

1500 No. 18 St
Milwaukee, Wisc.
53205

May 21, 02.

Up on receiving your letter
of denial.

I wish to appeal the
decision regarding my injuries
and liability
for the amount of \$6,000
(Six thousand dollars)

for medical bills, loss
wages, pain and suffering.

Yours Sincerely
Allie Dixon

Att. Claims Dept

02 MAR 5 3 502

I Allie Moore.

CITY ATTORNEY

Slipped and fell on ice
on, 1-29-02.

Place 823 No. James Bell

Injuries.

Left Ankle Sprung.

Ⓛ Both Shoulders.
Ⓛ Knee and elbow.

CITY OF MILWAUKEE
2002 MAR -5 PM 1:44
RONALD D. LEONHARDT
CITY CLERK

Seen at St. Joseph out Patient Dept.
Same day 1-29-02.

More information will be mail
to you when discharge from
my primary physician.

My address is
1500 NO. 18 St
MILWAUKEE, WIS 53205

Telephone 414-344-1389

02-5-87

CITY OF MILWAUKEE

April 8, 2002

2002 APR -9 PM 1:53

RONALD D. LEONHARDT
CITY CLERK

To City Clerk
Attn: Claims Dept.

Incase is Hospital, Doctor bills
and the amount of time I lost from
work due to my injury I recieved
on January 29, 2002.

I've already mailed a letter
to the Claims Dept. on 3-4-02.

Your Truly

Allie Moore

Home Phone - 414-344-1382

CITY OF MILWAUKEE
RECEIVED
2002 APR -9 PM 4:02
CITY CLERK
MILWAUKEE

Original



A MEMBER OF *Covenant* HEALTHCARE

2400 West Villard Avenue
Milwaukee, Wisconsin 53209-4999

414/527-8000

St. Michael Hospital

March 28, 2002

To whom it may concern:

Allie Moore was off work on Tuesday, January 29, Wednesday, January 30, Friday, February 1, 2002 for her injured ankle from a fall. She was also off February 9 & 11, 2002 due to recurrent ankle swelling.

Deborah Bowe, RN, Nurse Manager
Dialysis, St. Michael Hospital
414-527-8359

Deborah Bowe, RN



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2400 West Villard Avenue
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St. Michael Hospital

March 28, 2002

To whom it may concern:

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Deborah Bowe, RN, Nurse Manager
Dialysis, St. Michael Hospital
414-527-8359

Deborah Bowe, RN

ST JOSEPHS HOSPITAL
 BOX 68-9510
 MILWAUKEE, WI 53268-9510
 Statement on: 03/14/02 at 10:03 AM

PAGE: 1

Guarantor: MOORE ALLIE MAE
 1500 N 18 ST
 MILWAUKEE, WI 53205-0000

Patient: MOORE ALLIE MAE
 Visit #: 70579353

Date	Svc Code	Description	Units	Debits	Credits
01/29/02	36947	ELBOW LT 3+ VIEWS	1	207.50	
01/29/02	37416	HIP+AP PELVIS LT	1	153.50	
01/29/02	37887	KNEE LT 3 VIEWS	1	223.25	
01/29/02	38877	ANKLE LT 3 + VIEWS	1	190.50	
01/29/02	139940	URGENT CARE LEVEL 2	1	207.50	
02/04/02	9848270	ALLOW COMMUNITY HLTH	-1		491.12
* - Not posted				Balance:	491.13

CLAIM MANAGEMENT SERVICES, INC.

434542432
 ALLIE M MOORE
 1500 N 18TH ST
 MILWAUKEE, WI 53205

P.O. BOX 10888
 GREEN BAY, WI 54307-0888
 1-800-673-2245

PAGE : 2
 CHECK NO :
 DATE PAID : 03-20-02
 GROUP : 76500
 DIVISION : 120

EMPLOYEE PAYMENT REPORT

PROVIDER DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	DEDUCT CD	DEDUCT AMOUNT	COINS COPAY	PAYMENT LEVEL	OTHER CARRIER	BENEFIT PAID
01/29-01/29/02	73562-26	X-RAY/LAB	41.20	23.71	0.00		0.00	0.00		0.00	17.49
01/29-01/29/02	73510-26	X-RAY/LAB	47.00	26.99	0.00		0.00	0.00		0.00	20.01
CLAIM 11442549											
ALLIE M MOORE			161.60	92.78	0.00		0.00	0.00		0.00	68.82
NETWORK : CPN											
TOTALS			1,422.03	640.52	0.00		30.00	8.92		0.00	742.59

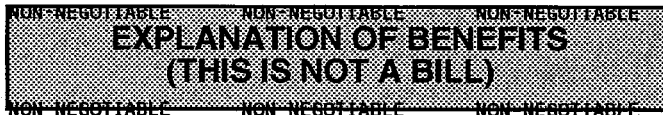
PAYEE	CHECK NO.	PAYMENT	YOUR RESPONSIBILITY
ST JOSEPH REGIONAL MEDIC		0.00	15.00
MELISSA WALBRANDT, MD		0.00	23.92
ST JOSEPH REGIONAL MEDIC	52134	476.12	
RADIOLOGY ASSC OF MILWAU	52128	88.83	
COVENANT MEDICAL GROUP	52093	177.64	

IF YOU HAVE QUESTIONS REGARDING YOUR CLAIM PAYMENTS PLEASE CONTACT CONVENANT BENEFIT SERVICES.

