022

Charges

Charges fo	r visit with Th	nomas, David A, MD				
08/29/22	01480	ANESTH,LOWER LEG BONE SURG		ANTHEM	13.	2,777.32
Insurance	e Paymen	ts and Adjustments				
09/12/22	2000	INSURANCE PAYMENT (INSURANCE)		ANTHEM	. 1	-1,123.61
09/12/22	3000	CONTRACTUAL WRITE-OFF		ANTHEM	1	-1,653.71
		Total Insurance Payments and Adjustm	nents	1,119,125,111		-2,777.32

Surgery to MCP at CMH (Acct #8029109075, Patient David L Taylor)

August 29, 2022

Svc Date	Code	Description	Payor	Qty	Amount
Charges					
The second secon	r visit with Bu	rton, Alex T, MD			
08/29/22	27792	OPEN TREATMENT OF BROKEN ANKLE	ANTHEM	1	6,725.00
08/29/22	27829	SURGERY ON BROKEN ANKLE	ANTHEM	1	6,202.00
		Total Charges			12,927.00
Ingurana	o Doumont	s and Adjustments			
		s and Adjustments	ANTURA	1.0050	F 760 22
09/12/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-5,768.33
09/12/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	NOTE IN A	-2,267.53
09/12/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	Arel	-4,891.14
		Total Insurance Payments and Adjustments			-12,927.00
FIRST P	OST OP V	ISIT to Orthopaedic Clinic, Center f	for Advanced Ca	re (Acct #6	504517468,
Patient Davi					
September	13, 2022				
Charges					
09/13/22	99212	FACILITY E&M LEVEL 2		1	142.00
	. Davis and	CAMERINA CONTROL DE LA CAMERINA DE LA CAMERINA CONTROL DE LA CAMERINA DEL CAMERINA DE LA CAMERINA DE LA CAMERINA DEL CAMERINA DE LA CAMERINA DEL LA CAMERINA DE LA CAMERINA			
		s and Adjustments	ANTICIA	4	142.00
09/20/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	e Paymen	-142.00
Diagno	stic Radio	logy Exam Visit to Imaging Service	s. Drexel Town S	Square H	lealth
			o, 2.000.	/q	2.67
		420, Patient David L Taylor)			
October 07					
Charges					
Charges fo	r visit with Du	ibois, Melissa S, MD			
10/07/22	73610	X-RAY ANKLE 3+ VW	ANTHEM .	- 18510	191.00
Insurance	e Payment	s and Adjustments	in make the back of		and and al
10/17/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-82.25
10/17/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	0.01	-108.75
10/11/22	3000	Total Insurance Payments and Adjustments	ANTHEW	APS(II)	-191.00
		Total insurance rayments and Adjustments			-131.00
Emerge	ncy Visit	to Froedtert Hospital (Acct #6504669001, P	Patient David I Taylor)		o desert
		ober 16, 2022	attent buvia e rayion,		
	s, 2022 to Oct	ODE: 10, 2022			
Charges	272221222				00.50
10/15/22	272001003			disting flow	86.50
10/15/22	99283	EMERGENCY DEPARTMENT VISIT LEVEL 3		1.4615	1,470.00
10/16/22	250637001	IBUPROFEN 800 MG TAB (0904-5855-61)		romnisti o	8.25
10/16/22	80048	METABOLIC PANEL TOTAL CA		0.000	100.00
10/16/22	85007	LAB - WBC EXAM W/MANUAL DIFF COUNT		or 1	48.00
10/16/22	85027	LAB - COMPL CBC AUTOMATED		1	50.00
10/16/22	85610	LAB - CLOTTING TIME TEST		1	47.00
10/16/22	85730	LAB - CLOTTING TIME TEST		Thursday 1	107.00
10/16/22	93971	ULTRASOUND VEINS OF ONE ARM OR LEG LTD		CHILDREN TON	1,223.00
		Total Charges	Principles was first		3,139.75
Insurance	e Payment	s and Adjustments			to ser revold
11/01/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	. 1	-3,139.75
,,		(5,.55

