ARENA LAW OFFICES, L.L.C
1110 NORTH OLD WORLD THIRD STREET
RIVERFRONT PLAZA, SUITE 210
MILWAUKEE, WISCONSIN 53203

ANDREW P. ARENA

(414) 645-6100
FAX (414) 645-3500

February13, 2015

To: The Milwaukee City Clerk
200 East Wells Street
Room 205,
Milwaukee, WI 53202

Re: Appeal of decision denying the Claim For Injury For Victoria Mulandi
C.I. File No. 1030-2014-2446

Dear City Clerk:

This letter shall serve as an appeal of the decision of the City of Milwaukee's denial of Claim for Damages that was filed on behalf of Victoria Mulandi, as referenced above. The denial was received on January 29, 2015 and is attached hereto.

As for this appeal the first reason for denial brought up by the City of Milwaukee is the timeliness of the Notice of Claim. Attached hereto and incorporated by reference is a timely filed Notice of Claim filed on August 28, 2014 which clearly references Victoria Mulandi and makes claim for $1,000.00 in Medical Pay, which clearly indicates that Ms. Mulandi was injured. This Notice of Claim clearly put the City on Notice that a serious accident took place and that a vehicle was totaled. At that time the City had every opportunity to investigate the claim and the fact that Victoria Mulandi filed an additional Notice of Claim did not cause any prejudice to the City of Milwaukee. The City of Milwaukee failed to take any action on either Notice of Claim and pursuant to the Statute does not have a valid argument that the City was prejudiced in this situation. To sum it up a Notice of Claim was filed. Secondly, Ms. Mulandi was removed by ambulance and had no knowledge that the vehicle that ran the red light was owned by the City. The Police Department then changed its policy and no longer issued police accident reports, and required the report to be ordered from the Department of Transportation. The DOT upon two requests claimed it did not have a report. Upon returning to the Police Department a report number was provided, and the DOT claimed that such reports are only made available for 30 days in the on-line ordering system. This resulted in the discovery that a City vehicle was involved after the 120 days. A situation caused by the change in policies of two government sponsored bureaucracies.

As for the second issue there is clearly an error made by the Police Officer that wrote the accident report, which is also attached hereto and incorporated by reference. The report on the first page indicates that vehicle 1 was operated by Erin Stoekl. Page Two indicates that vehicle 1 is a Ford Focus owned by the City of Milwaukee. The drawing and written description on Page 4 of 5 shows a vehicle 1 striking vehicle 2 in the middle of the intersection.

The report at page 4 states as follows, "Unit #1 was W/B on W Walnut St entering intersection with signals operating as red. Unit #1 disregarded the red light and crashed with unit #2 which was S/B on N

20th Street with the Green Light.

The report also indicates that there was an eye witness named Emerald Kidd. Any amendment or claim made to the contrary is false, not reliable, and is heresy. Victoria Mulandi is willing to pursue her claims in Circuit Court, however, at this time she is requesting that the City of Milwaukee reconsider its denial of her Notice of Claim and Injury.

Very Truly Yours,

Attorney Andrew P. Arena
sbn 1019417

/apa
hand delivered
w/attachments

Providing Insurance and Financial Services
Home Office, Bloomington, IL

August 28, 2014

City of Milwaukee
City Clerk
200 E. Wells Street
Milwaukee, WI 53202

State Farm Claims
P.O. Box 2371
Bloomington IL 61702-2371

Certified Mail - Return Receipt Requested

RE:		
	Claim Number:	49-453X-954
	Our Insured:	Victoria N Mulandi
	Date of Loss:	May 07, 2014
	Your Insured:	City Of Milwaukee
	Your Insured Driver:	Erin Stoekl
	Loss Location:	20th St N & Walnut St W, Milwaukee, WI

To Whom It May Concern:

Facts of Loss:
Your insured ran a red light and struck our insured vehicle causing damage.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

041/045 - Uninsured Motorist BI	$
042 - Uninsured Motorist PD	$
300 series/400 - Comp/Collision	$6,666.30
501 - Rental/Loss of Use	$
600-050 - Med Pay/PIP	$1,000.00
Other	$
Salvage Recovery	$830.63
Amount State Farm Paid	$6,835.67
Insured Deductible	$1,000.00
Total Claim Amount	$7,835.67

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is $7,835.67.

