

April 11, 2009

Office of the City Attorney

Attn: Grant F. Langley

Re: C.I. File No. 09-S-9

FR: Estella Stokes

CITY OF MILWAUKEE
2009 APR 13 PM 3:11
RONALD D. LEONARD
CITY CLERK

Dear Mr. Langley

In regards, to the claim that was submitted in the nominal amount of \$225.00, related to my medical expenses incurred after I tripped and fell down on September 9th, 2008 on an uneven portion of the City sidewalk.

The investigation performed by the Infrastructure Services Division and Sanitation Division indicated that the City had no notice of this hazard on the sidewalk at **4513 North 37th Street**.

I wish to appeal the decision that you are denying my claim and requesting a hearing because the address indicated in your investigation is incorrect. The pictures that were taken of this drastically uneven sidewalk hazard are actually located between **4513 North 27th Street**.

If possible, please notify me in writing at 4661 N. 27th Street #102 Milwaukee, Wi. 53209 or contact me via my home phone @414-871-7732 to confirm that you have received my appeal or will me grant my request for a legal hearing.

Best Regards,

Estella L. Stokes

Ms. Estella L. Stokes

4-13-09
Spoke with client & noted the 37th st. in our denial letter was a typo. I said all Infra info is for the 27th st. location so our position is as noted in our letter - denial. I will send it through as an appeal anyway.

CITY OF MILWAUKEE
RECEIVED
2009 APR 13 PM 3:28
OFFICE OF
CITY ATTORNEY

(Received on 21st Day)

CITY OF MILWAUKEE

2009 JAN -8 PM 4: 22

1/8/09

RONALD D. LEONARD
CITY CLERK

ESTHERA STOKES
4661 N. 27th #102
Milw. WI 53209

City Clerk
ATTN: Claims
City Hall
Room 205

This is pertaining to the Fall I had on
Sept. 9, 2008 in front of 4513 N. 27th St
After, 4:30 p.m.

The injured was my right arm and
shoulder.

The sidewalk wasn't even. One was
higher than the other. A young man that
was going into the building helped me
up. I was praying to God to let me
get home because I was really in pain.
The one seem like three blocks, but by
the grace of God I made it home. It was
hard for me to get my keys out to unlock
the outside door. When I got in my apart-
ment, all I could do was to lay down.
Nothing changed in two days, because I

I COULDN'T LIFT MY ARM. I WENT TO THE
DR. ON 9/11/08. HE TOOK X-RAYS AND
SUBSCRIBES PAIN PILLS.

LATER AFTER I HEALED, PICTURES
WERE TAKEN. (ENCLOSED)

CLAIMS DEPT SAID THE CITY WOULD
COME OUT TO INSPECT. MUCH LATER I
SAW THEY DID IMPROVEMENT DOWN
27th STREET.

ENCLOSED DR. NENI SERVICE AND A
PRELIMINARY REPORT FOR WORK.

SINCERELY,

ESTELA STOKES

STATEMENT OF PHYSICIAN SERVICES



ESTELLA STOKES
 APT 102
 4661 N 27TH ST
 MILWAUKEE WI 53209

ACCOUNT # 8272530

PAGE 1 of 2

STATEMENT DATE: 10/27/08

LAST STATEMENT DATE: 09/01/08

IF ANY QUESTIONS, PLEASE CONTACT: 414-326-2100

DATE	DESCRIPTION	INS	CHARGE	PAYMENT/ADJUSTMENT	GUARANTOR BALANCE
>>> PATIENT: ESTELLA STOKES 8272530					
	PERFORMED BY: HEATHER M WELLS MD				
05/20/08	OFFICE VISIT MINIMAL NEW				
06/05/08	P/164016/UN HLTH		- DEDU	0.00	
06/05/08	CONT.ADJ/164016		- DEDU	13.95	
06/05/08	AUTO TRANSFER TO GUARANTR				63.09
05/20/08	SHAVING LESION 1.1-2.0CM		216.00		
06/05/08	P/164016/UN HLTH		- DEDU	6.25	
06/05/08	CONT.ADJ/164016		- DEDU	22.15	
06/05/08	AUTO TRANSFER TO GUARANTR				187.60
05/20/08	SURGICAL HISTOPATHOLOGY		455.00		
07/03/08	P/170626/UN HLTH			36.79	
07/03/08	CONT.ADJ/170626			414.12	
07/03/08	AUTO TRANSFER TO GUARANTR				4.09
	PERFORMED BY: JAGAN N CHINTAMANENI MD				
* 09/11/08	X-RAY SHOULDER 2VIEWS		114.00		
* 09/25/08	P/187231/UN HLTH			61.06	
* 09/25/08	CONT.ADJ/187231			46.16	
* 09/25/08	AUTO TRANSFER TO GUARANTR				6.78
* 09/11/08	COMPREHENSIVE METABOL PNL		53.00		
* 09/25/08	P/187231/UN HLTH			11.96	
* 09/25/08	CONT.ADJ/187231			39.71	
* 09/25/08	AUTO TRANSFER TO GUARANTR				1.33
* 09/11/08	LIPID PANEL		65.00		
* 09/25/08	P/187231/UN HLTH			15.17	
* 09/25/08	CONT.ADJ/187231			48.15	
* 09/25/08	AUTO TRANSFER TO GUARANTR				1.68
* 09/11/08	HEMOGLOBIN GLYCATED		32.00		
* 09/25/08	P/187231/UN HLTH			10.98	
* 09/25/08	CONT.ADJ/187231			19.80	
* 09/25/08	AUTO TRANSFER TO GUARANTR				1.22
* 09/11/08	GONADOTROPIN; FSH		86.00		
* 09/25/08	P/187231/UN HLTH			21.03	
* 09/25/08	CONT.ADJ/187231			62.63	
* 09/25/08	AUTO TRANSFER TO GUARANTR				2.34
* 09/11/08	TSH		67.00		
* 09/25/08	P/187231/UN HLTH			19.01	
* 09/25/08	CONT.ADJ/187231			45.88	
* 09/25/08	AUTO TRANSFER TO GUARANTR				2.11
* 09/11/08	ROUTINE VENIPUNCTURE		23.00		
* 09/25/08	P/187231/UN HLTH			2.43	
* 09/25/08	CONT.ADJ/187231			20.30	
* 09/25/08	AUTO TRANSFER TO GUARANTR				0.27
* 09/11/08	LAB HANDLING FEE		18.00		
* 09/25/08	CONT.ADJ/187231			18.00	
* 09/25/08	AUTO TRANSFER TO GUARANTR				0.00
* 09/11/08	OFFICE VISIT - LIMITED		111.00		
* 10/02/08	P/188727/UN HLTH			81.59	
* 10/02/08	CONT.ADJ/188727			20.34	
* 10/02/08	AUTO TRANSFER TO GUARANTR				9.07
	PERFORMED BY: JOHN E WATT MD				
05/07/07	OFFICE VISIT INTERMEDIATE		148.00		