Svc Date	Code	Description	Payor	Qty	Amount
Emerge	ncy Visi	t to Froedtert Hospital (Acct #803073701	8, Patient David L Taylor)		
		October 16, 2022	CEM TO A Property		
Charges					
Charges fo		Kroft, Steven H, MD			
10/16/22	A4800	LAB - CLOTTING TEST (PROTHROMBIN TIME)		1	24.00
10/16/22	B8011	BASIC METABOLIC PANEL	ANTHEM	11.00011	37.00
		Total Charges			61.00
Insuranc	e Payme	nts and Adjustments			
10/16/22	3086	CLIN LAB WRITE OFF	ANTHEM	1	-61.00
and the land of th	The second second	t to Froedtert Hospital (Acct #803073702 October 16, 2022	22, Patient David L Taylor)		
Charges	,				
	r visit with	Kroft, Steven H, MD			
10/16/22	A6705	LAB - CLOTTING TIME TEST	ANTHEM	1	25.00
10/16/22	A7311	LAB - COMPL CBC AUTOMATED	ANTHEM	1	31.00
		Total Charges			56.00
Insurance	e Pavme	nts and Adjustments			
10/16/22	3086	CLIN LAB WRITE OFF	ANTHEM	1	-56.00
1917110	A section of	en umane manera (aperturas) duranteer e			
the state of the s		t to Froedtert Hospital (Acct #803117529	3, Patient David L Taylor)		
	, 2022 to C	October 16, 2022			
Charges					
		Sonnenberg, Taylor J, MD	PW 2 cert A a account	Merci Nic	mili mpario
10/15/22	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4	ANTHEM	1	727.00
Insuranc	e Payme	nts and Adjustments	errito considera fino erro	ing 4 s	
11/07/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-320.65
11/07/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-406.35
		Total Insurance Payments and Adjustment	s mjo (Pagangani Jose)		-727.00
Fmerge	ncy Visi	t to Froedtert Hospital (Acct #80309855	Se Patient David L Taylor		
October 16		t to Hoedtert Hospital (Acct #80303633	oo, Patient David L Taylor)		
Charges	, 2022				
	r vicit with	Binagi, Samba G, MD			
10/16/22	93971	DUPLEX EXTREM VENOUS,UNI OR LTD	ANTHEM	8.1	345.00
Insurance	e Pavme	nts and Adjustments	a avjadadandiria .		825 (1)
11/01/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-159.56
11/01/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	V101	-185.44
AND THE STREET		Total Insurance Payments and Adjustment			-345.00

Diagnostic Radiology Exam Visit to Imaging Services, Drexel Town Square Health

Center (Acct #8031503411, Patient David L Taylor)

November 04, 2022

Charges

Charges for visit with Vickery, Matthew R, MD

Svc Date	Code	Description	Payor	Qty	Amount
11/04/22	73610	X-RAY ANKLE 3+ VW	ANTHEM	1	191.00

Lucky 7 Custom Cycles of Milwaukee

3860 N Palmer St WI US alison.lucky7mke@icloud.com



INVOICE

BILL TO

David Taylor

INVOICE
DATE
TERMS
DUE DATE

1185 11/08/2022 Due on receipt 11/08/2022

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	labor	Remove and Reinstall Front Fender, Bags, Outter Fairing for crash damage (estimate)	6	110.00	660.00T
	Parts	SMT Flame Brake Lever Chrome	1	39.95	39.95T
	Parts	Avon Grips Black	1	84.95	84.95T
	labor	Repair Tour Pak Mount (estimate)	1	110.00	110.00T
	Parts	Harley Kahuna Rider Footboard Kit Part Number: 50501227	1	395.00	395.00T
	Parts	Harley Kahuna Passenger Footboard Kit Part Number: 50501228	1	385.00	385.00T
	Parts	Kahuna Footpegs Part Number: 50501225	. 1	150.00	150.00T
	Parts	Harley Short Angled Adjustable Hwy Peg Mount Part Number: 50500168	1	144.95	144.95T
	labor	Install Highway Pegs, Floor Boards, Grips and Brake lever	2	110.00	220.00T
	Parts	Harley Chrome Engine Guard Part Number: 49000138	1	265.95	265.95T
	labor	R&R Lowers, to replace Engine Guard, Drill/Run Wires Internally	5	110.00	550.00T
	labor	Fiberglass Repair Bag, Re-align Lowers (ESTIMATE)	6	110.00	660.00T
	Audio Installation	R&R (2) 8" Speakers & (2) Tweeters in Lowers, 8" Lid Speaker, Tweeter and Subwoofer	3	200.00	600.00T
	SMT 21" X 3.25" Wrap Fender	21" Wrap Fender	1	600.00	600.00T
	paint	Paint Bag & Fairing Custom Chameleon w/ Nardo Grey	1	1,500.00	1,500.00T

BALANCE DUE	\$6,715.92
TOTAL	6,715.92
TAX	350.12
SUBTOTAL	6,365.80