

# McCORMICK LAW OFFICE

PERSONAL INJURY AND WORKERS COMPENSATION

DANIEL R. McCORMICK  
ELLISON F. HITT  
MEGAN E. SCHULZ

ATTORNEYS AT LAW

March 24, 2017

Attorney Grant F. Langley  
City Attorney of Milwaukee  
City Hall  
200 E. Wells St.  
Room 800  
Milwaukee, WI 53202

**Re: CI File No. 1047-2015-2920**  
**Communication on behalf of TYLER PERALES**

Dear Mr. Langley:

I am in receipt of your March 10, 2017 correspondence concerning the above-captioned matter and denying the claim made on behalf of my client, Tyler Perales.

At this time we are formally requesting an appeal of the decision to deny Mr. Perales' claim. As stated in your correspondence, the Milwaukee Police Department had to secure the open pedestal as well as having the Department of Public Works repair the pedestal. The City of Milwaukee was negligent in the following manners:

- Allowing a dangerous condition on their property;
- Failing to properly maintain, operate, repair or construct a dangerous condition on their property after actual or constructive notice;
- Failing to give warning to Mr. Perales of the dangerous condition; and
- Failing to properly inspect and maintain the area in question to discover the dangerous condition.

I am enclosing a copy of your March 10, 2017 correspondence and a copy of the envelope.

Should you have any additional questions concerning this matter, please do not hesitate to contact our office at your very earliest convenience.

Thank you.

Very truly yours,

  
ELLISON F. HITT  
EFH/

ENCLOSURES

cc: Tyler Perales (w/Enclosures)

MCCORMICK LAW OFFICE  
829 North Marshall Street  
Milwaukee, Wisconsin 53202

Attorney Grant F. Langley  
City Attorney of Milwaukee  
City Hall  
200 E. Wells St.  
Room 800  
Milwaukee, WI 53202

B88652.20



**\$0.460**  
US POSTAGE  
FIRST-CLASS  
06250008288137  
FROM 53202

CITY OF MILWAUKEE

2015 NOV 23 PM 1:38

CITY CLERK'S OFFICE

RECEIVED

NOV 23 2015

OFFICE OF  
CITY ATTORNEY

Tyler Perales

11/22/15

1406 E. Warrinmont  
apt 204

Attention: Kari Gipson

my number: 414-534-7529

TO who it may concern. (investigator/  
ad. poster). On Sunday, August 9 2015, at approximately  
10:10 pm. I was dispatched to 1733 S. 2nd S.  
for a Wires Down complaint.

Tyler S. Perales (M/W 08-16-1991) states  
was walking northbound in the 1700 block  
of S. 2nd when his leg made contact  
with an exposed wire. He fell to the ground  
after the shock, due to the shock. I observed  
dizziness at first. Then came my heart beat  
racing up. The left side of my body was  
~~was~~ numb. with bruise marks of my lower  
right ankle. Which led me to St. Lukes  
hospital where I was brought to the  
E.R. and after that further medical appointments.  
Further medical appointments from now and  
on. With me losing many days of work and  
the hassle of me figuring this out. and what  
~~what~~ what I have had to do to figure  
this all out. Most of attachment are  
included with this letter. As of right now my  
medical bills are coming out to 4,191.00 net  
including pain softery and lost work wages.

4,191.00

Report Settings	
Account:	PERALES, TYLER S [1037555]
Submission Information	
User:	[ 230104]
Time:	Fri Nov 20, 2015 11:22 AM

