

Nov. 14, 2005

Milwaukee City Clerk
200 E. Wells St. - Room 205
Milwaukee, WI 53202

CITY OF MILWAUKEE
2005 NOV 15 PM 3:24
RONALD D. LEONHARDT
CITY CLERK

Re: Claim no. 05-S-271 - Letter denying claim from City Attorney dated 10-24-05.*

To Whom It may Concern:

I hereby am appealing the denial of my claim for a knee injury I sustained on August 16, 2005 in the City Hall rotunda. I was off of work for exactly 2 months in a wheelchair due to a non-displaced lateral tibial plateau fracture of the left knee from tripping on the floor mats in the rotunda.

While I know these mats on the floor are for the purpose of preventing slippage, if you look around the mats are rippled and wavy on the rubber part on the edges which is dangerous for me to get their foot caught in and trip. It's possible this is caused because these mats are old + wearing even though they are picked up frequently + cleaned + replaced.

When I returned to work in October, I noticed how bad some of these mats are. Also, City Hall does not have wheelchair access for one to get through the doors of the separate offices or the bathroom (6th floor of City Hall). This made it impossible for me to return to work sooner.

Based on the above, I am requesting

Village City Clerk

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11/14/05

reimbursement for my wages and
medical bills as follows:

Wages = 5,176.17
medical bills paid: 1,002.30

Total 6,178.47

I am asking for reimbursement in the amount
of \$6,178.47. A favorable response is appreciated
since I was injured on your property and
unable to work for two months.

Sincerely,

Susan Scheubach
4500 W. Abbott Ave.
Greenfield, WI 53220-5022

cc: Brent F. Langley
Robert M. Overholt

281-1316 home phone

*P.S. I just noticed - 21 days is today. Your letter is
dated 10/24/05 & envelope first post-marked on
11/4/05 & I received on Mon. 11/7/05. This is not
fair & I have proof of envelope when post-marked.
Letter should be sent sooner & not 2 weeks later
when a time limit is involved.

Sept. 6, 2005

CITY OF MILWAUKEE

City Clerk's Office
200 E. Wells Street - City Hall
Milwaukee, WI 53202
RONALD D. LEONHARDT
CITY CLERK

2005 SEP - 8 PM 3:49

CITY OF MILWAUKEE
OFFICE OF
CITY ATTORNEY
2005 SEP - 8 PM 4:18

Attn: Claims

Re: Injury in City Hall on August 16, 2005 at 7:40 AM

To Whom It May Concern:

I am requesting to open a file to file a claim for an injury I received while entering City Hall on August 16, 2005 at approximately 7:40 AM.

I am a private contractor working for the Employee's Retirement System - Room 603 - City Hall. I was walking through the doors on Market Street and saw the lights that elevator no. 2 was going to open. I proceeded to walk to that elevator. The doors opened and a person was coming out and at the same time I moved forward and tripped on the floor mat in front of the elevator and went flying forward preventing myself from falling. I could sense that the person who got off the elevator stood still for a moment probably making sure I didn't fall. I felt immediate pain in left knee and hobbled to get to the office so I could sit. I'm not sure if the night Clerk was at the window and saw anything or not.

City Clerk's Office
Attn: Claims

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9/6/2005

My left knee started to swell and I couldn't step on it at all. I contacted my doctor's office and immediately had to call my husband to come and pick me up (he had just dropped me off for work) so he could take me to the doctor.

I then had to use the restroom so employees in the office - Charles Stoffel and Jean Nyland - wheeled me out into hall on my chair and took me to ladies room. In the meantime, Kathleen Allan went to the City Hall Lobby and got the wheelchair. She then took me down to the car on Market Street where my husband was waiting.

I saw Dr. Konrad Krausz at 10:15 AM on 8/16/05
3738 So. 60th St. (53220) 327-4450
my chart no. 20346

He sent me down the hall for an X-Ray of left knee.
© MG - Great Home (St. Louis)
3738 S. 60th St. - Rm 105 (53220)

X-Ray did not show a break so he sent me home with pain medication and paid to keep ice packs on for 48 hours + keep leg elevated. If not better, to see Orthopaedic Surgeon - I did this and leg not better.

