

CITY OF MILWAUKEE  
2024 DEC 26 PM 1:07  
CITY CLERK'S OFFICE

Ann Wermer  
14268 Gemini Road  
Sparta, WI 54656  
608-633-3101

[annwermer@yahoo.com](mailto:annwermer@yahoo.com)

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

December 23, 2024

On Saturday 31 Aug 2024, while walking with my daughter and her dog, I tripped on a water pipe sticking out of the sidewalk at 3928 S. 58<sup>th</sup> Street and fell. My daughter attempted to help me up but it was too painful and I asked her to call an ambulance. Curtis Universal Ambulance transported me to the emergency room at Aurora Health Care in West Allis around 6:30p.m. where I remained for about six hours. They took x-rays and I was told that I had a fractured shoulder. They put me in a harness, gave me a prescription, and released me to my daughter whom I was visiting. As it was Labor Day weekend and many people had holiday plans, I had to figure out how to get myself and my vehicle back to Sparta, WI where I live as I was obviously unable to drive. I contacted friends from Sparta and they came to get me on 3 Sep.

I was told to see orthopedics when I returned home by Aurora personnel so made an appointment with Ortho at Gunderson in La Crosse for 4 Sep. My brother, Chuck Schiltz who lives in Oshkosh, came to my place to transport me to my appointment. Gunderson also took x-rays and reiterated that I had a fractured shoulder. They put my arm in a sling and gave me a list of exercises that I should do. I was told to set up physical therapy (PT) appointments which I wanted to do in Sparta as I would need to get drivers for each appointment. Sparta Gunderson wasn't able to get me in until 27 Sep and I continued with the home exercises. I have been going to PT on a weekly basis since then while still doing all the home exercises they gave me each week.

My normalcy changed in an instant with this fall which was very painful, as may be evidenced by the pictures I submitted to Lori Sheeley in MKE Waterworks on 18 Oct 2024. She sent me the information I asked for on how to file a claim with the city. As previously stated, I had to line up rides for all of my PT appointments. I was unable to drive the first two months after the accident as I didn't have enough strength to get my arm to the steering wheel. It was difficult having to rely on other people to do things for me that I should have been able to do myself like changing light bulbs or getting things down from shelves. My house went unvacuumed and dusted for a couple of months until I was able to do it. People made meals for me to freeze as I

was unable to cook until I got some strength back. I have had to do mobility and strengthening exercises every day since the accident and was told that I should continue to do them for up to a year to try to gain more strength and range of motion. The physical therapist said I may never get full range of motion back.

As this injury will continue to affect me indefinitely, I am seeking compensation for damages incurred in the amount of \$20K. I came to that amount as that is what medical charges would have been had I not had insurance. I feel that it is a fair amount and I have enclosed ten pages of documentation to support those charges. In addition to those documents, I was in PT on 12 and 19 Dec and have an ortho appointment scheduled for 30 Dec that I don't have paperwork for at this time.

My hope is that the sidewalk issue of the protruding pipe has been fixed so that no one else will have to incur what I have.

Thank you for your consideration in this matter. I will be looking forward to hearing from you.

A handwritten signature in cursive script that reads "Ann Wermer". The signature is fluid and elegant, with a long, sweeping underline.

Ann Wermer

# Explanation of Benefits

THIS IS NOT A BILL



\*\*\*\*\*ALL FOR AADC 550

13751 1 AB 0.593

34

ANN M WERMER  
14268 GEMINI RD  
SPARTA WI 54656-5352

ANTHEM BLUE CROSS AND BLUE SHIELD  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

20241017B01 J5AF  
Env [13,751] 1 of 4  
FEESFE01 COMB  
20241016 001974

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	CURTIS AMBULANCE MEDIX AMBULANCE
Patient Name:	ANN M WERMER
Dates of Service:	08/31/2024 - 08/31/2024
You Owe the Provider:	\$0.00

ID Number: R58871362  
Claim Number: 24288Y128931BA  
Claim Paid On:  
Claim Received On: 10/14/2024  
Claim Processed On: 10/15/2024  
Patient Acct No: 2420759