Transaction Information			
	Service Date From	Service Date To	Total Amount
<input checked="" type="checkbox"/> Charges	08/01/2015	10/30/2015	1,235.00
<input type="checkbox"/> Tx # Procedure	Service Provider	Date	Amount
128 36415-VENIPUNCTURE	Katrice M Brooks, MD [1...	10/12/2015	35.00
129 86592-RPR	Katrice M Brooks, MD [1...	10/12/2015	42.00
130 87340-HEPATITIS B ANTIGEN	Katrice M Brooks, MD [1...	10/12/2015	71.00
131 87389-HIV-1 AG W/HIV-1 & HIV-2 AB	Katrice M Brooks, MD [1...	10/12/2015	160.00
132 87491-CHLAMYDIA TRACHOMATIS, AMPLIFIED P...	Katrice M Brooks, MD [1...	10/12/2015	160.00
133 87591-N.GONORRHOEAE, DNA, AMP PROB	Katrice M Brooks, MD [1...	10/12/2015	178.00
134 93000-ELECTROCARDIOGRAM COMPLETE	Nazih Botros, MD [20902]	10/12/2015	202.00
135 36415-VENIPUNCTURE	Katrice M Brooks, MD [1...	10/20/2015	35.00
136 82565-CREATININE SERUM	Katrice M Brooks, MD [1...	10/20/2015	38.00
137 99214-OFFICE/OUTPT VISIT EST LEVEL IV	Katrice M Brooks, MD [1...	10/12/2015	314.00
Payments	Not included in this report		
Adjustments	Not included in this report		

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CITY ATTORNEY

## Transaction Summary

Account: PERALES, TYLER S [135443282]

Printed at 11/20/2015 11:24:49 AM for MATTHEWS, PATRICIA M

### Charges Grouped By Revenue Code

Select All Groupers

Rev Code	Description	Qty	Total
<input type="checkbox"/> 0250	PHARMACY - GENERAL CLASSIFICATION	2	291.96
<input type="checkbox"/> 0300	LABORATORY - GENERAL CLASSIFICATION	1	26.00
<input type="checkbox"/> 0301	LABORATORY - CHEMISTRY	7	619.00
<input type="checkbox"/> 0305	LABORATORY - HEMATOLOGY	1	39.00
<input type="checkbox"/> 0450	EMERGENCY ROOM - GENERAL CLASSIFICATION	2	1,445.00
<input type="checkbox"/> 0730	EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION	2	536.00

### Payments and Refunds

None

### Adjustments

None

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**Incident Report  
MILWAUKEE POLICE DEPT**

152130141

Supplement No  
ORIG

**PERSON OF INTEREST (RMS/Form PS17 Use Only) 1: PERALES, TYLER S**

Involvement <b>PERSON OF INTEREST (RMS/Form PS17 Use Only)</b>		Invl No <b>1</b>	Type <b>INDIVIDUAL</b>			
Name <b>PERALES, TYLER S</b>	MNI <b>3540652</b>	Race <b>WHITE</b>	Sex <b>MALE</b>	DOB <b>08/16/1991</b>	Age <b>23</b>	Juvenile? <b>No</b>
Res Status <b>RESIDENT</b>						
Type <b>HOME</b>	Address <b>3856 S WHITNALL AV</b>		City <b>MILWAUKEE</b>		State <b>WISCONSIN</b>	
ZIP Code <b>53207</b>						
Phone Type <b>CELL</b>	Phone No <b>(414) 534-7529</b>					

**WITNESS (WITH INFORMATION) 1: BERNAL, MAGDALEN A**

Involvement <b>WITNESS (WITH INFORMATION)</b>		Invl No <b>1</b>	Type <b>INDIVIDUAL</b>		Name <b>BERNAL, MAGDALEN A</b>	
MNI <b>3540978</b>	Race <b>WHITE</b>	Sex <b>FEMALE</b>	DOB <b>12/08/1992</b>	Age <b>22</b>	Juvenile? <b>No</b>	Res Status <b>RESIDENT</b>
Type <b>HOME</b>						
Address <b>3131 S TAYLOR AV</b>		City <b>MILWAUKEE</b>		State <b>WISCONSIN</b>		
ZIP Code <b>53207</b>						
Phone Type <b>CELL</b>	Phone No <b>(414) 588-9821</b>					
CONVEYED TO <b>ST LUKE'S</b>		CONVEYED BY <b>FRIENDS</b>				

**Medical**

Nature of Illness  
**ELECTRICAL SHOCK FROM EXPOSED WIRES**

**Modus Operandi**

Gang Act? <b>No</b>	Gang Name <b>NONE</b>	Person/Prop Attacked <b>PERSON</b>	Weapon Used <b>OTHER</b>
Premise Type <b>STREET, HIGHWAY, ALLEY</b>		Crime Code(s) <b>ALL OTHERS</b>	

**Supplement**

his report is written by P.O. Radivoje PUPOVAC Assigned to District #2, Late Shift Squad # 2341.