Our insured's vehicle was declared a total loss. Here is our total loss breakdown, showing how we arrived at the amount State Farm paid for our insured's vehicle:

Settlement:

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005

QQ0K2R2

PK2011

POLICE #

ACCIDENT # 141270768

GENERAL INFORMATION

☒ Reportable Accident	☐ On Emergency	☐ Amended	DOT Document Number: QQ0K2R2	Document Override Number:
Agency Accident Number: 141270768		Police Number:		
4 - Accident Date: 05/07/2014	5 - Time of Accident (Military Time): 0855	6 - Total Units: 02	7 - Total Injured: 02	8 - Total Killed: 00
2 - County: MILWAUKEE - 40	3 - Municipality: MILWAUKEE - 57 - CITY		4 - Accident Location: INTERSECTION	
14 - On Hwy No.	14 - On Street Name: 20TH ST N	14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi. / 15 - Hwy. Dir
16 - Fr/At Hwy No.	16 - From/At Street Name: WALNUT ST W	16 - Business/Frontage/Ramp		
17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude: -	
80 - First Harmful Event: MOTOR VEHICLE IN TRANSPORT		93 - Manner of Collision: ANGLE		
112 - Access Control: NO CONTROL	113 - Road Curvature: STRAIGHT	113 - Road Terrain: LEVEL/FLAT	Surface Type: CONCRETE - 1	
115 - Traffic Way: NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)				
117 - Relation To Roadway: ON-ROADWAY				
114 - Light Condition: DAYLIGHT	116 - Road Surface Condition: DRY	118 - Weather: CLEAR		
9 ☐ Hit and Run	9 ☐ Government Property	9 ☐ Fire	9 ☐ Photos Taken	9 ☐ Trailer or Towed
9 ☐ Truck, Bus, or Hazardous Materials	9 ☐ Load Spillage	9 ☐ Construction Zone	9 ☐ Names Exchanged	
101 ☐ Supplemental Reports	102 ☐ Witness Statements	103 ☐ Measurements Taken	79 - E M S Number	

RECEIVED
FEB 17 2015
OFFICE OF CITY ATTORNEY

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status	81 - Most Harmful Event: Collision With: MOTOR VEHICLE IN TRANSPORT		23 - Dir Of Travel: SOUTH	24 - Speed Limit: 30
36 - Operating as Classified: D CLASS	37 - Endorsements	35 ☐ Operating Commercial Motor Vehicle		
29 - Driver License Number: S624218856220	30 - State: WI	31 - Expiration Year: 2020	34 - On Duty Accident	
25 - Operator/Pedestrian Last Name: STOEKL	25 - First Name: ERIN	25 - Middle Initial: M	25 - Suffix	
32 - Date Of Birth: 04/02/1985	33 - Sex: FEMALE			
26 - Address Street & Number: 3266 N 97TH ST			26 - PO Box	
27 - City: MILWAUKEE	27 - State: WI	27 - Zip Code: 53222	28 - Telephone Number: (414) 405-2000 EXT.	
39 - Seat Position: FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)		40 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED		
38 - Injury Severity: C - POSSIBLE INJURY	41 - Airbag: NON-DEPLOYED	42 - Ejected: NOT-EJECTED	44 ☐ Medical Transport	
43 - Trapped/Extricated: NOT-TRAPPED	92 - Pedestrian Location	92 - Pedestrian Action		
119 - What Driver Was Doing: GOING-STRAIGHT	120 - Traffic Control: TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.
122 - Driver Factors: NOT-APPLICABLE				
88 - Driver or Pedestrian Cond: APPEARED NORMAL	89 - Substance Presence: NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
90 - Alcohol Test: TEST NOT GIVEN	90 - Alcohol Content	91 - Drug Test: TEST-NOT-GIVEN		