I saw Dr. Craig Moore on 8/19/05
5233 W. Morgan Lane (53220) 321-8960

He immediately drew out 3 tubes of blood out of left knee. Because it was blood and not clear liquid,

City Clerk's Office
Attn: Claims

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9/6/05

he said this was a sign of an injury. He then sent me for an MRI at:

MDI (Medical Diagnostic Imaging)

6150 W. Layton Ave. (53220) 282-4100

I went there on some day 8/19/05. I then went home and continued to stay off leg with crutches and a walker + kept ice on it. Once Dr. Moe had taken out the blood from the knee, it wasn't so swollen but pain still there -

On Monday, 8/22/05, Dr. Moe called me at home and said I had a fracture in the joint (shin bone) and to continue to stay off until I could come into office - On Thurs. 8/25/05 I saw him and he wrote a prescription for a wheel chair and toilet seat lift. I received these items from

Home Care Medical

4818 So. 76th St. (53220) 423-8800, ext. 106

Dr. Moe's dictated notes are enclosed as well as copies for two prescriptions filled at Walgreens (total \$25.00) and bill for \$39.44 I had to pay up front - at Home Care Medical for toilet seat lift and egg cushion since I can't go anywhere and have to just sit or lie down for the next 6 to 8 weeks -

I am requesting the above be paid as well as any future doctor bills (medical bills) that come in and compensation for my wages -

I am a merite contractor and work 3 days

City Clerk's office
Attn: Claims

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9/6/05

a week for 8 to 9 hour days. My salary can be discussed with the claims adjuster who hopefully will be assigned to my case.

I also feel my husband's insurance company should be reimbursed for all expenses. I don't get any benefits and do not have my own insurance so I am not receiving any salary for my time off. I have been off since 8/16/05 and don't see Dr. Moore again until Sept. 27th and not sure how long after that I'll be home yet. If therapy is needed - I also request that be paid for by the City -

Those mats in City Hall are dangerous and I have heard from others who have tripped on them.

Your favorable response to my request is appreciated

Sincerely,

Mrs. Susan Scherbarth
(SCHERBARTH)
4500 W. ABBOTT AVE.

GREENFIELD, WI 53220-5022

281-1316 (home no)

Any further medical bills that may arrive - I will hold until I hear from you -

Craig E. Moe, M. D.

Susan M Scherbarth 4/9/1948

8/19/05

HPI: She is here for examination of a left knee. She had a twisting injury of her left knee. She had immediate pain and swelling of the knee. She saw Dr. Krawczyk who referred her here.

PE: She has 3+ effusion. This is actually aspirated with return of about 70 cc. of bloody clear fluid. Exam after that did show tenderness, particularly of the pain upon palpation of the joint line, with motion. She is stable to Lachman's, stable to varus and valgus stress. Her extensor mechanism is completely intact.

I will get an MRI of her knee and see her back after evaluation of the MRI.

CEM;bs

3-25-05

Re *(circle)* (MRI result)

HPI: She is seen for MRI of her left knee. This actually did show a non-displaced lateral tibial plateau fracture that does communicate with the jointline. There is absolutely no displacement of the fracture line. The remainder of the MRI was negative.

PLAN: I will put her in a knee immobilizer for a month. She is going to be provided with a wheelchair and I will see her back in a month, recheck x-rays and hopefully at that time get her starting on early range of motion of her knee.

She wanted a copy of her last couple office visits mailed to her at home.

CEM:bs



PRINTED: 08/25/05 12:25

COUNTY: T#662

ORDER

5665 South Westridge Drive • New Berlin, WI 53151-795

Telephone: 262-786-9870 • 800-369-6939

FAX: 262-786-9878

RE-PRINT *

ORDER NO.	ACCOUNT NO.	CUST PHONE NO.	ORDER DATE	ROUTE	SCH DATE	ORDER TYPE
937126	42444	414 281-1316	08/25/05	6	08/25/05	DELIVERY-CPU

SHIP TO	RESPONSIBLE PARTY
SUSAN SCHERBARTH 4500 W ABBOTT AVE GREENFIELD WI 53220 414 281-1316	SUSAN SCHERBARTH 4500 W ABBOTT AVE GREENFIELD WI 53220 414 281-1316

INSURANCE INFORMATION	DOCTOR
4231 COMPCARE FEE FOR SERVICE ZQC191542 9999 PRIVATE PAY	CRAIG MOE MD 414 321-8960 SLMN: 126 SHAWN C.

LINE	ITEM NO.	TYP	DESCRIPTION	QUAN.	U/M	BILLED	CUSTOMER AMT. DUE
9999	B2 INV1391P	S	SEAT, RAISED TOILET CLAMP ON	1	EA	30.00	
9999	CUSHION	S	CUSHION, EGGRATE 16" X 18" X 4"	1	EA	7.35	
4231	WCHEMI16RE	R	W/CHAIR HEMI 16" REM-ARM ELEV	1	EA	152.00	
4231	STK04 INVVLX4A	R	REST ELEVATING	1	EA	30.00	
4231	W/C WOSTD1630	R	W/C COMMON STD 16" REM ARM	1	EA	30.00	
			SERIAL # ME 30703892				

pd by c/c

Comments / Instructions S = SALES R = RENTAL

DEFINITIONS: Conditions, terms and prices are subject to change without notice. Bill to and/or Deliver to and include the cost of the equipment.