On Sunday, August 1, 2015, at approximately 10:10pm. I was dispatched to 1733 S. 1st S. for a Wires Down Complaint.

Upon Arrival I spoke to the victim, Tyler S. PERALES (M/W 08-16-1991) who stated that he was walking northbound in the 1700 block of S. 1st St. when his leg made contact with an exposed wire. PERALES stated that he felt an electrical shock and fell to the ground, due to the shock.

PERALES stated that he has a burn mark on his right ankle/calf area where his leg made contact with the wire. PERALES stated that he was feeling nauseous and had numbness in his right hand.

I observed redness and a burn mark on PERALES'S lower calf area. I also observed an exposed wire come out of the ground, right next to the light pole #1731. The wire was black in color and approximately 20 inches long. The wire was slanted to the west, towards the walkway.

Milwaukee Fire Department, Engine#1, red shift, Captain SCHUTTE, Chris responded and treated PERALES at the scene. PERALES stated that he does not wish to be conveyed to the hospital by ambulance and would rather have his friends take him to the hospital.

While at the scene I spoke to PERALES'S friend, Magdalen A. BERNAL (F/W 12-08-1992) who stated that she was walking right behind PERALES when he got shocked. BERNAL stated that she observed PERALES fall to the ground and that she initially believed that PERALES tripped and fell. BERNAL stated that PERALES told her that he got shocked and to stay away from the wire.

PERALES was treated at Aurora St. Luke's Emergency Department for his injuries. PERALES was admitted at 11:17pm and treated by Dr. AVERILL, ER Room #9.

Report Officer <b>024295/PUPOVAC, RADIOVOJE</b>	Printed At <b>09/09/2015 13:37</b>	Page 2 of 3
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# Incident Report MILWAUKEE POLICE DEPT

2333 N. 49TH ST  
Milwaukee, WI 53210

(414) 935-7502

152130141

Supplement No  
ORIG

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Reported Date  
08/01/2015  
Nature of Call  
INJSCKPRSN  
Officer  
PUPOVAC, RADIVOJE

OFFICE OF  
CITY ATTORNEY

Administrative Information													
Agency MILWAUKEE POLICE DEPT			Incident No 152130141		Supplement No ORIG		Reported Date 08/01/2015		Reported Time 22:06		CAD Call No 152133049		
Status REPORT TO FOLLOW				Nature of Call INJURY/SICK PERSON									
Location 1733 S 1ST ST						City MILWAUKEE		Rep Dist 5564	District 2	Squad 240			
From Date 08/01/2015		From Time 10:10		Officer 024295/PUPOVAC, RADIVOJE									
Assignment SECOND DISTRICT - LATE				Entered by 024295		Assignment SECOND DISTRICT - LATE			RMS Transfer Successful		Property? None		
Approving Officer 019365				Approval Date 08/28/2015			Approval Time 10:48:47						
CRIME VICT RS FM PV-17 Yes													
# Offenses	Offense					Description			Complaint Type	AC	Use	Bias	Loc
1	WELFARE CHK-SCK PERSON					Sick Person			D				
#Pr	MOE	Act	Weapon/Force		IBRS	No							
Link	Involvement	Invl No	Name			Race	Sex	DOB					
OTH	POI	1	PERALES, TYLER S			W	M	08/16/1991					
Link	Involvement	Invl No	Name			Race	Sex	DOB					
WIF	WIF	1	BERNAL, MAGDALEN A			W	F	12/08/1992					
Person Summary													
Invl	Invl No	Type	Name			MNI	Race	Sex	DOB				
POI	1	I	PERALES, TYLER S			3540652	W	M	08/16/1991				
Invl	Invl No	Type	Name			MNI	Race	Sex	DOB				
WIF	1	I	BERNAL, MAGDALEN A			3540978	W	F	12/08/1992				
Narrative													
Subject was walking when he got electrocuted by an exposed wire.													