PK2011

91 - Drugs Reported

124 - Highway Factors
NOT-APPLICABLE

Vehicle

VEHICLE 01

21 - Unit Type	Vehicle Type	22 - Total Occupants
AUTOMOBILE	PASSENGER-CAR	1

56 - License Plate/Number	57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number
56886	*MUN	WI		1FAFP34P7YW161825

50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color	100 - Skidmarks to Impact (Ft)
2000	FORD	FOCUS SE	4D	WHI	

94 - Vehicle Damage
FRONT, FRONT DRIVER SIDE

95 - Extent Of Damage	96	97 - Vehicle Removed By
MODERATE	☒ Vehicle Towed Due To Damage	

123 - Vehicle Factors
NOT-APPLICABLE

Vehicle Owner

VEH OWNER 01

45 ☐ Vehicle Owner Same As Operator

46 - Vehicle Owner Last Name	46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth

46 - Company Name
CITY OF MILWAUKEE

47 - Address Street & Number	47 - PO Box
2142 W CANAL ST	

48 - City	48 - State	48 - Zip Code	49 - Telephone Number
MILWAUKEE	WI	53233	(414) 286-6666 EXT.

Insurance

INS 01

63 - Liability Insurance Company	60
GOVERNMENT	☐ Policy Holder Same As Owner

61 - Policy Holder Last Name	61 - Policy Holder First Name

61 - Policy Holder Company

School Bus

BUS 01

Bus Travelling to/from	School Name	Body Make	Seating Capacity
○ To ○ From			

School District Contracted With

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With	23 - Dir Of Travel	24 - Speed Limit
	MOTOR VEHICLE IN TRANSPORT	WEST	35

36 - Operating as Classified	37 - Endorsements	35
D CLASS		☐ Operating Commercial Motor Vehicle

29 - Driver License Number	30 - State	31 - Expiration Year	26 - On-Duty Accident
M453874778302	WI	2020	

25 - Operator/Pedestrian Last Name	26 - First Name	25c - Middle Initial	25 - Suffix
MULANDI	VICTORIA	N	

32 - Date Of Birth	33 - Sex
10/23/1977	FEMALE

OPERATOR/PEDESTRIAN 02

26 - Address Street & Number 7177 W APPLETON AVE #3				26 - PO Box
27 - City MILWAUKEE	27 - State WI	27 - Zip Code 53216	28 - Telephone Number (414) 803-5173 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
38 - Injury Severity C - POSSIBLE INJURY	41 - Airbag DEPLOYED	42 - Ejected NOT-EJECTED	44 ☒ Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED	92 - Pedestrian Location	92 - Pedestrian Action		
119 - What Driver Was Doing GOING-STRAIGHT	120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.
122 - Driver Factors DISREGARDED-TRAFFIC-CONTROL				
88 - Driver or Pedestrian Cond APPEARED NORMAL	89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
90 - Alcohol Test TEST NOT GIVEN	90 - Alcohol Content	91 - Drug Test TEST-NOT-GIVEN		
91 - Drugs Reported				
124 - Highway Factors NOT-APPLICABLE				

Vehicle

VEHICLE 02

21 - Unit Type AUTOMOBILE	Vehicle Type PASSENGER-CAR				22 - Total Occupants 1
56 - License Plate Number 156RWY	57 - Plate Type AUT	58 - State WI	59 - Reg Year 2015	55 - Vehicle Identification Number 1J4GL58K83W629879	
50 - Year 2003	51 - Make JEEP	52 - Model LIBERTY LI	53 - Body Style	54 - Color LGR	100 - Skidmarks to Impact (Ft)
94 - Vehicle Damage FRONT, FRONT DRIVER SIDE, TOP OF VEHICLE					
95 - Extent Of Damage MODERATE	96 ☒ Vehicle Towed Due To Damage		97 - Vehicle Removed By		
123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02

