

MERIDIAN

RESOURCE COMPANY LLC

Submit Payments to: P.O. Box 3122, Milwaukee, WI 53201

Recovery Services
20725 Watertown Road
Waukesha, WI 53186
Tel 800-645-9785
Fax 262-207-2986
www.meridianresource.com

December 1, 2005

CITY ATTORNEY'S OFFICE
ATTN: BOB OVERHOLT
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File #: 04-L-160
Our Client: CompCareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

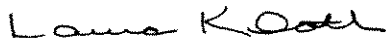
Dear BOB OVERHOLT:

I am currently in the process of updating my file concerning the above referenced accident. Please send a status report on the current progress of this claim.

_____ The patient is still treating. Please follow-up in 30 / 60 / 90 days.
_____ Gathering medical records. Expect to make a settlement offer in _____ days.
_____ In settlement negotiations. Please fax updated itemization to _____
_____ Lawsuit filed on ____ / ____ / ____ . Case number: _____
_____ Mediation scheduled on ____ / ____ / ____ . Please fax updated itemization to _____
_____ Liability denied. Reason(s): _____
_____ Case settled on ____ / ____ / ____ for \$ _____
_____ Other: _____

Our client's interest in this claim is \$32,694.52. This amount may change if there is additional treatment. Please contact me prior to concluding any settlement with any party. In most circumstances, settlement without our approval will result in a continuing claim by us. Thank you for your cooperation and consideration.

Sincerely,



Laura Kloth
Recovery Representative I
(262) 312-8072
Laura.Kloth@meridianresource.com

LKloth

MERIDIAN.

RESOURCE COMPANY LLC

Submit Payments to: P.O. Box 3122, Milwaukee, WI 53201

Recovery Services
20725 Watertown Road
Waukesha, WI 53186
Tel 800-645-9785
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September 22, 2005

CITY ATTORNEY'S OFFICE
ATTN: BOB OVERHOLT
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File: 04-L-160
Our Client: CompCareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

Dear BOB OVERHOLT:

Please be advised there have been additional payments made for this claim. The new payments increase our client's interest to \$32,694.52. Please see the enclosed itemization for the additional paid claims. We request a separate check at the time of settlement.

Please contact me prior to concluding any settlement with any third party. In most circumstances, settlement without our approval will result in a continuing claim by Meridian Resource Company.

The above member will receive a copy of this letter. Thank you for your cooperation.

Sincerely,



Jeanine Tojek
Recovery Representative II
(262) 207-2983
Jeanine.Tojek@meridianresource.Com

KRitchie

MERIDIAN RESOURCE CORPORATION

Medical and Rx Claim Itemization - Rolled Up

Sub Name: WEISFLOG, GERALD Acc. Date: 9/25/2004 Our Client: CompcareBlue Family Total: \$ 32,694.52
 Sub ID: XXXXX6094 Case #: 6207060 Client #: 3-000-0000068640-0000
 Member Number: 1 Acc Type: FALL Lien Type: Standard TPL case

