

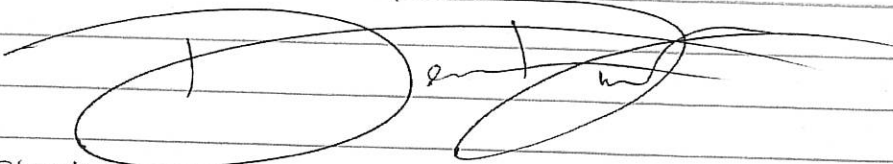
On the 25<sup>th</sup> of July, I woke up at 6:00 am. Usually my bike would be at home, but I remembered it was at my brothers house. I live at 9025 W ~~Hampton~~ Hampton ave. lower unit. My brother lives (about) a mile away and I decided to walk over to his home to get my bike. When I reached his house, I hung out and talked to him. He'd gotten into a semi accident a few days before. I helped to wrap up his arm with the gauzes he had, his left arm was messed up. A friend of his came by and gave him more gauze. After I talked to my brother, it was about 7:30 (7:45) am. I told him that I was going to ride my bike to pick up my daughter. I rode out of his driveway and in not even 30 seconds, I hit a pothole. I went face first into the concrete. I didn't think I'd gotten hurt that bad, but when I looked at my hand I knew I'd have to go to the hospital. My brothers neighbors, two houses down, seen that I'd been hurt really bad. He came out to help stop the bleeding while my brother called the ambulance. The neighbor wrapped up my arm and then the ambulance arrived. My bicycle is my ONLY transportation. I don't have a car or anyone to get me to where I need to go everyday. I ride my bike to take care of ALL of my business. I do have pictures of the pothole that I'd hit, in my phone. All my medical things have been done at Froedtert Hospital. I had to get pins in my hand which will be removed ~~August~~ <sup>August</sup> October 24<sup>th</sup>. Afterward, I have to go through intense therapy to close my right hand. It will take 8 weeks, 3 times a day. My specific sum, is to clear all fines with the city of Milwaukee and the state of Wisconsin. Also enough money to get a new Trek Soho bike.

Contact me at:  
123 deanrobert43@gmail.com  
or  
(414) 745 5547

RECEIVED  
OFFICE OF CITY ATTORNEY  
SEP 4 - 2018  
10:30 AM/PM  
CITY CLERK'S OFFICE  
2018 AUG 31 AM 11:07  
CITY OF MILWAUKEE

On the 25<sup>th</sup> of July, I woke up at 6:00am. Usually my bike would be at home, but I remembered it was at my Brother's house. I live at 9025 W Hampton ave. lower unit. My brother lives (about) a mile away and I decided to walk over to his home to get my bike. When I reached his house, I hung out and talked to him. He'd gotten into a semi accident a few days before. I helped to wrap up his arm with the gauzes he had, his left arm was messed up. A friend of his came by and gave him more gauzes. After I talked to my brother, it was about 7:30 (7:45) am. I told him that I was going to ride my bike to pick up my daughter. My brother lives at 8626 W Lawrence ave. and as I rode out of his drive way, not even 30 seconds went by and I'd hit a pothole. This pothole was located in front of 8700 W. Lawrence ave. I went face first into the concrete. I didn't think I'd gotten hurt that bad, but when I looked at my hand I knew I'd have to go to the hospital. The neighbors, two houses down from my brother's house, seen that I'd been hurt really bad. He came out to help stop the bleeding while my brother called the ambulance. The neighbor wrapped up my arm and the ambulance arrived. My bicycle is my ONLY transportation. I don't have a car or anyone to get me to where I need to go everyday. I ride my bike to take care of ALL of my buisness. I do have pictures of the Pothole that I hit in my phone. All my medical things have been done at Froedtert Hospital. I had to get pins in my hand which were removed August 29<sup>th</sup>. Now I have to go through intense therophy to close my right hand. It will take 8 weeks, 2 times a week. My specific

Sum's to clear all my fines with the City of Milwaukee  
And the state of Wisconsin. Also 40-50 thousand  
dollars for pain and suffering and a new Trek solo  
bike.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Contact me at:

123 deonrobert43@gmail.com

or

(414) - 745 - 5547

## Patient Itinerary 10/18/18 - 10/17/20

ne: Duke, Deon  
 ess: 9025 W HAMPTON AVE LWR  
 MILWAUKEE WI 53225

Sex: Male  
 DOB: 9/27/1969  
 Home Ph: 414-745-5547

Arrival Time	Appt Time	Provider	Location	Phone
		Dept	Dept	
3 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
9/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
10/31/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/5/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/7/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/12/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/14/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/19/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/21/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/26/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
11/28/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
12/3/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
12/5/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263
12/10/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center		414-955-4263

