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MAR 28 2016

OFFICE OF
CITY ATTORNEY

REC

MAR 2 2016

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CITY ATTORNEY

MAR 19, 2016

To whom it MAY CONCERN

I would like to request a
hearing on denied claim,

file NO. 1030-2016-499

Paul Moore

CITY OF MILWAUKEE
2016 MAR 28 A 10:46
CITY CLERK'S OFFICE

Paul Moore
3883 Drifting Quill Rd
Douglasville, GA 30135

MEMPHIS
GA 301
22 MAR '16
PM 21

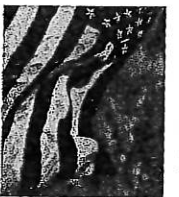
Milwaukee City Clerk
200 East Wells St. Rm 205
Milwaukee, WI 53202

53202357058



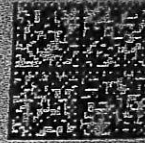
FOREVER


B30 160227 151 155




**CITY OF
MILWAUKEE**
Office of the City Attorney
OFFICE OF THE CITY ATTORNEY
800 City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202-3551

PRESORTED
FIRST CLASS



US POSTAGE

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Mr. Paul Moore
3883 Drifting Quill
Douglasville, GA 30135

BAF265B 30135



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MAR 1 - 2016

OFFICE OF
CITY ATTORNEY

Paul T Moore
3883 Drifting Quill
Douglasville, GA 30135
February 23, 2016

email paul.moore69@yahoo.com

City Clerk
Attn: CLAIMS
CITY OF MILWAUKEE
200 E. WELLS ST
Milwaukee, WI 53202-3567

ph # 404-914-0310

*Police Report #
QPT6BM9*

Dear City Clerk:

I am sending this letter to initiate a claim for injuries I received in an accident that happen on December 30th 2015 involving one of your city vehicles (unit #25330) and a commercial truck that I was working on at the time of the accident.

On December 30th 2015, at 3733 W Eggert Drive in Milwaukee County the moving truck I was working on was struck while parked, I was on the back of the truck standing on the lift gate, and when the plow hit us my co-worker and I was knocked to the ground. The police were called to report the accident. I suffered injuries that I had to seek medical treatment for and lost time off work. I am including my medical bills from the emergency room visit, and the medical bills for my ongoing treatment for follow up that was recommended by the ER Physicians. I am also asking for reimbursement for my lost wages, I have been off work for 8 weeks, since the date of the accident. I am seeking payment for medical bills and lost wages in the Amount Of 8,475.96.

Date of accident :12/30/2015

Location of accident: 3733 W Eggert Drive in Milwaukee

Vehicle involved: Plow Unit # 25330

Persons Injured: Paul T Moore

Sincerely,



Paul T Moore

Enclosure

CITY OF MILWAUKEE
2016 FEB 29 P 3:53
CITY CLERK'S OFFICE

SOUTHEAST GEORGIA INJURY CENTERS, LLC
 445 NORTH JEFF DAVIS DR.
 FAYETTEVILLE, GA 30214-1629
 678-364-3200
 Tax ID# 45-5333709

