

Date: November 23, 2022

Claimant: David Taylor

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

Claimant Email Address: Taylordavid28@yahoo.com

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.

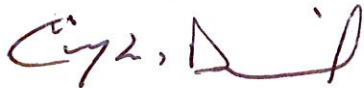
As a result of the incident mentioned above, the claimant, David Taylor, is seeking money damages of \$200,000.00.

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



OFFICE OF CITY ATTORNEY
28 NOV 22 4:05:26

CITY OF MILWAUKEE
2022 NOV 28 AM 11:41
CITY CLERK'S OFF

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

Svc Date	Code	Description	Payor	Qty	Amount
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Emergency Visit to Froedtert Hospital (Acct #6504420517, Patient David L Taylor)

August 21, 2022

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)		1	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		1	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		1	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	231.00
08/21/22	96375	INFUSION THERAPY - INJECTION INTO VEIN		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

Svc Date	Code	Description	Payor	Qty	Amount
08/21/22	J1170	HYDROMORPHONE 1 MG/ML SOLUTION (0409-1283-03)		1	58.23
08/21/22	J1170	HYDROMORPHONE 1 MG/ML SOLUTION (0409-1283-03)		1	58.23
08/21/22	J1650	ENOXAPARIN 60 MG/0.6ML SOLUTION PREFILLED SYRINGE (63323-607-01)		6	98.51
08/21/22	J3010	FENTANYL 0.05 MG/ML SOLUTION (63323-806-11)		1	58.73
08/21/22	J3010	FENTANYL 0.05 MG/ML SOLUTION (63323-806-11)		1	58.73
08/21/22	J3010	FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION (63323-806-11)		1	58.73
08/21/22	J3010	FENTANYL CITRATE (PF) 50 MCG/ML SOLUTION (63323-806-11)		1	58.73
Total Charges					9,823.72

Insurance Payments and Adjustments

08/26/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-5,009.72
09/07/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-4,814.00
Total Insurance Payments and Adjustments					-9,823.72

Emergency Visit to Froedtert Hospital (Acct #8028608604, Patient David L Taylor)

August 21, 2022

ChargesCharges for visit with **Kroft, Steven H, MD**

08/21/22	B8011	BASIC METABOLIC PANEL	ANTHEM	1	37.00
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Insurance Payments and Adjustments

08/21/22	3086	CLIN LAB WRITE OFF	ANTHEM	1	-37.00
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Emergency Visit to Froedtert Hospital (Acct #8028928891, Patient David L Taylor)

August 21, 2022

ChargesCharges for visit with **Knych, McKenna J, MD**

08/21/22	27818	CLOSED RX TRIMALLEOLAR FX,MANIP	ANTHEM	1	5,679.00
08/21/22	99285	EMERGENCY DEPARTMENT VISIT LEVEL 5	ANTHEM	1	1,072.00

Total Charges **6,751.00****Insurance Payments and Adjustments**

09/12/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-2,186.86
09/12/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-599.72
09/12/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-3,964.42

Total Insurance Payments and Adjustments **-6,751.00****Emergency Visit to Froedtert Hospital** (Acct #8029153505, Patient David L Taylor)

August 21, 2022

ChargesCharges for visit with **Desouches, Stephane L, DO**

08/21/22	71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	ANTHEM	1	79.00
08/21/22	73090	X-RAY FOREARM 2 VW	ANTHEM	1	95.00
08/21/22	73560	X-RAY KNEE 1 OR 2 VIEW	ANTHEM	1	107.00
08/21/22	73590	X-RAY TIB + FIB, 2VW	ANTHEM	1	101.00

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 visit with Klassen, Christopher L, MD					
08/21/22	73600	X-RAY ANKLE 2 VW	ANTHEM	1	95.00

Total Charges**673.00****Insurance Payments 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****Emergency Visit to Froedtert Hospital** (Acct #8029251914, Patient David L Taylor)

August 21, 2022

ChargesCharges for visit with **Martin, Jill M, MD**

08/21/22	27842	CLOSED RX ANKLE DISLOCATN,ANESTH	ANTHEM	1	4,257.00
08/21/22	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4	ANTHEM	1	727.00

Total Charges**4,984.00****Insurance Payments and Adjustments**

09/19/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-3,106.55
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-406.35
09/19/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-1,471.10

Total Insurance Payments and Adjustments**-4,984.00****Transfer Patient Visit to Center for Advanced Care, Orthopaedic Clinic** (Acct #6504428277,

Patient David L Taylor)