OFFICE OF CITY ATTORNEY
 RECEIVED
 CITY OF MILWAUKEE
 JAN -9 PM 4:03

DATE OF SERVICES ON 9/11/08

CHECK BOX AND ENTER ANY ADDRESS OR INSURANCE CORRECTIONS ON BACK

STATEMENT OF PHYSICIAN SERVICES



ACCOUNT #

ESTELLA STOKES
 APT 102
 4661 N 27TH ST
 MILWAUKEE WI 53209
 8272530

PAGE 2 of 2

STATEMENT DATE: 10/27/08
 LAST STATEMENT DATE: 09/01/08

IF ANY QUESTIONS, PLEASE CONTACT: 414-326-2100

DATE	DESCRIPTION	INS	CHARGE	PAYMENT/ ADJUSTMENT	GUARANTOR BALANCE
12/20/07	P/131110/UN HLTH			0.00	148.00
	BALANCE: ESTELLA STOKES		\$427.58		

* INDICATES NEW FINANCIAL ACTIVITY SINCE LAST BILL.

DEDU - APPLIED TO INSURANCE DEDUCTIBLE

LEGAL NOTICE: THIS ACCOUNT WILL BE PLACED WITH OUR COLLECTION AGENCY UNLESS PAYMENT IS RECEIVED IN FULL.

*** BUSINESS OFFICE HOURS ***
 MONDAY - THURSDAY 9:00AM-5:00PM
 FRIDAY 9:00AM-3:30PM
 *** PLEASE CALL 326-2100 ***

BALANCE SUMMARY	RESPONSIBLE PARTY	POLICY #	TOTAL
	*** GUARANTOR RESPONSIBILITY		\$ 427.58

IMPORTANT: PLEASE DETACH AND RETURN BOTTOM PORTION OF STATEMENT WITH YOUR PAYMENT

ESTELLA STOKES
 APT 102
 4661 N 27TH ST
 MILWAUKEE WI 53209

STATEMENT DATE: 10/27/08 GUARANTOR RESPONSIBILITY: \$ 427.58

8272530191313030000042758102720083

MAIL TO: CSM COMMUNITY PHYSICIAN
 PO BOX 3077
 MILWAUKEE WI 53201-3077

ESTELLA STOKES
 APT 102
 4661 N 27TH ST
 MILWAUKEE WI 53209

OFFICIAL USE ONLY	FOR CREDIT CARD PAYMENT, PLEASE FILL IN INFORMATION BELOW		WRITE THIS ACCOUNT # ON CHECK	
	CHECK BOX	[CARD NUMBER]		8272530
	REP: BEET	MC	EXP DATE	PAY THIS AMOUNT
	FC: H	VISA		DUE BY
	HC: JIM0	AMEX	CARD HOLDER NAME (PRINT)	\$ 427.58
		DISC		11/10/08
	CREDIT CARD SIGNATURE		AMOUNT ENCLOSED:	MAKE CHECKS PAYABLE TO:
	[SIGNATURE]			CSM COMMUNITY PHYSICIAN

☐ CHECK BOX AND ENTER ANY ADDRESS OR INSURANCE CORRECTIONS ON BACK

* Preliminary Report *

Document Type: Return to School/Work
 Document Date: 11 September 2008 12:06 CDT
 Document Status: Transcribed
 Performed by/Author: Chintamaneni, Jagan M MD on 11 September 2008 12:09 CDT
 Encounter info: 000002893298, PMC, Clinic, 09/11/08 -

*** Preliminary Report ***



Certificate for Return to School / Work / Daycare

The patient identified above has been under the care of: JAGAN CHINTAMANENI MD

Clinic Name / Phone Number: PMC (414) 319-3000

During the following time period: 09/10/08 THRU 09/14/08

and is able to return to: School Work Daycare on: 09/15/08

Comments: PATIENT FELL AND INJURED RIGHT ARM AND SHOULDER/ HAS LIFTING RESTRICTION

AT THIS TIME.

Signature: J.M. Vericms / V.P. [Signature]

Date Signed: 9-11-08