**Patient Itinerary 10/18/18 - 10/17/20**

Name: Duke, Deon  
 Address: 9025 W HAMPTON AVE LWR  
 MILWAUKEE WI 53225

Printed: 10/17/18 9:11 AM  
 Sex: Male  
 DOB: 9/27/1969  
 Home Ph: 414-745-5547

Date	Arrival Time	Appt Time	Provider Dept	Location Dept Phone
12/12/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center	414-955-4263	
12/17/18 Mon	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center	414-955-4263	
12/19/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center	414-955-4263	
12/26/18 Wed	8:00 AM	Vallejo, Amy K, OTR Hand Center Plastic Surgery, Tosa Center	414-955-4263	
1/2/19 Wed	8:40 AM	Logiudice, John A, MD Hand Center Plastic Surgery, Tosa Center	414-955-4263	



# STATEMENT OF PHYSICIAN SERVICES

The back of the statement contains information on terms, conditions and hours of operation. To make a payment or speak with customer service see the phone numbers listed below under **IMPORTANT MESSAGE**.  
**SE HABLA ESPAÑOL**

Please check box and indicate change of address or insurance information on the reverse side.

STATEMENT DATE  
09/20/2018

PATIENT NAME  
DUKE,D

ACCOUNT NUMBER  
3M1449028

AMOUNT ENCLOSED  
\$

RESPONSIBLE PARTY

DEON DUKE  
9025 W HAMPTON AVE LWR  
MILWAUKEE, WI 53225

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN  
PAY ON-LINE AT: [www.mcw.edu / paymybill](http://www.mcw.edu/paymybill)  
OR CALL TO PAY: (414) 955-4511 or 1-800-242-1649

VISA  MC  DISCOVER  AMR EXP

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_ AMOUNT CHARGED \$ \_\_\_\_\_

**RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308**

RETAIN THIS PORTION FOR YOUR RECORDS

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M1449028	<b>PRIMARY:</b> UHC COMMUNITY PLAN Insured: DEON R DUKE Effective Date: 05/01/2014	09/20/2018
<b>PATIENT NAME</b>		Payments received after statement date will not appear on this statement.
DEON DUKE		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
07/25/18 08/17/18	<b>Invoice Number: 75270052</b> Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP-EMERGENCY 70450 CT HEAD/BRAIN W/O DYE. AFDC-HMO PAYMENT/DISALLOW	407.00	407.00		\$0.00
08/01/18 08/01/18 08/01/18 08/23/18 08/23/18	<b>Invoice Number: 75328287</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC Q4014 CAST SUPPLIES,GAUNTLET A6445 CONFORM BAND S W < 3 IN A6453 SELF ADHER BAND W < 3 IN YD AFDC-HMO PAYMENT/DISALLOW NON COVERED SERVICE	140.00 2.00 6.00	140.00 8.00		\$0.00
08/01/18 08/23/18	<b>Invoice Number: 75328288</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC 29085 APPLY HAND/WRIST CAST AFDC-HMO PAYMENT/DISALLOW	600.00	600.00		\$0.00
08/01/18 08/01/18 08/23/18	<b>Invoice Number: 75328289</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC A6222 GAUZE IMPREGNATED A6402 GAUZE AFDC-HMO PAYMENT/DISALLOW	5.00 5.00	10.00		\$0.00
08/02/18 08/23/18	<b>Invoice Number: 75328290</b> Department: PLASTIC SURGERY Location: FROEDTERT MEM LUTH HOSP-OUTPATIENT 26727 TREAT FINGER FRACTURE EACH AFDC-HMO PAYMENT/DISALLOW	3,274.00	3,274.00		\$0.00
** Continued on Next Page**					

**IMPORTANT MESSAGE:**

Credit card & check payments accepted by phone (414) 955-4511 or 1-800-242-1649.

**Please Pay This Amount  
by 10/07/2018**

**\$1,396.00**



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**SE HABLA ESPAÑOL**

Please check box and indicate change of address or insurance information on the reverse side.