These claims have been paid for the patient GERALD WEISFLOG as of: 09/22/2005

Medical Claims

ORDER: First Date of Svc./Date Written

First Date of Service	Last Date of Service	Tax ID	Provider Name	Diag Code	Diagnosis	Proc Code	Procedure	ICN	Charged	Paid
09/25/2004	09/25/2004	391133823	CURTIS UNIVERSAL AMBULANCE	71940	JOINT PAIN-UNSPEC	A0429	GROUND MILEAGE	4293285030000	\$423.23	\$373.23
09/25/2004	09/25/2004	391499986	ERMED SC	82380	CL FX TIBIA/UNSPECIFIED PART	99284	EMERG DEPARTMENT VISIT FOR THE EVAL	5112186280001	\$332.00	\$282.20
09/25/2004	09/25/2004	391126363	MILWAUKEE RADIOLOGIST LTD	95970	JOINT EFFUSION-UNSPEC	73600	RADIOLOGIC EXAMINATION,TIBIA AND FIBULA,	4299050550000	\$109.00	\$77.40
09/25/2004	09/25/2004	390806181	ST LUKES MEDICAL CENTER	82300	CL FX TIBIA/UPPER END	Y4500	XRAY DX	4780283840000	\$1,186.82	\$696.43
10/04/2004	10/04/2004	390806181	ST LUKES MEDICAL CENTER	V7280	OTH SPECIFIED EXAMS	Y9850	PROF FEE EKG	4314293160000	\$25.50	\$16.57
10/04/2004	10/04/2004	390806181	ST LUKES MEDICAL CENTER	V7280	OTH SPECIFIED EXAMS	Y7300	PATHLAB	4787199920000	\$643.25	\$0.05
10/07/2004	10/07/2004	391772703	ANESTHESIOLOGY ASSOC OF WI SC	84400	SPRAIN AND STRAIN/LATERAL COLATERAL KNEE	64447	OPEN PROC UPPER TIBIA/FIBULA	4809128150000	\$1,885.00	\$1,444.52
10/07/2004	10/07/2004	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	27427	RECONSTRUCTION, KNEE; EXTRA-ARTICULAR	4300753480000	\$2,000.00	\$1,081.70
10/07/2004	10/07/2004	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	27427	RECONSTRUCTION, KNEE; EXTRA-ARTICULAR	4300753490000	\$500.00	\$162.26
10/07/2004	10/08/2004	390806181	ST LUKES MEDICAL CENTER	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	Y7100	STERILE SUPPLY	4800204870000	\$14,289.66	\$8,992.27
11/02/2004	11/08/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4240	PHYSICAL THERP	4817185460000	\$725.75	\$471.74
11/05/2004	11/05/2004	391595302	VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PA	5570082140000	\$558.91	\$425.07

These claims have been paid for the patient **GERALD WEISFLOG** as of: 09/22/2005

First Date of Service	Last Date of Service	Tax ID	Provider Name	Diag Code	Diagnosis	Proc Code	Procedure	ICN	Charged	Paid
11/10/2004	12/08/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	4849232450000	\$2,806.25	\$1,824.06
11/10/2004	11/22/2004	391595302	VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	E0935	SYNTHETIC SHEEPSKIN PAD	4856082810001	\$772.75	\$621.84
12/10/2004	12/22/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	5512297160000	\$1,474.25	\$958.26
12/31/2004	12/31/2004	391595302	VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	L2850	KO, MOLDED PLASTIC, POLYCENTRIC KNEE JOI	5601011630000	\$1,267.99	\$953.36
01/11/2005	02/08/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	5545206830000	\$2,415.00	\$52.46
01/18/2005	01/18/2005	391595302	VNA PARTNERS IN CARE INC	73670	ACQ ANKLE-FOOT DEF NOS	L2220	AFO PLASTIC MOLDED TO PATIENT MODEL, WI	5531206030000	\$787.62	\$610.01
02/10/2005	02/22/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	5573183950000	\$895.00	\$465.40
02/23/2005	02/23/2005	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	99212	OFFICE OR OTHER OUTPATIENT VISIT	5063670110000	\$83.00	\$35.09
03/01/2005	03/08/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	5573183960000	\$513.50	\$267.02
03/22/2005	03/29/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	5602200870000	\$511.75	\$266.11
04/06/2005	04/06/2005	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	99212	OFFICE OR OTHER OUTPATIENT VISIT	5104241850000	\$83.00	\$35.09
05/10/2005	06/09/2005	391595302	VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHO	5681129420001	\$154.96	\$143.48
05/12/2005	05/12/2005	391772703	ANESTHESIOLOGY ASSOC OF WI SC	72950	PAIN IN LIMB	64447	OPEN PROC ON KNEE JOINT; NOS	5664062400000	\$1,860.00	\$1,369.57
05/12/2005	05/12/2005	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	29888	ARTHROSCOPY AIDED ANT. CRUCIATE LIG. REP	5140240440000	\$7,178.00	\$1,227.74
05/12/2005	05/12/2005	390806181	ST LUKES MEDICAL CENTER	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	Y7100	STERILE SUPPLY	5650130550000	\$12,556.47	\$7,748.94
05/20/2005	05/25/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4240	PHYSICAL THERP	5653289370001	\$752.25	\$488.96
06/01/2005	06/29/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	5687152150001	\$2,328.75	\$1,513.69