Provider: CURTIS AMBULANCE MEDIX AMBULANCE

Dates of Service: 08/31/2024 - 08/31/2024

Type: Preferred Provider

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Ambulance Services	740.00	424.34	303,310	0.00	0.00	338.09	86.25	0.00
Ambulance Services	82.57	36.06	303,310	0.00	0.00	28.73	7.33	0.00
TOTALS:	822.57	460.40		0.00	0.00	366.82	93.58	0.00

## EXPLANATION OF REMARK CODES

- 303 - YOUR HEALTH CARE PROVIDER HAS AGREED TO ACCEPT ASSIGNMENT OF MEDICARE BENEFITS. THIS MEANS YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE MEDICARE - APPROVED AMOUNT AND THE ACTUAL CHARGE.
- 310 - YOU ARE ENROLLED IN MEDICARE, WHICH IS PRIMARY. THIS MEANS MEDICARE PROVIDES BENEFITS FIRST AND YOUR SERVICE BENEFIT PLAN PAYS SECOND. WE HAVE PAID 100% OF THE ALLOWABLE CHARGES ON THIS CLAIM AFTER MEDICARE'S PAYMENT. NO DEDUCTIBLE OR COINSURANCE/COPAYMENT APPLIES.

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IMMUNIZATION WITH A SAFE AND EFFECTIVE COVID-19 VACCINE IS A PRIORITY TO PREVENT ILLNESS FOLLOWING EXPOSURE TO THE VIRUS.



# Explanation of Benefits

THIS IS NOT A BILL

\*\*\*\*\*ALL FOR AADC 550  
12970 1 AB 0.593 33  
ANN M WERMER  
14268 GEMINI RD  
SPARTA WI 54656-5352

ANTHEM BLUE CROSS AND BLUE SHIELD  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

20240926B01 J388  
FEESE01 COM1  
20240926 11:59:48

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA WEST ALLIS MEDICAL CTR
Patient Name:	ANN M WERMER
Dates of Service:	08/31/2024 - 08/31/2024
You Owe the Provider:	\$0.00

ID Number: R58871362  
Claim Number: 24267X120223AA  
Claim Paid On:  
Claim Received On: 09/23/2024  
Claim Processed On: 09/24/2024  
Patient Acct No: H29203871000

Provider: AURORA WEST ALLIS MEDICAL CTR  
Type: Preferred Provider

Dates of Service: 08/31/2024 - 08/31/2024

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Diagnostic Lab Test	25.00	585.15	303,310	0.00	0.00	466.22	118.93	0.00
XRAY, Technical Chrg	595.00	0.00	314,634	0.00	0.00	0.00	0.00	0.00
XRAY, Technical Chrg	660.00	0.00	314,634	0.00	0.00	0.00	0.00	0.00
Medical Care	3,280.00	0.00	314,634	0.00	0.00	0.00	0.00	0.00
Prescription Drug	91.95	0.00	314,634	0.00	0.00	0.00	0.00	0.00
Prescription Drug	82.38	0.00	314,634	0.00	0.00	0.00	0.00	0.00
TOTALS:	4,734.33	585.15		0.00	0.00	466.22	118.93	0.00

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- 314 - BENEFITS FOR THESE SERVICES ARE INCLUDED IN THE MEDICARE ALLOWANCE FOR ANOTHER COVERED SERVICE RENDERED ON THE SAME DATE OF SERVICE. ADDITIONAL BENEFITS ARE NOT





**BlueCross  
BlueShield**

Federal Employees Program

Anthem Blue Cross and Blue Shield  
3075 Vandercar Way  
Cincinnati, OH 45209

# Explanation of Benefits

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ANTHEM BLUE CROSS AND BLUE SHIELD  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

