

NOTICE OF INJURY
PURSUANT TO WIS. STAT. SEC. 893.80

CITY OF MILWAUKEE
08 FEB 18 PM 12:16
RONALD D. BURNHAM
CITY CLERK

TO: City Clerk
City of Milwaukee
205 City Hall
200 East Wells Street
Milwaukee, WI 53202

Pursuant to the provisions of Section 893.80(1)(a), Wisconsin Statutes, the Claimant, Anita Ford, herewith gives notice of injury, in order to make a future claim for relief in the form of monetary damages, as set forth below:

1. That the Claimant, Anita Ford, is an adult resident of the City of Milwaukee residing at 3205 West Wisconsin Avenue, Milwaukee, Wisconsin 53208.
2. That the attorneys for the Claimant, Anita Ford, are Samster, Konkel & Safran, S.C., 1110 North Old World Third Street, Suite 405, Milwaukee, Wisconsin 53203.
3. That the Claimant, Anita Ford, sustained serious personal injuries at approximately 8:30 p.m. on January 7, 2008, traveling Westbound on Wisconsin Avenue near 32nd Street, in the City of Milwaukee, when the vehicle that she was a passenger in hit a ditch in the street. Upon information and belief, the City of Milwaukee was notified of the ditch and failed to address or take actions to repair or rectify the problem.
4. That a proximate cause of said injuries was the negligence of the City of Milwaukee.
5. That as a result of the aforementioned incident and negligence, the Claimant, Anita Ford, has suffered injuries to various parts of her body, including, but without limitation, her back and knee.

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2-18-08
12:15 PM
RHL

02-2-08 PM 2:20

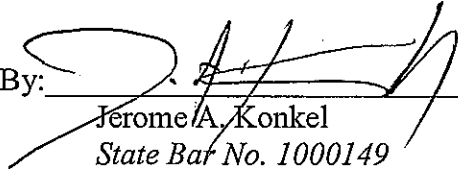
CITY OF MILWAUKEE
CITY CLERK

6. That as a result of the aforementioned incident and negligence, the Claimant, Anita Ford, has and will continue to incur medical expenses, has and will continue to suffer lost wages, and is also entitled to be compensated for the pain, suffering, and disability which she has endured and will continue to endure in the future.

7. That the undersigned is one of the attorneys for the Claimant, Anita Ford, and is, therefore, authorized to give this notice of injury.

Dated at Milwaukee, Wisconsin, this 15 day of ^{February} ~~January~~, 2008.

SAMSTER, KONKEL & SAFRAN, S.C.

By: 
Jerome A. Konkel
State Bar No. 1000149
Attorneys for the Claimant,
Anita Ford

P.O. ADDRESS

Suite 405, Riverfront Plaza
1110 North Old World Third Street
Milwaukee, WI 53203
(414) 224-0400

SAMSTER, KONKEL & SAFRAN, s.c.
ATTORNEYS AT LAW

James P. Samster
Jerome A. Konkol*
Jonathan S. Safran

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Milwaukee, Wisconsin 53203

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*Certified Civil Trial Specialist by
the National Board of Trial
Advocacy

August 31, 2009

Mr. Robert Overholt
City Clerk
City of Milwaukee
200 E. Wells Street
Milwaukee, WI 53202

Re: Our Client: Anita Ford
Date of Accident: 1/7/2008

Dear Mr. Overholt:

Enclosed please find the following items of medical information and special damages regarding the above matter:

1. St. Joseph's Hospital records (Dr. Kevin Weidman-Ortho. Clinic) of 1/8/08 to 5/8/09, along with their billing in the amount of \$3,775.00.
2. Wheaton Franciscan Healthcare – St. Joseph's records of 3/4/09 to 3/13/09, along with their billing statement in the amount of \$13,224.25.
3. Milan Grbic, PT LLC's records of 3/25/09 to 4/29/09, along with their billing statement in the amount of \$1,500.00.

TOTAL SPECIALS TO DATE: \$18,499.25

Upon receipt of this correspondence, please contact me to discuss this matter further.

Yours very truly,

SAMSTER, KONKEL & SAFRAN, S.C.

Jerome A. Konkol

jkonkol@skslawyers.com

2009 SEP 1 PM 1:21
CITY OF MILWAUKEE
RONALD D. LEONHART
CITY CLERK

2009 SEP -1 PM 2:30
CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY

JAK/se

Enclosures

Patient Ledger
BAYSHORE BILLING SERVICE INC
MILAN GRBIC PT, LLC

ANITA FORD (FORD0004)

Responsible: Self Home: (414) - Work: (414) 573-4484 xCELL
 Primary: TODAY'S HEALTH CLAIMS (TODAY0000) Phone: (866) 253-4471 ID: 52000432200
 Secondary: EDS FEDERAL (EDS) ID: 1400076111