Report Officer  
024295/PUPOVAC, RADIVOJE

Printed At  
09/09/2015 13:37

Page 1 of 3



Thank you for choosing ERMED SC for your health care needs.

Statement Date: 9/21/15  
Responsible Party: TYLER S PERALES  
Account Number: 836\*0042781947  
Due Date: Upon Receipt

REQUEST FOR PAYMENT

Summary of Account

<b>Total Charges</b>	<b>\$ 565.00</b>
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 565.00</b>

Your prompt payment is appreciated! Please see the following page for transaction details.

Important Message:

Your account still has an outstanding balance. Please make payment immediately to avoid further collection activity. Thank you for your prompt attention.

Su cuenta refleja un balance pendiente. Por favor envíe su pago para evitar futuras facturas. Apreciamos su pronta atención.

Payment, Insurance, & Billing Information



Pay by credit card online anytime, day or night! [www.peryourhealth.com](http://www.peryourhealth.com)

Pay by credit card via phone: 866-898-7147  
Certified, safe and secure credit card processing.



Visit us at [www.peryourhealth.com](http://www.peryourhealth.com) to update your insurance, address, view your account, or send a message to our billing office.  
ID: 836\*0042781947 Access key: Q3T429



To contact the billing office, please call 866-898-7147  
MON-FRI 8:00 AM - 5:00 PM CST  
Para asistencia en Español llame al numero de arriba.

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OFFICE OF CITY ATTORNEY

ERMED SC  
P.O. BOX 808  
GRAND RAPIDS, MI 49518-0808  
Temp - Return Service Requested

Pay By Mail -- Please detach and return bottom stub with your check  
-- Include account number on check and correspondence

Account		Patient	
836*0042781947		TYLER S. PERALES	
Statement Date	Amount Due	Due Date	Amount Paid
9/21/15	\$ 565.00	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:

004626

GRAP\*0595\*0042781947\*C836  
459745 287099 171825733  
TYLER S PERALES  
1400 E WARNIMONT AVE  
MILWAUKEE, WI 53207-3582



ERMED SC  
PO BOX 78012  
MILWAUKEE, WI 53278-8012



Statement Date:  
Responsible Party:  
Account Number:  
Due Date:

8/21/15  
TYLER PERALES  
3720\*2517605  
Upon Receipt

Pay by credit card online anytime, day or night!  
[www.peryourhealth.com](http://www.peryourhealth.com)

Patient: TYLER PERALES		Site of Service: ST LUKES ER/CP		Primary: COMMON GROUND HE		
Account: 3720*2517605.1		Refer Prov: KEVIN J AVERILL MD		Secondary: Self Pay		
Service Dt.	Service Description	Qty	Charges	Payments	Adjustments	You Owe
08/02/15	82435 CHLORIDE SERUM	1	15.00			
08/02/15	82550 CREATINE KINASE (CPK) (CK)	1	17.00			
08/02/15	82803 GASES BLOOD, ANY COMBINATION	1	58.00			
08/02/15	82947 GLUCOSE, QUANT	1	16.00			
08/02/15	84132 POTASSIUM SERUM	1	13.00			
08/02/15	84295 SODIUM SERUM	1	15.00			
08/02/15	84520 UREA NITROGEN, QUANT	1	13.00			
08/02/15	85014 BLOOD COUNT, OTHER THAN HEMATOCRIT	1	11.00			
You Owe						158.00

**Total Amount You Owe**  
**\$ 158.00**

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CITY ATTORNEY

Please be aware that the above summary represents Pathology services from your medical provider.  
You may receive a separate statement for services provided by the hospital.