45 ☒ Vehicle Owner Same As Operator				
46 - Vehicle Owner Last Name MULANDI	46 - First Name VICTORIA	46 - Middle Initial N	46 - Suffix	Date Of Birth 10/23/1977
46 - Company Name				
47 - Address Street & Number 7177 W APPLETON AVE #3		47 - PO Box		
48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53216	49 - Telephone Number (414) 803-5173 EXT.	

Insurance

PK2011

INS 02

63 - Liability Insurance Company	60
UNKNOWN	☐ Policy Holder Same As Owner
61 - Policy Holder Last Name	61 - Policy Holder First Name
61 - Policy Holder Company	

School Bus

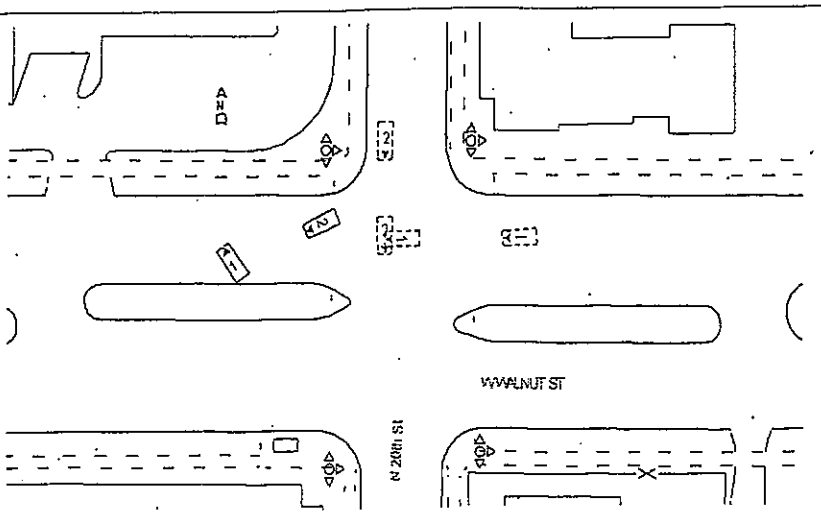
BUS 02

Bus Travelling to/from	School Name	Body Make	Seating Capacity
○ To ○ From			
School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE

105 - PHOTOS BY



UNIT #1 WAS W/B ON W WALNUT ST ENTERING INTERSECTION WITH SIGNALS OPERATING AS RED.

UNIT #1 DISREGARDED THE RED LIGHT AND CRASHED WITH UNIT #2 WHICH WAS S/B ON N 20TH ST WITH THE GREEN LIGHT.

Witness

WITNESS 01

107 - Witness Last Name	107 - First Name	107 - Middle Initial	
KIDD	EMERALD	M	
108 - Address Streeet & Number	108 - PO Box		109 - Date of Birth
4355 N 104TH ST			4/9/1985
110 - City	State	110 - Zip Code	111 - Telephone Number
MILWAUKEE	WI	53224	(414) 213-4480 EXT.

Officer Information

PK2011

OFFICER INFORMATION

125 - Officer Last Name	125 - First Name	125 - Middle Initial	131 - Officer ID
REYES	EDWIN	J	05326

129 - Law Enforcement Agency No.	130 - Law Enforcement Agency Name
31	MILWAUKEE POLICE DEPARTMENT

126 - Law Enforcement Agency Address Street & Number
749 WEST STATE STREET

127 - City	127 - State	127 - Zip Code	128 - Telephone Number
MILWAUKEE	WI	53233	(414) 933-4444 EXT.