These claims have been paid for the patient **GERALD WEISFLOG** as of: **09/22/2005**

First Date of Service	Last Date of Service	Tax ID	Provider Name	Diag Code	Diagnosis	Proc Code	Procedure	ICN	Charged	Paid
06/10/2005	06/30/2005	391595302	VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHO	5693012400001	\$125.00	\$90.00
									<u>\$59,244.66</u>	<u>\$32,694.52</u>

Payment Information and Report Totals

Payment Date	Total Charged	Paid
	\$59,244.66	\$32,694.52
Total Charged and Paid Medical and Rx Claims:		
	<u>\$59,244.66</u>	<u>\$32,694.52</u>

MERIDIAN.
RESOURCE COMPANY LLC

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September 16, 2005

CITY ATTORNEY'S OFFICE
ATTN: BOB OVERHOLT
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File #: 04-L-160
Our Client: CompCareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

Dear BOB OVERHOLT:

I am currently in the process of updating my file concerning the above referenced accident. Please send a status report on the current progress of this claim.

_____ The patient is still treating. Please follow-up in 30 / 60 / 90 days.
_____ Gathering medical records. Expect to make a settlement offer in _____ days.
_____ In settlement negotiations. Please fax updated itemization to _____
_____ Lawsuit filed on ____ / ____ / ____ . Case number: _____
_____ Mediation scheduled on ____ / ____ / ____ . Please fax updated itemization to _____
_____ Liability denied. Reason(s): _____
_____ Case settled on ____ / ____ / ____ for \$ _____
_____ Other: _____

Our client's interest in this claim is \$29,088.82. This amount may change if there is additional treatment. Please contact me prior to concluding any settlement with any party. In most circumstances, settlement without our approval will result in a continuing claim by us. Thank you for your cooperation and consideration.

Sincerely,



Jeanine Tojek
Recovery Representative II
(262) 207-2983
Jeanine.Tojek@meridianresource.com

JTojek

MERIDIAN.
RESOURCE COMPANY LLC

Recovery Services
20725 Watertown Road
Waukesha, WI 53186
Tel 800-645-9785
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June 27, 2005

CITY ATTORNEY'S OFFICE
ATTN: BOB OVERHOLT
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File: 04-L-160
Our Client: CompcareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

Dear BOB OVERHOLT:

Please be advised there have been additional payments made for this claim. The new payments increase our client's interest to \$29,088.82. Please see the enclosed itemization for the additional paid claims. We request a separate check at the time of settlement.

Please contact me prior to concluding any settlement with any third party. In most circumstances, settlement without our approval will result in a continuing claim by Meridian Resource Company.

The above member will receive a copy of this letter. Thank you for your cooperation.

Sincerely,



Jeanine Tojek
Recovery Representative II
(262) 207-2983
Jeanine.Tojek@meridianresource.Com

MERIDIAN RESOURCE CORPORATION

Medical Claim Itemization - Rolled Up

Sub Name: WEISFLOG, GERALD Acc. Date: 9/25/2004 Our Client: CompareBlue
 Sub ID: XXXXX6094 Case #: 6207060 Client #: 3-000-0000068640-0000 Family Total: \$ 29,088.82
 Member Number: 1 Acc Type: FALL Lien Type: Standard TPL case