CHANGE OF:  Address  Primary Insurance  Supplemental Insurance

TYLER PERALES  
3720\*2517605

Complete this form or go online to [www.peryourhealth.com](http://www.peryourhealth.com) to make changes.

<b>New</b> Patient Address, City, State, Zip			New Phone#
<b>Primary</b> Policy Holder Name	Policy Holder Date of Birth __/__/__	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date __/__/__
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
<b>Supplemental</b> Policy Holder Name	Policy Holder Date of Birth __/__/__	Relationship to Patient	
Policy Identification	Group Identification	Plan Code	Policy Effective Date __/__/__
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Work connected illness or Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset or Accident __/__/__	
Employer Name	Address, City, State, Zip		



# Aurora Health Care®

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
Our email address is: customerservice@aurora.org  
En Español por favor llamar al 866-629-6033

AHC-218



3756360 - 00501



### Addressee



TYLER S PERALES  
1400 E WARNIMONT AVE APT 104  
MILWAUKEE WI 53207-3561

Page 1 of 1

### Please make checks payable and remit to:



Aurora Health Care Inc  
PO BOX 809418  
Chicago IL 60680-9418

### If paying by credit card, fill out below

Check credit card using for payment			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
Card Number			
Signature		Exp. Date	
Print Name			
Bill Date	Account Number	Pay This Amount	Amount Paid
06/02/2015	1037555	\$195.00	

You can pay your bill online at [my.aurorahealthcare.org](http://my.aurorahealthcare.org)

000001901653 060215 0001037555 0000019500 1

Document Code: P-HDDHQ-13771-LLVQLP

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
1037555	TYLER S PERALES	06/02/2015	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
<b>Date of Service 4/17/2015 - Visit # 132956141 - TYLER S PERALES</b>					
<i>Professional/Clinic Services - Hany G Mikhaeel, MD</i>					
04/17/15	VENIPUNC FNGR,HEEL,EAR	\$35.00		\$0.00	
04/17/15	HIV-1 AG W/HIV-1 & HIV-2 AB	\$160.00		\$0.00	
06/02/15	INSURANCE PAYMENT - COMMON GROUND HEALTH COOPERATIVE EXCHANGE		\$0.00		
	<b>PROFESSIONAL/CLINIC SERVICES BALANCE</b>			\$0.00	<b>\$195.00</b>

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CITY ATTORNEY

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

### Message:

Thank you for Choosing Aurora Health Care.

### Please Pay This Amount

\$195.00

If you have a question on your statement, please call toll free: 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
En Español por favor llamar al 866-629-6033 Mon - Fri, 8:30 am - 5:00 pm

BPD106 - 3756360-00501-1/1-000



Thank you for choosing ERMED SC for your health care needs.

Statement Date: 8/19/15  
 Responsible Party: TYLER S PERALES  
 Account Number: 836\*0042781947  
 Due Date: Upon Receipt

**REQUEST FOR PAYMENT**

**Summary of Account**

<b>Total Charges</b>	<b>\$ 565.00</b>
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 565.00</b>

Your prompt payment is appreciated! Please see the following page for transaction details.

**Important Message:**

Thank you for using our services. You are receiving this statement because your insurance carrier denied our claim. Please contact your insurance carrier for any disputes. At this time the balance due is your responsibility.

Gracias por usar nuestros servicios. Usted esta recibiendo este estado de cuenta porque su compañía de seguro medico rehusó de pagar este reclamo. Por favor llame a su compañía de seguro medico si no esta de acuerdo con la determinación tomada. En este momento el balance de esta cuenta sera su responsabilidad.

**RECEIVED**  
 NOV 23 2015  
 OFFICE OF  
 CITY ATTORNEY

**Payment, Insurance, & Billing Information**



Pay by credit card online anytime, day or night!  
[www.peryourhealth.com](http://www.peryourhealth.com)

Pay by credit card via phone: 866-898-7147  
 Certified, safe and secure credit card processing.