ANN M WERMER  
14268 GEMINI RD  
SPARTA WI 54656

1

FEESFE01 COM2 20240930B07 J90A

## EXPLANATION OF BENEFITS AT A GLANCE

Benefit Check Not Enclosed

We Sent Check To: ERMED SC

Patient Name: ANN M WERMER

Dates of Service: 08/31/2024 - 08/31/2024

You Owe the Provider: \$0.00

ID Number: R58871362

Claim Number: 24269Y105069BA

Claim Paid On:

Claim Received On: 09/25/2024

Claim Processed On: 09/26/2024

Patient Acct No: ZCIFO4K

Provider: SMITH KELLY F DO

Dates of Service: 08/31/2024 - 08/31/2024

Type: Preferred Provider

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Emergency Care	1,203.00	160.03	303,310	0.00	0.00	127.50	32.53	0.00
TOTALS:	1,203.00	160.03		0.00	0.00	127.50	32.53	0.00

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## Health Tips

The American Heart Association recommends tracking your blood pressure regularly to improve your heart health. Visit [www.fepblue.org/highbloodpressure](http://www.fepblue.org/highbloodpressure) to learn how you can receive a free blood pressure cuff to manage your care.

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# Explanation of Benefits

THIS IS NOT A BILL

\*\*\*\*\*MIXED AADC 550  
2186 2 MB 0.622  
ANN M WERMER  
14268 GEMINI RD  
SPARTA WI 54656-5352

ANTHEM BLUE CROSS AND BLUE SHIELD  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

FEESF01 COM1  
20241003 024024  
20241004B01 JOB1  
Pw ID 1481 1 of 4

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA MEDICAL GROUP INC
Patient Name:	ANN M WERMER
Dates of Service:	08/31/2024 - 08/31/2024
You Owe the Provider:	\$0.00

ID Number: R58871362  
Claim Number: 24275Y156505BA  
Claim Paid On:  
Claim Received On: 10/01/2024  
Claim Processed On: 10/02/2024  
Patient Acct No: G1425239010

Provider: DORN ERIC M MD  
Type: Preferred Provider

Dates of Service: 08/31/2024 - 08/31/2024

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Emerg. Accident XRAY	115.00	8.51	303,310	0.00	0.00	6.78	1.73	0.00
TOTALS:	115.00	8.51		0.00	0.00	6.78	1.73	0.00

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# Explanation of Benefits

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227 2 MB 0.622  
ANN M WERMER  
14268 GEMINI RD  
SPARTA WI 54656-5352

ANTHEM BLUE CROSS AND BLUE SHIELD  
P.O. BOX 105557  
ATLANTA, GA 30348-5557  
FOR INQUIRIES RELATED TO THIS CLAIM  
TOLL FREE (800) 242-9635

FEESFE01 COM2 03/25/24 20240930B07 J90A

EXPLANATION OF BENEFITS AT A GLANCE	
Benefit Check Not Enclosed	
We Sent Check To:	AURORA MEDICAL GROUP INC
Patient Name:	ANN M WERMER
Dates of Service:	08/31/2024 - 08/31/2024
You Owe the Provider:	\$0.00

ID Number: R58871362  
Claim Number: 24269Y105031BA  
Claim Paid On:  
Claim Received On: 09/25/2024  
Claim Processed On: 09/26/2024  
Patient Acct No: G1423781060

Provider: DORN ERIC M MD  
Type: Preferred Provider

Dates of Service: 08/31/2024 - 08/31/2024

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
Emerg. Accident XRAY	105.00	10.14	303,310	0.00	0.00	8.08	2.06	0.00
TOTALS:	105.00	10.14		0.00	0.00	8.08	2.06	0.00

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Gundersen Health System  
1900 SOUTH AVE  
LA CROSSE, WI 54601-5467  
608-775-8660

THIS IS NOT A BILL

Ann M Wermer  
14268 GEMINI RD  
SPARTA WI 54656

The following document contains the requested services for Ann M Wermer (Guarantor #100000382460). If you have any questions, please contact customer service.