August 23, 2022

Charges

08/23/22	99213	FACILITY E&M LEVEL 3		1	168.00
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Insurance Payments and Adjustments

09/01/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-168.00
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New Patient Visit to Orthopaedic Clinic, Center for Advanced Care (Acct #8028699585, Patient

David L Taylor)

August 23, 2022

ChargesCharges for visit with **Burton, Alex T, MD**

08/23/22	99204	OFFICE/OUTPATIENT NEW MODERATE MDM	ANTHEM	1	563.00
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Insurance Payments and Adjustments

09/06/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-323.66
09/06/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-239.34

Total Insurance Payments and Adjustments**-563.00**

Svc Date	Code	Description	Payor	Qty	Amount
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PREOP APP Visit to Preoperative Clinic, Center for Advanced Care (Acct #6504442409, Patient

David L Taylor)

August 25, 2022

Charges

08/25/22	36415	LAB - COLLECT VENOUS BLOOD VENIPUNCTURE		1	42.00
08/25/22	85027	LAB - COMPL CBC AUTOMATED		1	50.00
08/25/22	99212	FACILITY E&M LEVEL 2		1	142.00
Total Charges					234.00

Insurance Payments and Adjustments

08/30/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-197.45
09/07/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-36.55
Total Insurance Payments and Adjustments					-234.00

PREOP APP Visit to Preoperative Clinic, Center for Advanced Care (Acct #8028797117, Patient

David L Taylor)

August 25, 2022

Charges

Charges for visit with **Weihert, Abigail T, PA-C**

08/25/22	99204	OFFICE/OUTPATIENT NEW MODERATE MDM	ANTHEM	1	563.00
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Insurance Payments and Adjustments

09/06/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-323.66
09/06/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-239.34
Total Insurance Payments and Adjustments					-563.00

PREOP APP Visit to Wisconsin Diagnostic Laboratories, Froedtert Hospital (Acct

#8028802225, Patient David L Taylor)

August 25, 2022

Charges

Charges for visit with **Kroft, Steven H, MD**

08/25/22	A7311	LAB - COMPL CBC AUTOMATED	ANTHEM	1	31.00
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Insurance Payments and Adjustments

08/25/22	3086	CLIN LAB WRITE OFF	ANTHEM	1	-31.00
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Billing Encounter to Wisconsin Diagnostic Laboratories, Froedtert Hospital (Acct

#8028916677, Patient David L Taylor)

August 28, 2022

Charges

Charges for visit with **Kroft, Steven H, MD**

08/28/22	U0004	COV-19 TEST NON-CDC HGH THRU	ANTHEM	1	150.00
08/28/22	U0005	INFECTION AGENT DETECTION AMPLI PROBE	ANTHEM	1	50.00
Total Charges					200.00

Insurance Payments and Adjustments

08/31/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-75.00
08/31/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-25.00
09/07/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-100.00
Total Insurance Payments and Adjustments					-200.00

Svc Date	Code	Description	Payor	Qty	Amount
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Surgery to Home Today Surgery, Froedtert Menomonee Falls Hospital (Acct #4500483974,

Patient David L Taylor)

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)		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		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		1	45.80
08/29/22	272000001	DRAPE C-ARM 44INX77IN		1	23.98
08/29/22	272000001	DRAPE C-ARM EXPANDABLE STL		1	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		1	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	272000001	TOURNQT CUFF 34 SGL PORT		1	55.60
08/29/22	272001887	STKG TED THIGH KNEE		1	48.50
08/29/22	272002925	SCD SLEEVE MEDIUM		1	69.00
08/29/22	272003292	WARMING BLANKET		1	50.50
08/29/22	278000001	PLT TUB ONE THIRD 10H 119MM		1	1,788.61
08/29/22	360000005	OPERATING ROOM		1	6,237.00
08/29/22	360000006	OPERATING ROOM		104	6,760.00
08/29/22	370000005	ANESTHESIA		1	2,572.00
08/29/22	370000006	ANESTHESIA		8	5,240.00
08/29/22	710000007	PACU LEVEL 4 BASE		1	711.00

Svc Date	Code	Description	Payor	Qty	Amount
08/29/22	710000008	PACU LEVEL 4 PER MIN		110	4,070.00
08/29/22	710000014	PHASE 2 LEVEL 4		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 (0781-3156-06)		100	245.84
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 (0409-1283-31)		1	63.09
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)		2	55.59
08/29/22	J2405	ONDANSETRON 4 MG/2ML SOLUTION (0641-6080-25)		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)		1	60.32
08/29/22	J3010	FENTANYL 0.05 MG/ML SOLUTION (0409-9094-12)		1	60.32
08/29/22	J3010	FENTANYL 100 MCG/2ML SOLUTION (0409-9094-12)		1	60.32
Total Charges					50,745.65