These claims have been paid for the patient GERALD WEISFLOG as of: 06/27/2005

First Date of Service	Last Date of Service	Tax ID	Provider Name	Diag Code	Diagnosis	Proc Code	Procedure	Charged	ORDER: PROVIDER	Paid	ICN
10/07/2004	10/07/2004	391772703	ANESTHESIOLOGY ASSOC OF WI SC	64400	SPRAIN AND STRAIN/LATERAL COLATERAL KNEE	64447	N BLOCK INJ FEM, SINGLE	\$1,885.00		\$1,444.52	4809128150000
09/25/2004	09/25/2004	391133823	CURTIS UNIVERSAL AMBULANCE	71940	JOINT PAIN-UNSPEC	A0429	BLS-EMERGENCY	\$423.23		\$373.23	4293285030000
09/25/2004	09/25/2004	391499986	ERMED SC	82380	CL FX TIBIA/UNSPECIFIED PART	99284	EMERG DEPARTMENT VISIT FOR THE EVAL	\$332.00		\$282.20	5112186280001
09/25/2004	09/25/2004	391126363	MILWAUKEE RADIOLOGIST LTD	95970	INJ/KNEE,LEG,ANKLE,FO OT,NOS	73600	RADIOLOGIC EXAMINATION,ANKLE,ANTERO POSTE	\$109.00		\$77.40	4299050550000
10/07/2004	10/07/2004	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	27427	RECONSTRUCTION, KNEE; EXTRA-ARTICULAR	\$500.00		\$162.26	4300753490000
10/07/2004	10/07/2004	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	27427	RECONSTRUCTION, KNEE; EXTRA-ARTICULAR	\$2,000.00		\$1,081.70	4300753480000
02/23/2005	02/23/2005	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	99212	OFFICE OR OTHER OUTPATIENT VISIT	\$83.00		\$35.09	5063670110000
04/06/2005	04/06/2005	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	99212	OFFICE OR OTHER OUTPATIENT VISIT	\$83.00		\$35.09	5104241850000
05/12/2005	05/12/2005	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	29888	ARTHROSCOPY AIDED ANT. CRUCIATE LIG. REP	\$7,178.00		\$1,227.74	5140240440000
09/25/2004	09/25/2004	390806181	ST LUKES MEDICAL CENTER	82300	CL FX TIBIA/UPPER END	Y4500	EMERG ROOM	\$1,186.82		\$696.43	4780283840000
10/04/2004	10/04/2004	390806181	ST LUKES MEDICAL CENTER	V7280	OTH SPECIFIED EXAMS	Y9850	PROF FEE EKG	\$25.50		\$16.57	4314293160000
10/04/2004	10/04/2004	390806181	ST LUKES MEDICAL CENTER	V7280	OTH SPECIFIED EXAMS	Y7300	EKG/EKG	\$643.25		\$0.05	4787199920000
10/07/2004	10/08/2004	390806181	ST LUKES MEDICAL CENTER	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	Y7100	RECOVERY ROOM	\$14,289.66		\$8,992.27	4800204870000
11/02/2004	11/08/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4240	PHYS THERP/EVAL	\$725.75		\$471.74	4817185460000
11/10/2004	12/08/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	\$2,806.25		\$1,824.06	4849232450000
12/10/2004	12/22/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	\$1,474.25		\$958.26	5512297160000
01/11/2005	02/08/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	\$2,415.00		\$52.46	5545206830000
02/10/2005	02/22/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	\$895.00		\$465.40	5573183950000
03/01/2005	03/08/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	\$513.50		\$267.02	5573183960000
03/22/2005	03/29/2005	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4200	PHYSICAL THERP	\$511.75		\$266.11	5602200870000

MERIDIAN RESOURCE CORPORATION

Medical Claim Itemization - Rolled Up

Sub Name: WEISFLOG, GERALD Acc. Date: 9/25/2004 Our Client: CompcareBlue Family Total: \$ 29,088.82
 Sub ID: XXXXX6094 Case #: 6207060 Client #: 3-000-0000068640-0000
 Member Number: 1 Acc Type: FALL Lien Type: Standard TPL case

These claims have been paid for the patient GERALD WEISFLOG as of: 06/27/2005

Date	Sub ID	Member Number	Acc Type	Case #	Acc Date	Sub Name	ICD-9	Procedure	Y7100	Room	Amount
05/12/2005	06/12/2005	390806181				ST LUKES MEDICAL CENTER	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	Y7100	RECOVERY ROOM	\$12,556.47
11/05/2004	11/05/2004	391595302				VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PA	\$425.07
11/10/2004	11/22/2004	391595302				VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	E0935	PASSIVE MOTION EXERCISE DEVICE	\$621.84
12/31/2004	12/31/2004	391595302				VNA PARTNERS IN CARE INC	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FE	\$953.36
01/18/2005	01/18/2005	391595302				VNA PARTNERS IN CARE INC	73670	ACQ ANKLE-FOOT DEF NOS	L2220	ADD TO LOWER EXTREMITY, DORSIFLEXION AND	\$610.01
										\$54,023.70	
										\$29,088.82	