<u>Charges</u>	<u>Insurance Payments</u>	<u>Patient Payments</u>	<u>Adjustments</u>	<u>Total Balance</u>
11,174.00	-9,457.97	0.00	0.00	1,716.03

XR Shoulder Right 2+ Views Visit to Gundersen Health Imaging Services  
Orthopaedics (Acct #157238449)  
Wermer,Ann M September 04, 2024  
PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount	Payer Name
Charges					
09/04/24	23600	Closed Tx Prox Hum Fx W/O Man	1	529.00	
09/04/24	73030	Shoulder 2vw L/R (Rout)	1	267.00	
09/04/24	99215	Office Outpatient Visit	1	123.00	
		Total Charges		919.00	
Insurance Payments and Adjustments					
09/27/24	2000	Contractual Adjustment	1	-572.30	MEDICARE
09/27/24	5003	Electronic Insurance Payment	1	-276.23	MEDICARE
		Coinurance: 70.47			
10/03/24	5003	Electronic Insurance Payment	1	-70.47	ANTHEM BCBS
		Total Insurance Payments and Adjustments		-919.00	

XR Shoulder Right 2+ Views Visit to Gundersen Health System Imaging Services (Acct #157263462)  
Wermer,Ann M September 04, 2024  
PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
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**Charges**Charges for visit with **LAX XRAY ORTHO ROOM 2**

09/04/24	73030	PR 73030 Radiologic Exam, Shoulder; Complete, Min 2 Views	1	115.00
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**Insurance Payments and Adjustments**

09/25/24	2000	Contractual Adjustment	1	-106.35
09/25/24	2000	Contractual Adjustment	1	-0.14
09/25/24	2000	Contractual Adjustment	1	0.19
09/25/24	5003	Electronic Insurance Payment	1	-6.97
10/02/24	5003	Electronic Insurance Payment	1	-1.73
		Total Insurance Payments and Adjustments		-115.00

**New Visit to Orthopaedics Lacrosse** (Acct #157268335)

Wermer,Ann M September 04, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
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**Charges**Charges for visit with **Tyriver, Michael K, PA-C**

09/04/24	23600	PR Clsd Trmt Proximal Humeral Fx W/O Manip	1	1,048.00
09/04/24	99215	Office Outpatient Visit	1	399.00
		Total Charges		1,447.00

**Insurance Payments and Adjustments**

09/25/24	2000	Contractual Adjustment	1	-786.46
09/25/24	2000	Contractual Adjustment	1	-4.18
09/25/24	2000	Contractual Adjustment	1	-283.32
09/25/24	2000	Contractual Adjustment	1	-1.85
09/25/24	5003	Electronic Insurance Payment	1	-295.74
10/02/24	5003	Electronic Insurance Payment	1	-75.45
		Total Insurance Payments and Adjustments		-1,447.00

**Office Visit to La Crosse - Orthopedics** (Acct #157266900)

Wermer,Ann M September 26, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount	Payer Name
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**Charges**

09/26/24	73030	Shoulder 2vw L/R (Rout)	1	267.00	
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**Insurance Payments and Adjustments**

11/05/24	2000	Contractual Adjustment	1	-181.39	MEDICARE
11/05/24	5003	Electronic Insurance Payment	1	-68.21	MEDICARE
		Coinurance: 17.40			
11/13/24	5003	Electronic Insurance Payment	1	-17.40	ANTHEM BCBS
		Total Insurance Payments and Adjustments		-267.00	

## XR Shoulder Right 2+ Views Visit to Gundersen Health System Imaging Services (Acct #157723120)

Wermer,Ann M September 26, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>LAX XRAY ORTHO ROOM 1</b>				
09/26/24	73030	PR 73030 Radiologic Exam, Shoulder; Complete, Min 2 Views	1	115.00
<b>Insurance Payments and Adjustments</b>				
11/06/24	2000	Contractual Adjustment	1	-106.35
11/06/24	2000	Contractual Adjustment	1	-0.14
11/06/24	2000	Contractual Adjustment	1	0.19
11/06/24	5003	Electronic Insurance Payment	1	-6.97
11/14/24	5003	Electronic Insurance Payment	1	-1.73
		Total Insurance Payments and Adjustments		-115.00