You may obtain a review of this benefit determination by writing to this address with your comments and employer's name. You have a right to review the documents that pertain to your claim. A written request for a review must be received in this office within 60 days of your receipt of this statement and you should receive a determination within 60 days of our receipt of your correspondence. For more information review the claim denial and ERISA rights section of your summary plan description.

***** PATIENT IS NOT RESPONSIBLE FOR PROVIDER DISCOUNTED AMOUNT *****

NON-NEGOTIABLE



NON-NEGOTIABLE NON-NEGOTIABLE
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NON-NEGOTIABLE

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FOR ADDITIONAL INFORMATION CONTACT CLIENT SERVICES 1-800-673-2245

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GROUP NAME	
INSURED NAME	
DATE PRINTED	

CLAIM MANAGEMENT SERVICES, INC.

434542432
 ALLIE M MOORE
 1500 N 18TH ST
 MILWAUKEE WI 53205

1/29/02

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RICHARD BUSH, MD											
01/29-01/29/02	73080-26	X-RAY/LAB	36.70	21.04	0.00		0.00	0.00		0.00	15.66
01/29-01/29/02	73610-26	X-RAY/LAB	36.70	21.04	0.00		0.00	0.00		0.00	15.66
01/29-01/29/02	73562-26	X-RAY/LAB	41.20	23.71	0.00		0.00	0.00		0.00	17.49
01/29-01/29/02	73510-26	X-RAY/LAB	47.00	26.99	0.00		0.00	0.00		0.00	20.01

CLAIM 11442549											
ALLIE M MOORE			161.60	92.78	0.00		0.00	0.00		0.00	68.82
NETWORK : CPN											

TOTALS			161.60	92.78	0.00		0.00	0.00		0.00	68.82

PAYEE	CHECK NO.	PAYMENT	YOUR RESPONSIBILITY
RADIOLOGY ASSC OF MILWAU	52128	68.82	

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ALLIE M MOORE
 1500 N 18TH ST
 MILWAUKEE WI 53205

SSN	GROUP	DIVISION
434542432	76500	120
GROUP NAME		
COVENANT HEALTHCARE SYSTEM		
INSURED NAME		
ALLIE M MOORE		
DATE PRINTED	03/27/02	

1/29/02

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ST JOSEPH REGIONAL MEDICAL CENTER											
01/29-01/29/02	73080	HOSP OUTPT	207.50	103.75	0.00		0.00	0.00		0.00	103.75
01/29-01/29/02	73510	HOSP OUTPT	153.50	76.75	0.00		0.00	0.00		0.00	76.75
01/29-01/29/02	73562	HOSP OUTPT	223.25	111.63	0.00		0.00	0.00		0.00	111.62
01/29-01/29/02	73610	HOSP OUTPT	190.50	95.25	0.00		0.00	0.00		0.00	95.25
01/29-01/29/02	99282	OFFICE VISIT	207.50	103.75	0.00		15.00	0.00		0.00	88.75
CLAIM 11432053											
ALLIE M MOORE			982.25	491.13	0.00		15.00	0.00		0.00	476.12
NETWORK : CPN											
\$ 15.00 OF THE DEDUCTIBLE AMOUNT REPRESENTS THE COPAYMENT(S)											
TOTALS			982.25	491.13	0.00		15.00	0.00		0.00	476.12

PAYEE	CHECK NO.	PAYMENT	YOUR RESPONSIBILITY
ST JOSEPH REGIONAL MEDIC		0.00	15.00
ST JOSEPH REGIONAL MEDIC	52134	476.12	

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MELISSA WALBRANDT, MD											
02/08-02/08/02	99214	OFFICE VISIT	121.50	9.12	0.00		15.00	0.00		0.00	97.38
02/08-02/08/02	L4350-LT	DURABLE MED EQUI	111.48	22.30	0.00		0.00	8.92	90%	0.00	80.26
CLAIM 11436092											
ALLIE M MOORE			232.98	31.42	0.00		15.00	8.92		0.00	177.64
NETWORK : CPN											
\$ 15.00 OF THE DEDUCTIBLE AMOUNT REPRESENTS THE COPAYMENT(S).											
TOTALS			232.98	31.42	0.00		15.00	8.92		0.00	177.64

PAYEE	CHECK NO.	PAYMENT	YOUR RESPONSIBILITY
MELISSA WALBRANDT, MD		0.00	23.92
COVENANT MEDICAL GROUP	52093	177.64	

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MELISSA WALBRANDT, MD										
02/27-02/27/02	99213	OFFICE VISIT	81.00	9.11	0.00	15.00	0.00		0.00	56.89
02/27-02/27/02	A4614	SUPPLIES MISC	34.13	6.83	0.00	0.00	0.00		0.00	27.30

CLAIM 11448836										
ALLIE M MOORE			115.13	15.94	0.00	15.00	0.00		0.00	84.19

NETWORK : CPN										

TOTALS			115.13	15.94	0.00	15.00	0.00		0.00	84.19

\$ 15.00 OF THE DEDUCTIBLE AMOUNT REPRESENTS THE COPAYMENT(S).

YOUR
 PAYEE CHECK NO. PAYMENT RESPONSIBILITY

MELISSA WALBRANDT, MD		0.00	15.00
COVENANT MEDICAL GROUP	51392	84.19	

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