

December 17, 2001

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

CITY OF MILWAUKEE

2001 DEC 19 PM 1:13

RONALD D. LEONHARDT  
CITY CLERK

On September 24, 2001, about 8:00 AM, I was walking with an employee to the Maintenance Building on the East side of 32nd St., at 3204 No. 2nd St., on the public sidewalk. I tripped on the raised sidewalk and fell on my hands and injured my right shoulder in the fall.

At this time, I am unable to submit a specific amount of damages sought, until after surgery which is scheduled for December 21, 2001.

Medicare rules require the following:

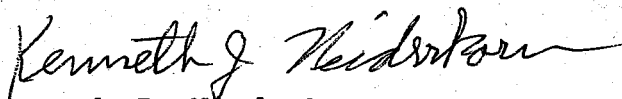
1. Partial payment from the Insurance company.
2. A letter of denial from the Insurance Company.
3. A letter stating It will be a long time until we will receive payment.

Medicare requires the above before they will pay any bills. I need this information as soon as possible, as bills have already been received.

I am enclosing photos of the sidewalk where the accident happened. The pictures are marked on the back of each one.

Picture #1 is where I believe I fell and has a 1" elevation.

Pictures #2 and #3 have a 3/4" elevation.



Kenneth J. Niederkorn  
629 Oak Lane  
Horicon, WI 53032

920-485-3198

CITY OF MILWAUKEE  
RECEIVED  
CITY ATTORNEY  
01 DEC 19 PM 3:22

March 13, 2002

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

CITY OF MILWAUKEE

2002 MAR 15 AM 11:45

RONALD D. LEONHARDT  
CITY CLERK

RE: Kenneth Niederkorn  
CLAIM NO: 59-818290-CC  
DATE OF INJURY: 09/24/01

With regard to the above-mentioned claim, I am enclosing copies of bill totals I have received from Columbus Hospital and the Bone & Joint Surgery Assoc.

The total for the Columbus Hospital is: \$14,280.26

The total for the Bone & Joint Surgery Assoc. is: \$7,197.00


Claim for Pain & Suffering: \$2,000.00

I am also enclosing copy of letter sent to you on Dec. 17, 2001. Please comply with the requirements by Medicare, as follows, so I can get these bills taken care of.

Medicare rules require the following:

1. Partial payment from the Insurance Company.
2. A letter of denial from the Insurance Company.
3. A letter stating it will be a long time until we will receive payment.

Thank You.

  
KENNETH NIEDERKORN  
629 Oak Lane  
Horicon, WI 53032

PHONE: (920) 485-3198

CITY CLERK

02 MAR 15 PM 4:00

December 17, 2001

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

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*Kenneth J. Niederkorn*  
Kenneth J. Niederkorn  
529 Oak Lane  
Horicon, WI 53032  
920-485-3198

*Called Madison office  
2-7-02  
will send itemized  
statement of bills &  
payments - Medicare  
paid.*

w/o - med.  
write-offBONE & JOINT SURGERY ASSOC  
2704 MARSHALL COURT  
MADISON WI 53705PATIENT: KENNETH J NIEDERKORN  
629 OAK LANE  
HORTON WI 53032  
SS#: 396-24-9284KENNETH J NIEDERKORN  
629 OAK LANE  
HORTON WI 53032ACCOUNT NO: 42639  
STATEMENT DATE: 03/06/02

## ATTENDING PHYSICIAN STATEMENT

DIAG CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	PATIENT C	DESCRIPTION	CHGS/PMTS/ADJ PATIENT	INSURANCE
717.83	01/20/00	99202	KENNETH	3	NEW PT EXAM (EPF EPF S)		92.00
	02/02/00				MEDICARE W/O		-31.49
	02/08/00	004654505			COMM INS PAYMENT		-60.51
719.41	10/31/01	99203	KENNETH	3	NEW PT EXAM (D O LC)		123.00
	12/06/01	110731245			MEDICARE PAYMENT		-70.06
	12/06/01	110731245			MEDICARE W/O		-35.43
	12/17/01	00522374			COMM INS PAYMENT		-17.51
719.41	11/07/01	75221	KENNETH	1	MRI UPPER EXTREMITY J		1000.00
	12/10/01	110731247			MEDICARE PAYMENT		-375.08
	12/10/01	110731247			MEDICARE W/O		-531.15
	12/17/01	00522374			COMM INS PAYMENT		-93.77
719.41	11/07/01	70030	KENNETH	1	ORBIT X-RAY		124.00
	12/10/01	110731247			MEDICARE PAYMENT		-19.88
	12/10/01	110731247			MEDICARE W/O		-99.15
	12/17/01	00522374			COMM INS PAYMENT		-4.97
840.4	11/14/01	99213	KENNETH	3	EST PT EXAM (EPF EPF L)		86.00
	12/17/01	110742449			MEDICARE PAYMENT		-38.60
	12/17/01	110742449			MEDICARE W/O		-37.75
	01/03/02	00598886			COMM INS PAYMENT		-9.65
840.4	12/03/01	99211	KENNETH	3	EST PT EXAM (MINIMAL)		45.00
	01/03/02	00052228			COMM INS PAYMENT		-3.77
	01/07/02	110751495			MEDICARE PAYMENT		-15.06
	01/07/02	110751495			MEDICARE W/O		-26.17
727.61	12/21/01	29826	KENNETH	4	ARTHROSCOPY SHLDR DECO		2929.00
	01/28/02	110792573			MEDICARE PAYMENT		-296.31
	01/28/02	110792573			MEDICARE W/O		-2558.61
	02/06/02	00421377			COMM INS PAYMENT		-74.08
727.61	12/21/01	23412	KENNETH	4	REPAIR RUPT SUPRASPINA		2798.00
	01/28/02	110792573			MEDICARE PAYMENT		-815.89
	01/28/02	110792573			MEDICARE W/O		-1778.14
	02/06/02	00421377			COMM INS PAYMENT		-203.97
467.09	12/26/01	99024	KENNETH	3	POST-OP EXAM		.00
340.4	01/23/02	99024	KENNETH	3	POST-OP EXAM		.00
340.4	02/20/02	99024	KENNETH	3	POST-OP EXAM		.00

CURRENT	OVER 30	OVER 60	OVER 90	OVER 120	PATIENT	INSURANCE
.00	.00	.00	.00	.00	<--BALANCE-->	.00 .00

TOTAL DUE: .00

8  
Total 7,197.00

ENTER STARTING NAME: NIEDERKORN KENN

A/R BALANCE	BAD DEBT	SEQ	NAME	NUMBER	STATUS	DATE	TYPE
134.78	00	1	NIEDERKORN KENNETH J	473636	DISCHARGED-H	10/31/01	2
12979.40	00	2	NIEDERKORN KENNETH J	476487	DISCHARGED-H	12/22/01	2
238.51	00	3	NIEDERKORN KENNETH J	803913	DISCHARGED-H	12/31/01	2
888.40	00	4	NIEDERKORN KENNETH J	803931	DISCHARGED-H	01/23/02	2
44.17	00	5	NIEDERKORN KENNETH J	804061	DISCHARGED-H	02/20/02	2
00	00	6	NIEDERKORN KENNETH J	804229	CURRENT ACCT	03/01/02	2

*Kenneth here are the print outs of your accounts to date for liability claims*

*Total \$14,280.26 through your February therapy*