PLEASE READ CAREFULLY: I request that payment of authorized benefits be paid directly to Home Care Medical, Inc. I authorize any holder of medical information about me to disclose it to Home Care Medical, Inc. in order to process payment for this order. I understand that the above is a summary of services / supplies provided to me. If applicable, the aforementioned services will be billed to my insurance for payment. I understand I am responsible for payment on items which Medicare or my insurance does not cover. Any questions regarding coverage and payment should be directed to either my insurance carrier or to Home Care Medical, Inc.

SC DEL

8-25-05 DATE

Russ W Scherbarth/Harbor CUSTOMER SIGNATURE / RELATIONSHIP

CHARGE	PREV. BAL.	PAYMENT	BALANCE

PATIENT NAME: Susan Scherbarck DATE: 8-16-05 CHART NO.: 20346 INSURANCE: Comp PROVIDER: KK ACCIDENT DATE: _____ WORK COMP: YES NO

OFFICE VISIT	CODE	FEE	IMMUNIZATIONS	CODE	FEE	LAB PROCEDURES	CODE	
NEW PATIENT	LEVEL 1	99201	TD Adult	90718		Accucheck	82962	
	LEVEL 2	99202	PPD	86580		ALT / SGPT	84460	
	LEVEL 3	99203	DT (ped)	90702		Amylase	82150	
	LEVEL 4	99204	Polio IVP	90713		Cholesterol	82465	
	LEVEL 5	99205	Hepatitis B Vaccine, Ped / Adolescent	90744		CBC	85025	
ESTABLISHED PATIENT	LEVEL 1	99211	Hepatitis B Vaccine, Adult	90746		CRP	86140	
	LEVEL 2	99212	Flu	90658		Creatinine	82565	
	LEVEL 3	99213	Flu - Medicare	G0008		Cytopath, Gyn Smear	88142	
	LEVEL 4	99214	Pneumovax	90732		Digoxin	80162	
	LEVEL 5	99215	Pneumovax - Medicare	G0009		Electrolyte Panel	80051	
	Pelvic Exam	99214A	MMR	90707		Glucose	82947	
	Pelvic Exam (Medicare)	G0101	HIB	90645		Glycosylated Hemoglobin	83036	
PREVENTIVE MEDICINE NEW PATIENT	Under 1 Year	99381	DAPT	90700		Hemoccult - Home	82270	
	1-4 Years	99382	Varicella Virus	90716		Hemoccult - Office	82270	
	5-11 Years	99383				Hemoccult (Medicare)	G0107	
	12-17 Years	99384	INJECTIONS				Heterophile Differential	86309
	18-39 Years	99385	Administration of Injection	90782		Heterophile Mono Screen	86308	
PREVENTIVE MEDICINE ESTABLISHED PATIENT	40-64 Years	99386	Administration of Injection - Medicare	G0351		KOH Slide (Q0112)	87220	
	Over 65 Years	99387	B12	J3420		Potassium	84132	
	Under 1 Years	99391	Rocephin per 250 mg	J0696		Protine	85610	
	1-4 Years	99392	Depo Provera	J1055		PSA	84153	
	5-11 Years	99393	REF. LAB ORDERS				Sed Rate	85651
WORK RELATED	12-17 Years	99394					Strep Culture (Lab)	87081
	18-39 Years	99395					Strep Antigen (Office)	87880
	40-64 Years	99396					TSH	84443
	Over 65 Years	99397					U/A Dip Only	81002
	LEVEL 5	99455					U/A Micro with Dip	81000
OFFICE PROCEDURES								
ANOSCOPIC	46600					Urine C&S	87086	
CRYO (UP TO 14)	17110					Urine Pregnancy	81025	
15 OR MORE	17111					Wet Mount (Q0111)	87210	
EKG	93000					LAB PANELS		
HHN TREATMENT - WITH ALBUTEROL	94640					Basic Metabolic Panel	80048	
HOLTER MONITORING	83224					Comprehensive Metabolic Panel	80053	
REMOVAL IMPACTED CERUMEN	69210					Lipid Panel	80061	
PEAK FLOW TEST	94150					Hepatic Function Panel	80076	
PFT	94010					DNA Probe	87591, 87491	
REFERRAL	R.T.C.					General Health Panel (CMP, CBC, TSH)	80050	
						PHYSICIAN SIGNATURE: <u>Kuk</u>		

REV. (2002)

Handwritten signature

THANK YOU FOR ALLOWING ME TO SERVE YOU TODAY.