MERIDIAN.
RESOURCE COMPANY LLC

Recovery Services
20725 Watertown Road
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June 23, 2005

CITY ATTORNEY'S OFFICE
ATTN: BOB OVERHOLT
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File #: 04-L-160
Our Client: CompCareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

Dear BOB OVERHOLT:

I am currently in the process of updating my file concerning the above referenced accident. Please send a status report on the current progress of this claim.

_____ The patient is still treating. Please follow-up in 30 / 60 / 90 days.
_____ Gathering medical records. Expect to make a settlement offer in _____ days.
_____ In settlement negotiations. Please fax updated itemization to _____
_____ Lawsuit filed on ____ / ____ / ____ . Case number: _____
_____ Mediation scheduled on ____ / ____ / ____ . Please fax updated itemization to _____
_____ Liability denied. Reason(s): _____
_____ Case settled on ____ / ____ / ____ for \$ _____
_____ Other: _____

Our client's interest in this claim is \$16,708.45. This amount may change if there is additional treatment. Please contact me prior to concluding any settlement with any party. In most circumstances, settlement without our approval will result in a continuing claim by us.

Thank you for your cooperation and consideration.

Sincerely,



Jeanine Tojek
Recovery Representative II
(262) 207-2983
Jeanine.Tojek@meridianresource.com

JTojek

MERIDIAN

RESOURCE COMPANY LLC

Recovery Services
20725 Watertown Road
Waukesha, WI 53186
Tel 800-645-9785
Fax 262-207-2986
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May 3, 2005

CITY ATTORNEY'S OFFICE
ATTN: GRANT LANGLEY
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File #:
Our Client: CompcareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

Dear GRANT LANGLEY:


I am currently in the process of updating my file concerning the above referenced accident. Please send a status report on the current progress of this claim.

- The patient is still treating. Please follow-up in 30 / 60 / 90 days.
- Gathering medical records. Expect to make a settlement offer in _____ days.
- In settlement negotiations. Please fax updated itemization to _____
- Lawsuit filed on ____/____/____. Case number: _____
- Mediation scheduled on ____/____/____. Please fax updated itemization to _____
- Liability denied. Reason(s): _____
- Case settled on ____/____/____ for \$ _____
- Other: _____

Our client's interest in this claim is \$16,708.45. This amount may change if there is additional treatment. Please contact me prior to concluding any settlement with any party. In most circumstances, settlement without our approval will result in a continuing claim by us.

Thank you for your cooperation and consideration.

Sincerely,



Tom Geib
Recovery Representative
(262) 312-8078
Tom.Geib@meridianresource.Com

TGeib

MERIDIAN.
RESOURCE COMPANY LLC

Recovery Services
20725 Watertown Road
Waukesha, WI 53186
Tel 800-645-9785
Fax 262-207-2986
www.meridianresource.com

March 2, 2005

CITY ATTORNEY'S OFFICE
ATTN: GRANT LANGLEY
200 E. WELLS ST.
ROOM 800
MILWAUKEE, WI 53202

Re: Your Insured: CITY OF MILWAUKEE
Your File #:
Our Client: CompcareBlue
Our Member: GERALD WEISFLOG
Meridian Case No.: 6207060
Patient(s): GERALD WEISFLOG
Date of Loss: 9/25/2004

Dear GRANT LANGLEY:

Please be advised that CompcareBlue has contracted with Meridian Resource Company, LLC (Meridian) to pursue its subrogation claims/claims for reimbursement. We understand your company provides insurance protection to your insured referenced above. Based upon our investigation of the events of 9/25/2004, we believe that our client has a right of subrogation/reimbursement and we are hereby making a claim for reimbursement for the medical bills our client paid as a result of injuries GERALD WEISFLOG sustained on 9/25/2004. To date our client has paid \$13,316.17 for medical care incurred as a result of these injuries. This amount may change if there is additional treatment.