STATEMENT DATE  
09/20/2018

PATIENT NAME  
DUKE,D

ACCOUNT NUMBER  
3M1449028

AMOUNT ENCLOSED  
\$

RESPONSIBLE PARTY

DEON DUKE  
9025 W HAMPTON AVE LWR  
MILWAUKEE,WI 53225

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN  
**PAY ON-LINE AT: [www.mcw.edu / paymybill](http://www.mcw.edu/paymybill)**  
 OR CALL TO PAY: (414) 955-4511 or 1-800-242-1649

VISA  MC  DISCOVER  AMR EXP

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

AMOUNT CHARGED  
\$

**RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308**

RETAIN THIS PORTION FOR YOUR RECORDS

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M1449028	<b>PRIMARY:</b> UHC COMMUNITY PLAN <b>SECONDARY:</b> Insured: DEON R DUKE Effective Date: 05/01/2014	09/20/2018
<b>PATIENT NAME</b>		Payments received after statement date will not appear on this statement.
DEON DUKE		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
08/29/18	Invoice Number: 75769616 (Continued) 97110 THERAPEUTIC EXERCISE; EA 15MIN	154.00			\$154.00
09/04/18	Invoice Number: 75847460 Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC A6453 SELF ADHER BAND W < 3 IN YD	12.00			
09/04/18	A6457 TUBULAR DRESSING	5.00			
09/04/18	A4649 BUDDY STRAPES/LOOPS	28.00			
09/04/18	A4467 ELASTIC GARMENT/COVERING	28.00			
09/04/18	A4649 PUTTY	6.00			
09/13/18	AFDC-HMO PAYMENT/DISALLOW		0.00		
09/13/18	NON COVERED SERVICE		12.00		\$67.00
09/04/18	Invoice Number: 75847461 Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC 97167 OT EVAL HIGH COMPL:EX 60 MIN	344.00			\$344.00
09/12/18	Invoice Number: 75976443 Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC 97110 THERAPEUTIC EXERCISE; EA 15MIN	154.00			
09/12/18	97140 MANUAL THERAPY TECH EA 15MIN	146.00			
09/12/18	29126 APPLY FOREARM SPLINT	430.00			\$730.00
09/12/18	Invoice Number: 75976444 Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC Q4051 MOLDEN CUSTOM SPLINT	101.00			\$101.00

**IMPORTANT MESSAGE:**

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by 10/07/2018**

**\$1,396.00**



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**SE HABLA ESPAÑOL**

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STATEMENT DATE  
09/20/2018

PATIENT NAME  
DUKE,D

ACCOUNT NUMBER  
3M1449028

AMOUNT ENCLOSED  
\$

RESPONSIBLE PARTY

DEON DUKE  
9025 W HAMPTON AVE LWR  
MILWAUKEE,WI 53225

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN  
PAY ON-LINE AT: [www.mcw.edu / paymybill](http://www.mcw.edu/paymybill)  
OR CALL TO PAY: (414) 955-4511 or 1-800-242-1649

VISA  MC  DISCOVER  AMR EXP

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_ AMOUNT CHARGED \$ \_\_\_\_\_

**RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308**

RETAIN THIS PORTION FOR YOUR RECORDS

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M1449028	<b>PRIMARY:</b> UHC COMMUNITY PLAN Insured: DEON R DUKE Effective Date: 05/01/2014 <b>SECONDARY:</b>	09/20/2018
PATIENT NAME		Payments received after statement date will not appear on this statement.
DEON DUKE		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
08/01/18 08/24/18	<b>Invoice Number: 75378419</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC 99203 OFFICE/OUTPT VISIT NEW PT AFDC-HMO PAYMENT/DISALLOW	345.00	345.00		\$0.00
07/25/18 07/25/18 09/04/18	<b>Invoice Number: 75395459</b> Department: PLASTIC SURGERY Location: FROEDTERT MEM LUTH HOSP-EMERGENCY 99243 OFFICE OR OUTPATIENT CONSULT 12002 REPAIR SUPERFICIAL WOUND-S AFDC-HMO PAYMENT/DISALLOW	549.00 780.00	1,329.00		\$0.00
08/02/18 08/27/18	<b>Invoice Number: 75414951</b> Department: ANESTHESIOLOGY Location: ANESTHESIA EAST OR OP 01620 ANESTHESIA LOWER ARM PROCEDURE AFDC-HMO PAYMENT/DISALLOW	2,050.18	2,050.18		\$0.00
08/09/18 08/30/18	<b>Invoice Number: 75434687</b> Department: RADIOLOGY Location: PLANK ROAD RADIOLOGY 73130 XRAY HAND AFDC-HMO PAYMENT/DISALLOW	88.00	88.00		\$0.00
	<b>Invoice Number: 75469989</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC				\$0.00
08/09/18 08/09/18	<b>Invoice Number: 75469990</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC A6402 GAUZE A6445 CONFORM BAND S W < 3 IN	10.00 6.00			

**\*\* Continued on Next Page\*\***

**IMPORTANT MESSAGE:**

Credit card & check payments accepted by phone (414) 955-4511 or 1-800-242-1649.