B10 10 4557 0266 010
B10 10 4568 0744 010

RFN# 0366-6104-8682-0508-0520

0564205 1 15.00
MELTININ 180 1 7.49
MELTININ 180 1 7.49
1 0 1 / 7.49 - 2 / 7.45
CLOS 1/23.52 10 6.92
SUBTOTAL 29.45

A-5.6% SALES TAX .81
TOTAL 30.29

CREDIT CARD
ACCOUNT *****
CHANGE

YOUR TOTAL SAVINGS:
YOUR ADVERTISED SAVINGS:

SFN# 0366-6104-8682-0508-0520

05 W Layton Ave Greenfield, WI
ORE (414)281-5467
ARMACY (414)281-5762

FLEXIBLE SPENDING ACCOUNT ITEM # 000

FOR FASTER SERVICE, CALL IN YOUR
PRESCRIPTION ORDER OR PLACE IT ON
W.WALGREENS.COM 24 HOURS A DAY/7 DAYS
A WEEK

THANK YOU
FOR YOUR BUSINESS
KEEP THIS RECEIPT FOR YOUR RECORDS
AUGUST 25, 2005 6:10 PM

Take This In
Snack Or Sr
Upset Occu

recommended may cause serious liver problems.

4405 W LAYTON AVENUE GREENFIELD, WI 53220

SUSAN SCHERBARTH

4500 W ABBOTT AVE
GREENFIELD, WI 53220

NO 0564205-03666 DATE 08/25/05

HYDROCODONE/APAP 5MG/500MG TABS

QTY 80 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW \$58.59 Your Insurance Saved You: \$43.59

JKV/HGT/HGT/HGT

PLAN PERX
GROUP# V8AA

DR C. MOE
CLAIM REF# 46234657

PH (414)281-5762
PATIENT PH (414)281-1316

NDC 00603-3881-28
MFG QUALITEST

\$15.00

PEEL HERE

Walgreens Customer Receipt

4405 W LAYTON AVENUE GREENFIELD, WI 53220

SUSAN SCHERBARTH

4500 W ABBOTT AVE
GREENFIELD, WI 53220

NO 0564205-03666 DATE 08/25/05

HYDROCODONE/APAP 5MG/500MG TABS

QTY 80 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW \$58.59 Your Insurance Saved You: \$43.59

JKV/HGT/HGT/HGT

PLAN PERX
GROUP# V8AA

DR C. MOE
CLAIM REF# 46234657

PH (414)281-5762
PATIENT PH (414)281-1316



\$15.00

NDC 00603-3881-28
MFG QUALITEST

Walgreens Duplicate Receipt



I'm Angie. Thank you for allowing me to serve you today.

I'm CODY. Thank you for allowing me to serve you today.

770 10 2045 03666 011

835 10 2047 03666 011

RFN# 0366-6112-0476-0506-1620

F RX 0562665 1 10.29
TOTAL 10.29

CREDIT CARD
ACCT#*****0000
CHANGE .00



4405 W Layton Ave Greenfield, WI
STORE (414)281-5467
PHARMACY (414)281-5762

F=FLEXIBLE SPENDING ACCOUNT ITEM (FSA)

THANK YOU
FOR FASTER SERVICE, CALL IN YOUR
PRESCRIPTION ORDER OR PLACE IT ON
WWW.WALGREENS.COM 24 HOURS IN ADVANCE

RETAIN THIS RECEIPT FOR YOUR RECORDS

AUGUST 16, 2005 12:49 PM

Take This Medicine With A
Snack Or Small Meal If Stomach
Upset Occurs

4405 W LAYTON AVENUE GREENFIELD, WI 53220

SUSAN SCHERBARTH

4500 W ABBOTT AVE
GREENFIELD, WI 53220

NO 0562665-03666 DATE 08/16/05

HYDROCODONE/APAP 5MG/500MG TABS

QTY 30 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

CLK/JMB/ /JMB
PLAN PERX
GROUP# V8AA

K. KRAWCZYK, MD
CLAIM REF# 46965606

PH (414)281-5762
PATIENT PH (414)281-1316

NDC 00603-3881-28
MFG QUALITEST

\$10.29

PEEL HERE ↓

4405 W LAYTON AVENUE GREENFIELD, WI 53220

SUSAN SCHERBARTH

4500 W ABBOTT AVE
GREENFIELD, WI 53220

NO 0562665-03666 DATE 08/16/05

HYDROCODONE/APAP 5MG/500MG TABS

QTY 30 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

CLK/JMB/ /JMB
PLAN PERX
GROUP# V8AA

K. KRAWCZYK, MD
CLAIM REF# 46965606

PH (414)281-5762
PATIENT PH (414)281-1316



\$10.29

NDC 00603-3881-28
MFG QUALITEST

Walgreens Customer Receipt

Walgreens Duplicate Rec