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CITY ATTORNEY

S T A T E M E N T

RESPONSIBLE PARTY

PAUL MOORE
 3883 DRIFTING QUILL RD
 DOUGLASVILLE, GA 30135

ACCOUNT NUMBER

SGI.13190
 DATE : 02/18/16

DATE	DESCRIPTION OF SERVICE	OUR CHARGE	INS. PAYMENTS	PATIENT PAYMENTS	INS. PENDING	YOU NOW OWE
*** Patient Name: PAUL MOORE *** (SGI.13190)						
01/22/16	COLD/HOT PACKS CPT:97010	35.00			0.00	35.00
01/22/16	MECHANICAL TRACTION CPT:97012-59	35.00			0.00	35.00
01/22/16	THERAPEUTIC EXERCISES CPT:97110-59	65.00			0.00	65.00
01/25/16	COLD/HOT PACKS CPT:97010	35.00			0.00	35.00
01/25/16	MECHANICAL TRACTION CPT:97012-59	35.00			0.00	35.00
01/25/16	ADJUSTMENT 1-2 REGIONS CPT:98940	55.00			0.00	55.00
01/25/16	THERAPEUTIC EXERCISES CPT:97110-59	65.00			0.00	65.00
01/29/16	ADJUSTMENT 1-2 REGIONS CPT:98940	55.00			0.00	55.00
01/29/16	THERAPEUTIC EXERCISES CPT:97110-59	65.00			0.00	65.00
02/01/16	COLD/HOT PACKS CPT:97010	35.00			0.00	35.00
02/01/16	MECHANICAL TRACTION CPT:97012-59	35.00			0.00	35.00
02/01/16	ADJUSTMENT 1-2 REGIONS CPT:98940	55.00			0.00	55.00
Total charges shown on this statement:		1515.00				

SGI.13190 Please pay this amount --->: \$1,515.00
 Insurance pending: \$0.00

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CITY ATTORNEY

SOUTHEAST GEORGIA INJURY CENTERS, LLC
445 NORTH JEFF DAVIS DR.
FAYETTEVILLE, GA 30214-1629
678-364-3200
Tax ID# 45-5333709

Page 1

RESPONSIBLE PARTY

S T A T E M E N T

ACCOUNT NUMBER

PAUL MOORE
3883 DRIFTING QUILL RD
DOUGLASVILLE, GA 30135

SGI.13190
DATE : 02/18/16

DATE	DESCRIPTION OF SERVICE	OUR CHARGE	INS. PAYMENTS	PATIENT PAYMENTS	INS. PENDING	YOU NOW OWE
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*** Patient Name: PAUL MOORE *** (SGI.13190)

01/19/16	MECHANICAL TRACTION CPT:97012-59	35.00			0.00	35.00
01/19/16	COLD/HOT PACKS CPT:97010	35.00			0.00	35.00
01/19/16	AP/LAT CERVICAL VIEWS CPT:72040	145.00			0.00	145.00
01/19/16	AP/LAT LUMBAR CPT:72100	150.00			0.00	150.00
01/19/16	INTERMEDIATE EXAM CPT:99203-25	205.00			0.00	205.00
01/20/16	COLD/HOT PACKS CPT:97010	35.00			0.00	35.00
01/20/16	MECHANICAL TRACTION CPT:97012-59	35.00			0.00	35.00
01/20/16	ADJUSTMENT 1-2 REGIONS CPT:98940	55.00			0.00	55.00
01/20/16	SELF-CARE/HOME MANAGEMENT CPT:97535	70.00			0.00	70.00
01/21/16	COLD/HOT PACKS CPT:97010	35.00			0.00	35.00
01/21/16	MECHANICAL TRACTION CPT:97012-59	35.00			0.00	35.00
01/21/16	ADJUSTMENT 1-2 REGIONS CPT:98940	55.00			0.00	55.00
01/22/16	ADJUSTMENT 1-2 REGIONS CPT:98940	55.00			0.00	55.00

C O N T I N U E D O N N E X T P A G E

Guarantor Name: **PAUL T MOORE**
 Statement Date: 01/18/2016
 Page 3 of 3



Note: Charges still pending with your insurance may not show on this statement.

St. Joseph Hospital				
Service Description		Payment Activity		
		Date	Activity Description	Amount Due from Patient
Date of Service:	12/30/2015			
Patient Name:	PAUL T MOORE		Initial Charge	\$1,047.20
Visit Type:	OUTPATIENT	01/04/2016	ADJ SELF PAY DISCOUNT	\$-471.24
Service Area:	EMERGENCY MEDI			
Account Number:	74552072		Due from Patient	\$575.96
Primary Insurance:	SELF PAY			
Secondary Insurance:				
St. Joseph Hospital services		Total due from patient:		\$575.96

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Total due from patient for all services:	\$575.96
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For questions or itemized bill requests, call toll free at (877) 304-6332.
 Financial assistance is available to those who qualify. For more information please call (877) 304-6332. You may pay your bill online at <https://wheatonfranciscan.mysecurebill.com>. For information on scheduling an in-person billing consultation, go to www.mywheaton.org/billconsult.