## Initial Visit to Sparta - Physical & Occupational Therapy (Acct #157723859)

Wermer,Ann M September 27, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Besch, Matthew W, PT</b>				
09/27/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	1	177.00
09/27/24	97162	Pt Evaluation, Moderate Complexity	1	354.00
		Total Charges		531.00
<b>Insurance Payments and Adjustments</b>				
11/01/24	2000	Contractual Adjustment	1	-256.74
11/01/24	2000	Contractual Adjustment	1	-1.56
11/01/24	2000	Contractual Adjustment	1	-148.53
11/01/24	2000	Contractual Adjustment	1	-0.35
11/01/24	2053	Multiple Procedure Adjustment	1	-6.69
11/01/24	5003	Electronic Insurance Payment	1	-93.32
11/08/24	5003	Electronic Insurance Payment	1	-23.81
		Total Insurance Payments and Adjustments		-531.00

## Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #157735734)

Wermer,Ann M September 30, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Besch, Matthew W, PT</b>				
09/30/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	531.00
<b>Insurance Payments and Adjustments</b>				



Svc Date	Code	Description	Qty	Amount
11/01/24	2000	Contractual Adjustment	1	-445.59
11/01/24	2000	Contractual Adjustment	1	-1.15
11/01/24	2053	Multiple Procedure Adjustment	1	-13.38
11/01/24	5003	Electronic Insurance Payment	1	-56.47
11/08/24	5003	Electronic Insurance Payment	1	-14.41
		Total Insurance Payments and Adjustments		<b>-531.00</b>

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #157750982)

Wermer,Ann M October 04, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Johnson, Aneissa S, PTA</b>				
10/04/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	2	374.00
10/04/24	97535	Self-Care/Home Mgmt Training Each 15 Minutes	1	162.00
		Total Charges		<b>536.00</b>

### Insurance Payments and Adjustments

11/05/24	2000	Contractual Adjustment	1	-134.15
11/05/24	2000	Contractual Adjustment	1	-0.43
11/05/24	2000	Contractual Adjustment	1	-322.29
11/05/24	2000	Contractual Adjustment	1	-0.59
11/05/24	2053	Multiple Procedure Adjustment	1	-13.38
11/05/24	5003	Electronic Insurance Payment	1	-50.12
11/15/24	5003	Electronic Insurance Payment	1	-15.04
		Total Insurance Payments and Adjustments		<b>-536.00</b>

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #158011326)

Wermer,Ann M October 11, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Besch, Matthew W, PT</b>				
10/11/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	<b>561.00</b>

### Insurance Payments and Adjustments

11/11/24	2000	Contractual Adjustment	1	-475.59
11/11/24	2000	Contractual Adjustment	1	-1.15
11/11/24	2053	Multiple Procedure Adjustment	1	-13.38
11/11/24	5003	Electronic Insurance Payment	1	-56.47
11/18/24	5003	Electronic Insurance Payment	1	-14.41
		Total Insurance Payments and Adjustments		<b>-561.00</b>

## Revisit Visit to Sparta - Physical &amp; Occupational Therapy (Acct #157994723)

Wermer,Ann M October 15, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
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## Charges

Charges for visit with Besch, Matthew W, PT

10/15/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	2	374.00
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## Insurance Payments and Adjustments

11/14/24	2000	Contractual Adjustment	1	-317.06
11/14/24	2000	Contractual Adjustment	1	-0.80
11/14/24	2053	Multiple Procedure Adjustment	1	-6.69
11/14/24	5003	Electronic Insurance Payment	1	-39.40
11/20/24	5003	Electronic Insurance Payment	1	-10.05
		Total Insurance Payments and Adjustments		-374.00

## Revisit Visit to Sparta - Physical &amp; Occupational Therapy (Acct #158108754)

Wermer,Ann M October 18, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
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## Charges

Charges for visit with Besch, Matthew W, PT

10/18/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	561.00
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## Insurance Payments and Adjustments