Visit us at [www.peryourhealth.com](http://www.peryourhealth.com) to update your insurance, address, view your account, or send a message to our billing office.  
 ID: 836\*0042781947 Access key: Q3T429



To contact the billing office, please call 866-898-7147  
 MON-FRI 8:00 AM - 5:00 PM CST  
 Para asistencia en Español llame al numero de arriba.

ERMED SC  
 P.O. BOX 808  
 GRAND RAPIDS, MI 49518-0808  
 Temp - Return Service Requested

**Pay By Mail** -- Please detach and return bottom stub with your check  
 -- Include account number on check and correspondence

Account		Patient	
836*0042781947		TYLER S. PERALES	
Statement Date	Amount Due	Due Date	Amount Paid
8/19/15	\$ 565.00	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

Make CHECK payable and remit to:

004532

GRAP\*0595\*0042781947\*C836  
 459745 271770 162282645  
 TYLER S PERALES  
 1400 E WARNIMONT AVE  
 MILWAUKEE, WI 53207-3582



ERMED SC  
 PO BOX 78012  
 MILWAUKEE, WI 53278-8012



Thank you for choosing Great Lakes Pathologists, SC for your health care needs.

Statement Date: 10/22/15  
 Responsible Party: TYLER PERALES  
 Account Number: 3720\*2517605  
 Due Date: Upon Receipt

**REQUEST FOR PAYMENT**

**Summary of Account**

<b>Total Charges</b>	<b>\$ 158.00</b>
Insurance Payments	\$ 0.00
Insurance Adjustments	\$ 0.00
Patient Payments	\$ 0.00
Account Adjustments	\$ 0.00
<b>AMOUNT YOU OWE</b>	<b>\$ 158.00</b>

Your prompt payment is appreciated! Please see the following page for transaction details.

**Important Message:**

This bill is for the professional services of Great Lakes Pathologists, SC who provide pathology services for Aurora Health Care facilities.

08-18-15 COMMON GROUND HEALTH AURORA CLAIM DENIED PATIENT CANNOT BE IDENTIFIED

FINAL NOTICE - We have sent invoices, however your bill remains unpaid. If we do not receive payment or you do not contact us within 30 days of this notice, we may place your account with an outside collection agency.

**Payment, Insurance, & Billing Information**



Pay by credit card online anytime, day or night!  
[www.peryourhealth.com](http://www.peryourhealth.com)

Pay by credit card via phone: 877/270-5630  
 Certified, safe and secure credit card processing.



Visit us at [www.peryourhealth.com](http://www.peryourhealth.com) to update your insurance, address, view your account, or send a message to our billing office.  
 ID: 3720\*2517605 Access key: 4JTMMU



To contact the billing office, please call 877/270-5630 8:30AM - 6:00PM EST Mon-Fri  
 Para asistencia en Español llame al numero de arriba.

**RECEIVED**  
 NOV 23 2015  
 OFFICE OF CITY ATTORNEY



GREAT LAKES PATHOLOGISTS, S.C. Great Lakes Pathologists, SC  
 8085 Rivers Ave #100  
 N Charleston, SC 29406

Temp - Return Service Requested

**Pay By Mail** -- Please detach and return bottom stub with your check  
 -- Include account number on check and correspondence

Account		Patient	
3720*2517605		TYLER PERALES	
Statement Date	Amount Due	Due Date	Amount Paid
10/22/15	\$ 158.00	Upon Receipt	

For your protection: Do not include the credit card information in the mail.