**Please Pay This Amount by 10/07/2018**

**\$1,396.00**





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**SE HABLA ESPAÑOL**

Please check box and indicate change of address or insurance information on the reverse side.

STATEMENT DATE  
09/20/2018

PATIENT NAME  
DUKE,D

ACCOUNT NUMBER  
3M1449028

AMOUNT ENCLOSED  
\$

RESPONSIBLE PARTY

DEON DUKE  
9025 W HAMPTON AVE LWR  
MILWAUKEE, WI 53225

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN  
**PAY ON-LINE AT: [www.mcw.edu / paymybill](http://www.mcw.edu/paymybill)**  
 OR CALL TO PAY: (414) 955-4511 or 1-800-242-1649

VISA  MC  DISCOVER  AMR EXP

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

AMOUNT CHARGED  
\$

**RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308**

RETAIN THIS PORTION FOR YOUR RECORDS

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M1449028	<b>PRIMARY:</b> UHC COMMUNITY PLAN Insured: DEON R DUKE Effective Date: 05/01/2014	09/20/2018
<b>PATIENT NAME</b>		Payments received after statement date will not appear on this statement.
DEON DUKE		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
08/09/18	<b>Invoice Number: 75469990 (Continued)</b> A6453 SELF ADHER BAND W < 3 IN YD	6.00			
08/09/18	Q4010 CAST SUPPLIES,SHORT ARM	136.00			
08/30/18	AFDC-HMO PAYMENT/DISALLOW		146.00		
08/30/18	NON COVERED SERVICE		12.00		\$0.00
08/09/18	<b>Invoice Number: 75469991</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC 29085 APPLY HAND/WRIST CAST	600.00			
08/09/18	97597 ACTIVE WOUND CARE/UP TO 20 SQ CM	271.00			
08/30/18	AFDC-HMO PAYMENT/DISALLOW		871.00		\$0.00
07/25/18	<b>Invoice Number: 75487319</b> Department: EMERGENCY MEDICINE Location: FROEDTERT MEM LUTH HOSP-EMERGENCY 99234 EMERGENCY DEPT VISIT	634.00			
08/30/18	AFDC-HMO PAYMENT/DISALLOW		634.00		\$0.00
07/25/18	<b>Invoice Number: 75545722</b> Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP-EMERGENCY 73130 XRAY HAND	88.00			
07/25/18	73030 XRAY SHOULDER	115.00			
09/06/18	AFDC-HMO PAYMENT/DISALLOW		203.00		\$0.00
08/29/18	<b>Invoice Number: 75748637</b> Department: RADIOLOGY Location: PLANK ROAD RADIOLOGY 73130 XRAY HAND	88.00			
09/17/18	AFDC-HMO PAYMENT/DISALLOW		88.00		\$0.00
	<b>Invoice Number: 75769616</b> Department: PLASTIC SURGERY Location: PLANK ROAD CLINIC				
** Continued on Next Page**					

**IMPORTANT MESSAGE:**

Credit card & check payments accepted by phone (414) 955-4511 or 1-800-242-1649.

**Please Pay This Amount  
by 10/07/2018**

**\$1,396.00**

**Froedtert Hospital**  
 9200 W. Wisconsin Avenue  
 Milwaukee, WI 53226  
 froedterthealth.org

**Date: 10/16/18**

Deon Duke  
 9025 W HAMPTON AVE LWR  
 MILWAUKEE, WI 53225

Guarantor ID: 3072505

Per your request, below is an itemization of your hospital charges.

