If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,

Gudrun Kral, per

GRANT F. LANGLEY
City Attorney

Robert M. Overholt

ROBERT M. OVERHOLT
Investigator Adjuster

RMO:beg
1029-2002-1762:57552

2525 N. 2 St
Lower

I wish to appeal this decision

ON My Claim please Janey P. King

Home number
342-5606.

10-3-2002

To: City Clerk
ATT: Claims
200 E. Wells St Room 205

To call number is
~~286-2221~~
Call this 286-2601

To whom it may Concern,

Due to the flood that happen in my home on the 5-14-02 most of my belongings was destroyed in the basement which I can't replace some of the things because they were giving to me from my late mother and Sister which has passed on. And the other items I have a copy of. But the cause of the flood that happen in my home, was because my neighbor upstairs pipeline had broken and it caused the flood which travel down into my home. I had also informed the man whom fixed the lady upstairs pipeline that due from the flood that my kitchen ceilling looked like it was gonna fall down which that also was on the 5-14-02 then on the 5-16-02 two days from the flood the ceilling had fell and which it had fallen on my left shoulder and fractured it and I had ~~then~~ went to the doctor the next day on the 5-17-02 because I was having bad pains, that's how I know that my shoulder was fractured.

first
286-2601

Thx. Janey P. King

CITY OF MILWAUKEE
02 JUN 10 PM 3:19
RONALD D. LEONHARD
CITY CLERK

5-14-02
2332 N 12th St

Destroy Items by H20 5-23-20c
411 west Keefe av

Jamey King
July 9, 2021
July 31

1. Refrigerator - $200.00
2. AIR Conditioner - $150.00
3. Clothes/Shoes/Winter + Spring Blankets $400.00
4. TWIN Bed - $125.00
5. Baby Bed - $75.00
6. Play station - $200.00
7. T.V 27 INCH - $150.00
8. Asthma Machine - $475.00
9. Speakers - $100.00
10. Wooden Table - $225.00
11 Wood rocks of pass sister + mother - $150.00
12 Grand Children Toys - $100.00
13. Food - $100.00

total - 2,450.00

CITY OF MILWAUKEE
02 JUN 10 PM 3:19
RONALD D. LEONHARDT
CITY CLERK

CLIMS numbers
02-5-196 1
286-5759

Contact - Val
464-4697

Debbie's 286-5759 CLIMS 4 weeks

Some of these things I can't not replace back they mean the world to me because that was my mother's and sister's things that I had when they passed away. mother passed IN 95 and my sister IN 99. numbers 286-2600

CLIMS number is 02-5-196

Thank you
Jamey King

St. Michael Hospital

P.O. Box 44140
West Allis, WI 53214

Address Service Requested

Covenant HEALTHCARE

PATIENT NAME	
KING, JANEY P	
AMOUNT DUE	PATIENT NUMBER
3.00	5731077

STATEMENT DATE	SERVICE FROM	SERVICE THROUGH
07/18/02	06/20/02	06/20/02

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:
ST. MICHAEL HOSPITAL

AMOUNT ENCLOSED $_____

JANEY KING
411 W KEEFE AVE
MILWAUKEE, WI 53212-1461

ST. MICHAEL HOSPITAL
BOX 68-9505
MILWAUKEE, WI 53268-9505

☐ IF ADDRESS OR INSURANCE COMPANY HAS CHANGED, PLEASE CHECK HERE AND COMPLETE INFORMATION REQUESTED ON REVERSE SIDE.

IMPORTANT: PLEASE DETACH & ENCLOSE THIS PORTION WITH YOUR PAYMENT

Questions Concerning this Statement can be e-mailed to:
covenantbusinessoffice@covhealth.org
CUSTOMER SERVICE: (414) 456-3000
(888) 553-5009

Thank you for choosing a Covenant Healthcare facility for your health care needs.

The remaining AMOUNT DUE for hospital services referenced in this statement is your responsibility. Please mail your payment today.

If you have already mailed your payment, please disregard this statement and accept our thanks for your prompt response.

DESCRIPTION	DEBITS	CREDITS
ADJUSTMENT	0.00	1659.39-
MRI	1767.25	0.00
PAYMENTS	0.00	104.86-

THESE CREDIT CARDS ARE ACCEPTED. COMPLETE INFORMATION ON THE REVERSE SIDE.

VISA MasterCard OPTIMA DISCOVER NOVUS

BALANCE DUE FROM PATIENT 3.00

AS A COURTESY TO YOU, WE HAVE BILLED BOTH YOUR PRIMARY AND SECONDARY INSURANCE

PATIENT NAME	PATIENT NUMBER	PRIMARY INSURANCE	SECONDARY INSURANCE
KING, JANEY P	5731077	T19	

VISIT TYPE	SERVICE FROM	SERVICE THROUGH	TOTAL CHARGE	TOTAL PAYMENT / CREDIT	AMOUNT DUE
GENERAL MEDICINE	06/20/02	06/20/02	1767.25	1764.25-	3.00

KEEP THIS PORTION FOR YOUR RECORDS.
See reverse side for credit card and patient financial information.
Please visit our website for answers to frequently asked questions at www.covhealth.org