Insurance Payments 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

ChargesCharges for visit with **Thomas, David A, MD**

08/29/22	01480	ANESTH, LOWER LEG BONE SURG	ANTHEM	13	2,777.32
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Insurance Payments 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 Adjustments					-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					
Charges for visit with Burton, 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

Insurance Payments and Adjustments

09/12/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-5,768.33
09/12/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-2,267.53
09/12/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-4,891.14
Total Insurance Payments and Adjustments					-12,927.00

FIRST POST OP VISIT to Orthopaedic Clinic, Center for Advanced Care (Acct #6504517468,

Patient David L Taylor)

September 13, 2022

Charges

09/13/22	99212	FACILITY E&M LEVEL 2		1	142.00
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Insurance Payments and Adjustments

09/20/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-142.00
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Diagnostic Radiology Exam Visit to Imaging Services, Drexel Town Square Health**Center** (Acct #8030412420, Patient David L Taylor)

October 07, 2022

ChargesCharges for visit with **Dubois, Melissa S, MD**

10/07/22	73610	X-RAY ANKLE 3+ VW	ANTHEM	1	191.00
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Insurance Payments and Adjustments

10/17/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-82.25
10/17/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-108.75
Total Insurance Payments and Adjustments					-191.00

Emergency Visit to Froedtert Hospital (Acct #6504669001, Patient David L Taylor)

October 15, 2022 to October 16, 2022

Charges

10/15/22	272001003	IV INSERTION KIT		1	86.50
10/15/22	99283	EMERGENCY DEPARTMENT VISIT LEVEL 3		1	1,470.00
10/16/22	250637001	IBUPROFEN 800 MG TAB (0904-5855-61)		1	8.25
10/16/22	80048	METABOLIC PANEL TOTAL CA		1	100.00
10/16/22	85007	LAB - WBC EXAM W/MANUAL DIFF COUNT		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		1	107.00
10/16/22	93971	ULTRASOUND VEINS OF ONE ARM OR LEG LTD		1	1,223.00
Total Charges					3,139.75

Insurance Payments and Adjustments

11/01/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-3,139.75
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Svc Date	Code	Description	Payor	Qty	Amount
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Emergency Visit to Froedtert Hospital (Acct #8030737018, Patient David L Taylor)

October 15, 2022 to October 16, 2022

ChargesCharges for visit with **Kroft, Steven H, MD**

10/16/22	A4800	LAB - CLOTTING TEST (PROTHROMBIN TIME)	ANTHEM	1	24.00
10/16/22	B8011	BASIC METABOLIC PANEL	ANTHEM	1	37.00
Total Charges					61.00

Insurance Payments and Adjustments

10/16/22	3086	CLIN LAB WRITE OFF	ANTHEM	1	-61.00
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Emergency Visit to Froedtert Hospital (Acct #8030737022, Patient David L Taylor)

October 15, 2022 to October 16, 2022

ChargesCharges for 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 Payments and Adjustments

10/16/22	3086	CLIN LAB WRITE OFF	ANTHEM	1	-56.00
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Emergency Visit to Froedtert Hospital (Acct #8031175293, Patient David L Taylor)

October 15, 2022 to October 16, 2022

ChargesCharges for visit with **Sonnenberg, Taylor J, MD**

10/15/22	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4	ANTHEM	1	727.00
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Insurance Payments and Adjustments

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 Adjustments					-727.00

Emergency Visit to Froedtert Hospital (Acct #8030985558, Patient David L Taylor)

October 16, 2022

ChargesCharges for visit with **Binagi, Samba G, MD**

10/16/22	93971	DUPLEX EXTREM VENOUS,UNI OR LTD	ANTHEM	1	345.00
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Insurance Payments and Adjustments

11/01/22	2000	INSURANCE PAYMENT (INSURANCE)	ANTHEM	1	-159.56
11/01/22	3000	CONTRACTUAL WRITE-OFF	ANTHEM	1	-185.44
Total Insurance Payments and Adjustments					-345.00

Diagnostic Radiology Exam Visit to Imaging Services, Drexel Town Square Health Center (Acct #8031503411, Patient David L Taylor)

November 04, 2022

ChargesCharges 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 1185
DATE 11/08/2022
TERMS Due on receipt
DUE DATE 11/08/2022

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	labor Remove and Reinstall Front Fender, Bags, Outer 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

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