**Patient:** Deon Duke  
**Hospital Account:** 6005198510  
**Admission Date:** 07/25/18  
**Discharge Date:** 07/25/18  
**Visit Coverages:** UHC COMM HP MEDICAID - UHC COMMUNITY HEALTH PLAN T19

**Total Charges: 7,111.43**

**Charges**

Date of Service	Rev Code	Procedure Code	Description	Qty	Amount
07/25/18	0250	250000001	0.9% NACL 0.9 % SOLN	1	5.49
07/25/18	0250	250000001	LIDOCAINE 1 % SOLN	1	58.45
07/25/18	0250	250637001	ACETAMINOPHEN 500 MG TABS	2	4.81
07/25/18	0271	271000706	HC FINGERSTICK KIT	1	14.50
07/25/18	0271	271000713	HC CAST PLASTER SPLINT (ALL)	1	137.00
07/25/18	0272	272001003	HC IV INSERTION KIT	1	86.50
07/25/18	0272	272001008	HC LACERATION KIT	1	213.00
07/25/18	0320	320000067	HC X-RAY EXAM, SHOULDER, COMPLETE, MINIMUM 2 VIEWS	1	421.00
07/25/18	0320	320000091	HC X-RAY EXAM, HAND, MINIMUM 3 VIEWS	1	385.00
07/25/18	0351	351000002	HC CT, HEAD OR BRAIN, WITHOUT CONTRAST	1	1,965.00
07/25/18	0450	260000010	HC THER/PROPH/DX INJ, IV PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	1	231.00
07/25/18	0450	450000005	HC LEVEL 4 EMERGENCY DEPARTMENT VISIT	1	1,602.50
07/25/18	0450	761000068	HC SIM SPRFCL WND REPR SCLP NK TK EXTM 2.6-7.5 CM	1	502.00
07/25/18	0450	761000231	HC CLSD TX ARTICULAR FX, METACARPOPHALANGEAL/INTERPHALANG JT, W/ MANIP, EA	1	1,426.00
07/25/18	0636	250636001	CEFAZOLIN 2 G/20 ML SOLN	4	59.18

**Payments and Adjustments**

Description	Amount
Insurance Payments and Adjustments	-7,111.43

**Froedtert Hospital**  
 9200 W. Wisconsin Avenue  
 Milwaukee, WI 53226  
 froedterthealth.org

**Date: 10/16/18**

Deon Duke  
 9025 W HAMPTON AVE LWR  
 MILWAUKEE, WI 53225

Guarantor ID: 3072505

Per your request, below is an itemization of your hospital charges.

**Patient:** Deon Duke  
**Hospital Account:** 6005217731  
**Admission Date:** 08/02/18  
**Discharge Date:** 08/02/18  
**Visit Coverages:** UHC COMM HP MEDICAID - UHC COMMUNITY HEALTH PLAN T19

**Total Charges: 20,303.89**

**Charges**

Date of Service	Rev Code	Procedure Code	Description	Qty	Amount
08/02/18	0250	250000001	BUPIVACAINE (PF) 0.5 % SOLN	1	66.23
08/02/18	0250	250000001	LIDOCAINE 1 % SOLN	1	58.45
08/02/18	0250	250000001	OR EPHEDRINE 5 MG/ML SOLN	1	42.72
08/02/18	0250	250000001	OR LIDOCAINE 10 MG/ML SOLN	1	28.61
08/02/18	0250	250000001	PLASMA-LYTE A SOLN	1	267.02
08/02/18	0250	250000001	PROPOFOL 200 MG/20ML EMUL 20 ML VIAL	2	126.14
08/02/18	0250	250000001	SEVOFLURANE SOLN	5	101.75
08/02/18	0250	250637001	ACETAMINOPHEN 500 MG TABS	2	4.81
08/02/18	0250	250637001	GABAPENTIN 300 MG CAPS	1	8.43
08/02/18	0250	250637001	OXYCODONE 5 MG TABS	1	10.12
08/02/18	0271	271000001	PROTECT FOOT FOAM HD UNIV	1	30.51
08/02/18	0271	271000001	SLEEVE SCD KNEE MED UP TO 22	1	66.44
08/02/18	0272	272000001	APPLICATOR CHLORAPREP ORNG 26M	1	41.35
08/02/18	0272	272000001	DRAPE MINI C ARM	1	62.55
08/02/18	0272	272000001	FCP MICRO BIPOLAR W/CORD	1	238.66
08/02/18	0272	272000001	MANIFOLD 4 PORT NEPTUNE	1	127.74
08/02/18	0272	272000001	PACK CUSTOM DBL BASIN PLUS 2	1	47.12
08/02/18	0272	272000001	PACK CUSTOM PLAS EXTREMITY	1	449.03
08/02/18	0272	272000001	PACK CUSTOM SET UP LVL 3	1	181.88
08/02/18	0278	278000003	WIRE K DBL TROCAR STL .045X4IN	1	69.50
08/02/18	0278	278000003	WIRE K DBL TROCAR STL .045X4IN	1	69.50
08/02/18	0320	320000221	HC FLUOROSCOPY (SEP PROC), UP TO 1 HR PHYSICIAN/OTH QHP TIME	1	634.00
08/02/18	0360	360000003	HC OR LEVEL 2 BASE	1	3,824.50
08/02/18	0360	360000004	HC OR LEVEL 2 PER MIN	83	4,274.50
08/02/18	0370	370000005	HC ANE LEVEL 3 GEN SEVERE BASE	1	1,563.00
08/02/18	0370	370000006	HC ANE LEVEL 3 GEN SEVERE ADDL 15 MIN	6	2,394.00
08/02/18	0636	250636001	CEFAZOLIN 2 G/20 ML SOLN	4	59.18
08/02/18	0636	250636001	FENTANYL 0.05 MG/ML SOLN	1	58.97