11/19/24	2000	Contractual Adjustment	1	-475.59
11/19/24	2000	Contractual Adjustment	1	-1.15
11/19/24	2053	Multiple Procedure Adjustment	1	-13.38
11/19/24	5003	Electronic Insurance Payment	1	-56.47
11/27/24	5003	Electronic Insurance Payment	1	-14.41
		Total Insurance Payments and Adjustments		-561.00

## Revisit Visit to Sparta - Physical &amp; Occupational Therapy (Acct #158274304)

Wermer,Ann M October 23, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
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## Charges

Charges for visit with Mack, Tina, PTA

10/23/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	561.00
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## Insurance Payments and Adjustments

11/14/24	2000	Contractual Adjustment	1	-484.23
11/14/24	2000	Contractual Adjustment	1	-0.98
11/14/24	2053	Multiple Procedure Adjustment	1	-13.38
11/14/24	5003	Electronic Insurance Payment	1	-48.00

Svc Date	Code	Description	Qty	Amount
11/20/24	5003	Electronic Insurance Payment	1	-14.41
		Total Insurance Payments and Adjustments		<b>-561.00</b>

## Office Visit to La Crosse - Orthopedics (Acct #157714674)

Wermer,Ann M October 28, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount	Payer Name
<b>Charges</b>					
10/28/24	73030	Shoulder 2vw L/R (Rout)	1	<b>282.00</b>	
<b>Insurance Payments and Adjustments</b>					
11/22/24	2000	Contractual Adjustment	1	-196.39	MEDICARE
11/22/24	5003	Electronic Insurance Payment	1	-68.21	MEDICARE
		Coinurance: 17.40			
11/28/24	5003	Electronic Insurance Payment	1	-17.40	ANTHEM BCBS
		Total Insurance Payments and Adjustments		<b>-282.00</b>	

## XR Shoulder Right 2+ Views Visit to Gundersen Health System Imaging Services (Acct

#158418163)

Wermer,Ann M October 28, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with LAX XRAY ORTHO ROOM 1				
10/28/24	73030	PR 73030 Radiologic Exam, Shoulder; Complete, Min 2 Views	1	<b>121.00</b>
<b>Insurance Payments and Adjustments</b>				
11/19/24	2000	Contractual Adjustment	1	-112.35
11/19/24	2000	Contractual Adjustment	1	-0.14
11/19/24	2000	Contractual Adjustment	1	0.19
11/19/24	5003	Electronic Insurance Payment	1	-6.97
11/27/24	5003	Electronic Insurance Payment	1	-1.73
		Total Insurance Payments and Adjustments		<b>-121.00</b>

## Revisit Visit to Sparta - Physical &amp; Occupational Therapy (Acct #158377310)

Wermer,Ann M October 29, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with Johnson, Aneissa S, PTA				
10/29/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	2	<b>374.00</b>
10/29/24	97535	Self-Care/Home Mgmt Training Each 15 Minutes	1	162.00
		Total Charges		<b>536.00</b>



Svc Date	Code	Description	Qty	Amount
<b>Insurance Payments and Adjustments</b>				
11/18/24	2000	Contractual Adjustment	1	-130.35
11/18/24	2000	Contractual Adjustment	1	-0.51
11/18/24	2000	Contractual Adjustment	1	-317.06
11/18/24	2000	Contractual Adjustment	1	-0.70
11/18/24	2053	Multiple Procedure Adjustment	1	-13.38
11/18/24	5003	Electronic Insurance Payment	1	-58.96
11/25/24	5003	Electronic Insurance Payment	1	-15.04
		Total Insurance Payments and Adjustments		<b>-536.00</b>

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #158498000)

Wermer,Ann M November 04, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with Besch, Matthew W, PT				
11/04/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	<b>561.00</b>
<b>Insurance Payments and Adjustments</b>				
11/22/24	2000	Contractual Adjustment	1	-475.59
11/22/24	2000	Contractual Adjustment	1	-1.15
11/22/24	2053	Multiple Procedure Adjustment	1	-13.38
11/22/24	5003	Electronic Insurance Payment	1	-56.47
12/02/24	5003	Electronic Insurance Payment	1	-14.41
		Total Insurance Payments and Adjustments		<b>-561.00</b>