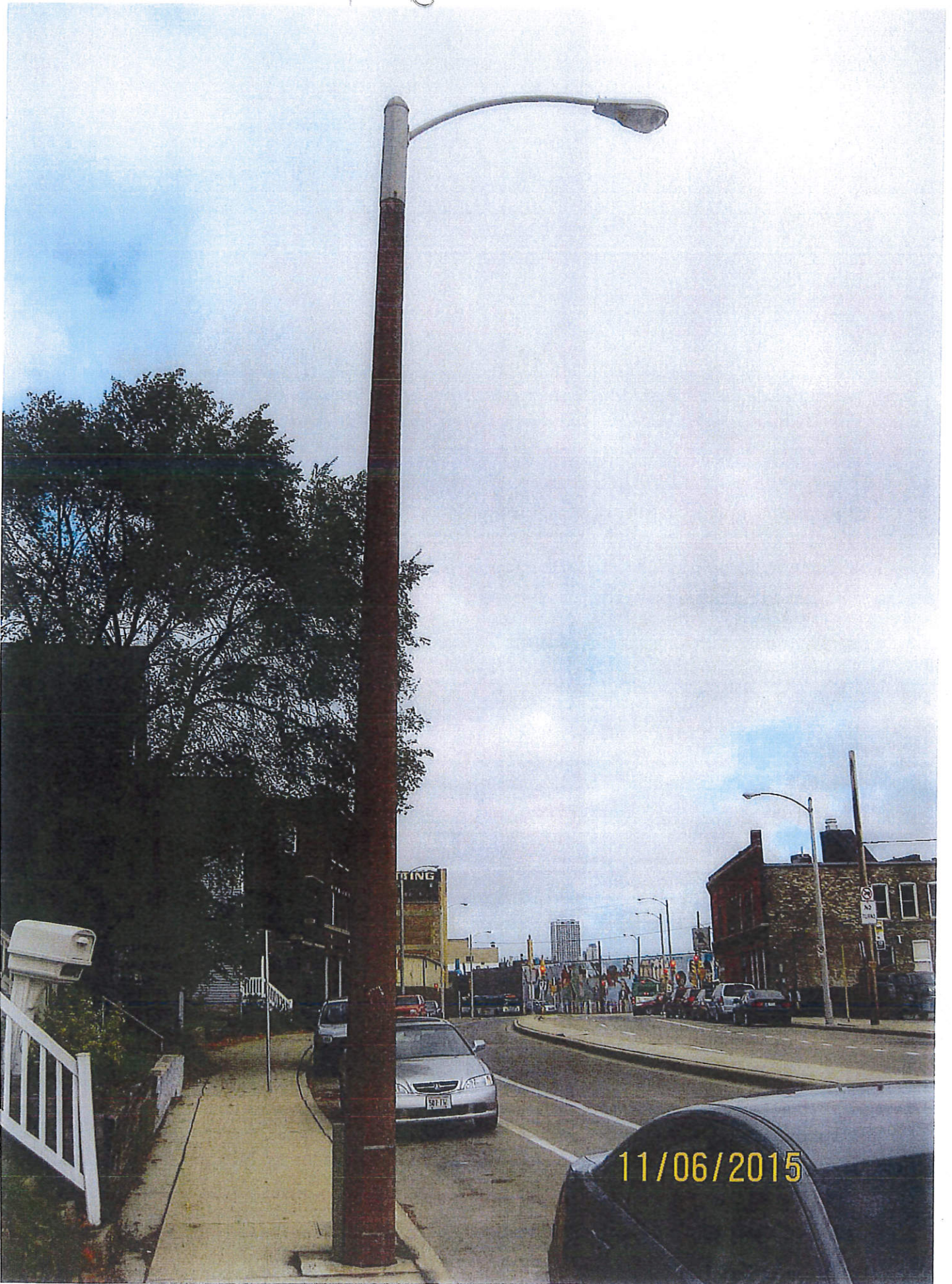
Make CHECK payable and remit to:

001081

WIS\*688\*2517605C3720  
 457907 302007 180848745  
 TYLER PERALES  
 1400 E WARNIMONT AVE  
 MILWAUKEE, WI 53207-3582



Great Lakes Pathologists, SC  
 PO Box 78420  
 Milwaukee, WI 53278-0420





**CAUTION**  
**HIGH**  
**VOLTAGE**  
**INSIDE**  
**KEEP OUT**

Wisconsin Electric

**STREET LIGHTING**  
**IF DAMAGED, CALL**  
**286-3015**

11/06/2015