**Froedtert Hospital**  
 9200 W. Wisconsin Avenue  
 Milwaukee, WI 53226  
 Froedterthealth.org

Patient: Deon Duke

Account Number: 6005217731

Date of Service	Rev Code	Procedure Code	Description	Qty	Amount
08/02/18	0636	250636001	FENTANYL 0.05 MG/ML SOLN	1	58.97
08/02/18	0636	250636001	FENTANYL 0.05 MG/ML SOLN	1	58.97
08/02/18	0636	250636001	ONDANSETRON 4 MG/2ML SOLN	4	56.24
08/02/18	0710	710000005	HC PACU LEVEL 3 BASE	1	1,389.00
08/02/18	0710	710000006	HC PACU LEVEL 3 PER MIN	45	1,305.00
08/02/18	0710	710000013	HC PHASE 2 LEVEL 3	1	1,462.00
08/02/18	0964	964000174	HC ANES LOWER ARM PROCEDURE	97	1,067.00

**Payments and Adjustments**

Description	Amount
Insurance Payments and Adjustments	-20,303.89

**Froedtert Hospital**  
9200 W. Wisconsin Avenue  
Milwaukee, WI 53226  
froedterthealth.org

**Date: 10/16/18**

Deon Duke  
9025 W HAMPTON AVE LWR  
MILWAUKEE, WI 53225

Guarantor ID: 3072505

Per your request, below is an itemization of your hospital charges.

**Patient:** Deon Duke  
**Hospital Account:** 6005239671  
**Admission Date:** 08/09/18  
**Discharge Date:** 08/09/18  
**Visit Coverages:** UHC COMM HP MEDICAID - UHC COMMUNITY  
HEALTH PLAN T19

**Total Charges: 358.00**

**Charges**

Date of Service	Rev Code	Procedure Code	Description	Qty	Amount
08/09/18	0320	320000091	HC X-RAY EXAM, HAND, MINIMUM 3 VIEWS	1	358.00

**Payments and Adjustments**

Description	Amount
Insurance Payments and Adjustments	-358.00

**Froedtert Hospital**

9200 W. Wisconsin Avenue  
Milwaukee, WI 53226  
froedterthealth.org

**Date: 10/16/18**

Deon Duke  
9025 W HAMPTON AVE LWR  
MILWAUKEE, WI 53225

Guarantor ID: 3072505

Per your request, below is an itemization of your hospital charges.

**Patient:** Deon Duke  
**Hospital Account:** 6005290475  
**Admission Date:** 08/29/18  
**Discharge Date:** 08/29/18  
**Visit Coverages:** UHC COMM HP MEDICAID - UHC COMMUNITY HEALTH PLAN T19

**Total Charges: 358.00**

**Charges**

Date of Service	Rev Code	Procedure Code	Description	Qty	Amount
08/29/18	0320	320000091	HC X-RAY EXAM, HAND, MINIMUM 3 VIEWS	1	358.00

**Payments and Adjustments**

Description	Amount
Insurance Payments and Adjustments	-358.00



OFFICE OF THE CITY CLERK  
Milwaukee, Wisconsin

## INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed at the bottom of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

*(The above information may be combined in a single document.)*

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

**City Clerk**  
**ATTN: CLAIMS**  
**200 E. Wells St., Room 205**  
**Milwaukee, WI 53202-3567**

### ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

**893.80** Claims against governmental bodies or officers, agents or employees; notice of injury; limitation of damages and suits. (1) Except as provided in subs. (1g), (1m), (1p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

(a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employee; and

(b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.