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #158405142)

Wermer,Ann M November 12, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with Besch, Matthew W, PT				
11/12/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	<b>561.00</b>
<b>Insurance Payments and Adjustments</b>				
12/03/24	2000	Contractual Adjustment	1	-475.59
12/03/24	2000	Contractual Adjustment	1	-1.15
12/03/24	2053	Multiple Procedure Adjustment	1	-13.38
12/03/24	5003	Electronic Insurance Payment	1	-56.47
12/09/24	5003	Electronic Insurance Payment	1	-14.41
		Total Insurance Payments and Adjustments		<b>-561.00</b>

## Office Visit to Onalaska - Family Medicine (Acct #158699774)

Wermer, Ann M November 13, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount	Payer Name
<b>Charges</b>					
11/13/24	81001	Urinalysis; Automated With Microscopy	1	20.00	
11/13/24	87077	Culture, Bacterial; Aerobic Isolate, Each Isolate	1	51.00	
11/13/24	87086	Culture, Bacterial; Quantitative Colony Count, Urine	1	50.00	
11/13/24	87186	Susceptibility Studies, Antimicrobial Agent; Vitek Sens	1	54.00	
11/13/24	99214	Office Outpatient Visit	1	130.00	
		Total Charges		305.00	
<b>Insurance Payments and Adjustments</b>					
12/05/24	2000	Contractual Adjustment	1	-255.19	MEDICARE
12/05/24	5003	Electronic Insurance Payment Coinsurance: 10.12	1	-39.69	MEDICARE
12/09/24	5003	Electronic Insurance Payment	1	-10.12	ANTHEM BCBS
		Total Insurance Payments and Adjustments		-305.00	

## Office Visit to Family Medicine Onalaska (Acct #158721007)

Wermer, Ann M November 13, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with Almonroeder, Sarah R, PA-C				
11/13/24	99214	Office Outpatient Visit	1	280.00
<b>Insurance Payments and Adjustments</b>				
12/05/24	2000	Contractual Adjustment	1	-201.88
12/05/24	2000	Contractual Adjustment	1	-1.25
12/05/24	5003	Electronic Insurance Payment	1	-61.25
		Total Insurance Payments and Adjustments		-264.38

## Office Visit to Sparta - Family Medicine (Acct #158664004)

Wermer, Ann M November 18, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with Adams, Carmen A, PA-C				
11/18/24	99213	Office Outpatient Visit	1	278.00
11/18/24	G2211	Complex E/M Visit Add On	1	49.00
		Total Charges		327.00

Svc Date	Code	Description	Qty	Amount
<b>Insurance Payments and Adjustments</b>				
12/06/24	2000	Contractual Adjustment	1	-204.27
12/06/24	2000	Contractual Adjustment	1	-1.18
12/06/24	2000	Contractual Adjustment	1	-35.68
12/06/24	2000	Contractual Adjustment	1	-0.21
12/06/24	5003	Electronic Insurance Payment	1	-68.25
		<b>Total Insurance Payments and Adjustments</b>		<b>-309.59</b>

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #158883653)

Wermer,Ann M November 21, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Besch, Matthew W, PT</b>				
11/21/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	561.00

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #158181979)

Wermer,Ann M November 26, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Besch, Matthew W, PT</b>				
11/26/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	561.00

### Revisit Visit to Sparta - Physical & Occupational Therapy (Acct #159110661)

Wermer,Ann M December 04, 2024

PATIENT BALANCE:

Svc Date	Code	Description	Qty	Amount
<b>Charges</b>				
Charges for visit with <b>Besch, Matthew W, PT</b>				
12/04/24	97110	PR Therapeutic Procedure, 1 or More Areas, Ea 15 Min; Therapeutic Exercises	3	561.00