Billing	Date	Prev	TX Code	TX Description	Debit	Credit	Balance
26526	03/25/2009	RBIC000	97001	PHYSICAL THERAPY EVAL	\$120.00	\$0.00	\$120.00
26526	04/20/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$41.94	\$78.06
26526	04/20/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$53.06	\$25.00
26526	03/25/2009	RBIC000	97110	THERAPEUTIC EXERCISES	\$120.00	\$0.00	\$145.00
26526	04/20/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$53.64	\$91.36
26526	04/20/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$66.36	\$25.00
26526	03/25/2009	RBIC000	97112	NEUROMUSCULAR REEDL	\$60.00	\$0.00	\$85.00
26526	04/20/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$27.67	\$57.33
26526	04/20/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$32.33	\$25.00
26526	03/25/2009	RBIC000	97140	MANUAL THERAPY	\$60.00	\$0.00	\$85.00
26526	04/20/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$24.96	\$60.04
26526	04/20/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$35.04	\$25.00

	First Billed	Last Billed	Times Billed
Primary:	03/27/2009	03/27/2009	1
Secondary:	04/20/2009	04/20/2009	1

Billing Total:			\$360.00	\$335.00	\$25.00
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26807	04/07/2009	RBIC000	97110	THERAPEUTIC EXERCISES	\$120.00	\$0.00	\$120.00
26807	05/04/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$28.64	\$91.36
26807	05/04/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$66.36	\$25.00
26807	04/07/2009	RBIC000	97112	NEUROMUSCULAR REEDL	\$60.00	\$0.00	\$85.00
26807	05/04/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$2.63	\$82.37
26807	05/04/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$32.37	\$50.00
26807	04/07/2009	RBIC000	97140	MANUAL THERAPY	\$60.00	\$0.00	\$110.00
26807	05/04/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$35.00	\$75.00

	First Billed	Last Billed	Times Billed
Primary:	04/13/2009	04/13/2009	1

Billing Total:			\$240.00	\$165.00	\$75.00
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26872	04/09/2009	RBIC000	97110	THERAPEUTIC EXERCISES	\$120.00	\$0.00	\$120.00
26872	05/11/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$28.64	\$91.36
26872	05/11/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$66.36	\$25.00
26872	04/09/2009	RBIC000	97112	NEUROMUSCULAR REEDL	\$60.00	\$0.00	\$85.00
26872	05/11/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$27.67	\$57.33
26872	05/11/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$32.33	\$25.00
26872	04/09/2009	RBIC000	97140	MANUAL THERAPY	\$60.00	\$0.00	\$85.00
26872	05/11/2009	RBIC000	IP	INSURANCE PAYMENT	\$0.00	\$24.96	\$60.04
26872	05/11/2009	RBIC000	IADJ	INSURANCE ADJUSTMENT	\$0.00	\$35.04	\$25.00

Patient Ledger
BAYSHORE BILLING SERVICE INC
MILAN GRBIC PT, LLC

ANITA FORD (FORD0004)

Responsible: Self Home: (414) - Work: (414) 573-4484 xCELL

Primary: TODAY'S HEALTH CLAIMS (TODAY0000) Phone: (866) 253-4471 ID: 52000432200

Secondary: EDS FEDERAL (EDS) ID: 1400076111

Billing	Date	Pror	TX Code	TX Description	Debit	Credit	Balance
Primary:				First Billed	Last Billed	Times Billed	
				04/15/2009	04/15/2009	1	
Billing Total:					\$240.00	\$215.00	\$25.00
27109	04/23/2009	RBIC000	97110	THERAPEUTIC EXERCISES	\$120.00	\$0.00	\$120.00
27109	04/23/2009	RBIC000	97112	NEUROMUSCULAR REEDL	\$60.00	\$0.00	\$180.00
27109	04/23/2009	RBIC000	97140	MANUAL THERAPY	\$60.00	\$0.00	\$240.00
27109	04/27/2009	RBIC000	97110	THERAPEUTIC EXERCISES	\$120.00	\$0.00	\$360.00
27109	04/27/2009	RBIC000	97112	NEUROMUSCULAR REEDL	\$60.00	\$0.00	\$420.00
27109	04/27/2009	RBIC000	97140	MANUAL THERAPY	\$60.00	\$0.00	\$480.00
Primary:				First Billed	Last Billed	Times Billed	
				04/30/2009	04/30/2009	1	
Billing Total:					\$480.00	\$0.00	\$480.00
27215	04/29/2009	RBIC000	97110	THERAPEUTIC EXERCISES	\$120.00	\$0.00	\$120.00
27215	04/29/2009	RBIC000	97140	MANUAL THERAPY	\$60.00	\$0.00	\$180.00
Primary:				First Billed	Last Billed	Times Billed	
				05/05/2009	05/05/2009	1	
Billing Total:					\$180.00	\$0.00	\$180.00
Patient Total:					\$1,500.00	\$715.00	\$785.00
Patient Unapplied Prepayment Total							\$0.00
Provider Totals							
MILAN GRBIC PT					\$1,500.00	\$715.00	\$785.00
Report Totals					\$1,500.00	\$715.00	\$785.00
Report Prepayment Totals							\$0.00