Please contact me prior to concluding any settlement. If settlement discussions begin or if suit is filed, please notify me immediately. Settlement without our approval will result in a continuing claim by us. Meridian requests a separate check at the time of settlement. Please make your check payable to Meridian Resource Company. I am sending a copy of this letter to GERALD WEISFLOG so that he/she is also aware of our client's claim and his/her obligation to assist Meridian in our recovery efforts.

Please acknowledge in writing your receipt of this letter and notice of our client's claim within thirty (30) days. Thank you for your cooperation.

Sincerely,



Tom Geib
Senior Recovery Representative
(262) 312-8078
Tom.Geib@meridianresource.Com

JBerger

MERIDIAN RESOURCE CORPORATION

Medical Claim Itemization - Rolled Up

Sub Name: WEISFLOG, GERALD Acc. Date: 9/25/2004 Our Client: CompcareBlue Family Total: \$ 13,316.17
 Sub ID: XXXXX6094 Case #: 6207060 Client #: 3-000-0000068640-0000
 Member Number: 1 Acc Type: FALL Lien Type:

These claims have been paid for the patient: GERALD WEISFLOG as of: 03/02/2005

First Date of Service	Last Date of Service	Tax ID	Provider Name	Diag Code	Diagnosis	Proc Code	Procedure	Charged	Paid	ICN	ORDER: PROVIDER
10/07/2004	10/07/2004	391772703	ANESTHESIOLOGY ASSOC OF WI SC	84400	SPRAIN AND STRAIN/LATERAL COLATERAL KNEE	64447	N BLOCK INJ FEM, SINGLE	\$1,885.00	\$1,444.52	4809128150000	
09/25/2004	09/25/2004	391133823	CURTIS UNIVERSAL AMBULANCE	71940	JOINT PAIN-UNSPEC	A0429	BLS-EMERGENCY	\$423.23	\$373.23	4293285030000	
09/25/2004	09/25/2004	391126363	MILWAUKEE RADIOLOGIST LTD	95970	INJ/KNEE,LEG,ANKLE,FO OT,NOS	73600	RADIOLOGIC EXAMINATION,ANKLE,ANTERO POSTE	\$109.00	\$77.40	4299050550000	
10/07/2004	10/07/2004	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	27427	RECONSTRUCTION, KNEE; EXTRA-ARTICULAR	\$500.00	\$162.26	4300753490000	
10/07/2004	10/07/2004	200217581	ORTHOPEDIC SURGEONS OF WICONSIN SC	71780	OTH INTERNAL DERANGEMENT OF KNEE	27427	RECONSTRUCTION, KNEE; EXTRA-ARTICULAR	\$2,000.00	\$1,081.70	4300753480000	
09/25/2004	09/25/2004	390806181	ST LUKES MEDICAL CENTER	82300	CL FX TIBIA/UPPER END	Y4500	EMERG ROOM	\$1,186.82	\$696.43	4780283840000	
10/04/2004	10/04/2004	390806181	ST LUKES MEDICAL CENTER	V7280	OTH SPECIFIED EXAMS	Y9850	PROF FEE EKG	\$25.50	\$16.57	4314293160000	
10/04/2004	10/04/2004	390806181	ST LUKES MEDICAL CENTER	V7280	OTH SPECIFIED EXAMS	Y7300	EKG/EKG	\$643.25	\$0.05	4787199920000	
10/07/2004	10/08/2004	390806181	ST LUKES MEDICAL CENTER	84420	SPRAIN AND STRAIN/CRUCIATE LIGAMENT KNEE	Y7100	RECOVERY ROOM	\$14,289.66	\$8,992.27	4800204870000	
11/02/2004	11/08/2004	390806181	ST LUKES MEDICAL CENTER	V5710	CARE INVOLVING OTHER PHYSICAL THERAPY	Y4240	PHYS THERPEVAL	\$725.75	\$471.74	4817185460000	
								\$21,788.21	\$13,316.17		