132 - Date Notified	133 - Time Notified (Military Time)	134 - Time Arrived (Military Time)	135 - Date Of Report
05/07/2014	0855	0910	05/07/2014

Agency Accident Number	Police Number	19 - Special Study
141270768		

18 - Agency Space

NOTICE OF INJURY OR CIRCUMSTANCES

TO: The City of Milwaukee
Attn: City Clerk

The following notice of claim is being served upon the City of Milwaukee, as a result of discovering that the vehicle involved in a very serious high speed collision was owned by the City of Milwaukee and driven by a City of Milwaukee employee. The notice of injury is being served upon the city pursuant to Wis. Stat. 801.11 and is made pursuant to Wis. Stat. 893.80(1d)(a).

The notice is hereby providing the following required information, as follows:

Claimant Name and Address: Victoria N. Mulandi, 7177 W. Appleton Ave., Apt. 3
Claimant Phone Number: 414-803-5173

Claimant's Attorney: Attorney Andrew P. Arena, Arena Law Offices, LLC
1110 Old World Third St., Ste. 210
Milwaukee, WI 53203 414-645-6100

Negligent City Employee: Erin Stoekl, 3266 N. 97th Street, Milwaukee, WI 53222
Tel. No. 414-405-2000

City Vehicle: 2000 Ford Focus with license plate no. 56886

Accident Circumstances:

The City employee Erin Stoekl was driving at a high rate of speed through an intersection at W. Walnut Street and N. 20th Street. The city employee was negligent by driving the vehicle through a red light. The claimant had a green light and was driving her Jeep Liberty. The collision was with enough force to cause the Jeep Liberty to roll over. The Jeep Liberty was totaled and the personal injuries to the claimant were severe. The claimant is still undergoing treatment for neck and back injuries. She also had treatment for anxiety caused by the stress of the accident that has affected her ability to drive. The treatment is not yet complete, as the claimant has not been released by her Doctor. The accident report is attached hereto and incorporated by reference.

Date of the incident: 5/7/14 and was witnessed by Emerald Kidd of 4355 N. 104th Street. Tel no. 414-213-4480

Claimants vehicle was totaled by her insurance company State Farm Insurance.

Submitted by: Andrew P. Arena This 12th Day of September, 2014
Attorney Andrew P. Arena

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005

QQ0K2R2

PK2011

POLICE #

ACCIDENT # 141270768

GENERAL INFORMATION

☒ Reportable Accident	☐ On Emergency	☐ Amended	DOT Document Number: QQ0K2R2	Document Override Number:
Agency Accident Number: 141270768		Police Number:		

4 - Accident Date	5 - Time of Accident (Military Time)	6 - Total Units	7 - Total Injured	8 - Total Killed
05/07/2014	0855	02	02	00

2 - County	3 - Municipality	11 - Accident Location
MILWAUKEE - 40	MILWAUKEE - 57 - CITY	INTERSECTION

14 - On Hwy No.	14 - On Street Name	14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi	15 - Hwy. Dir
	20TH ST N				

16 - Fr/At Hwy No.	16 - From/At Street Name	16 - Business/Frontage/Ramp
	WALNUT ST W	

17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude
			-

80 - First Harmful Event	93 - Manner of Collision
MOTOR VEHICLE IN TRANSPORT	ANGLE

112 - Access Control	113 - Road Curvature	113 - Road Terrain	Surface Type
NO CONTROL	STRAIGHT	LEVEL/FLAT	CONCRETE - 1

115 - Traffic Way: NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)

117 - Relation To Roadway: ON-ROADWAY

114 - Light Condition	116 - Road Surface Condition	118 - Weather
DAYLIGHT	DRY	CLEAR

9	9	9	9	9
☐ Hit and Run	☐ Government Property	☐ Fire	☐ Photos Taken	☐ Trailer or Towed

9	9	9	9
☐ Truck, Bus, or Hazardous Materials	☐ Load Spillage	☐ Construction Zone	☐ Names Exchanged

101	102	103	79 - E M S Number
☐ Supplemental Reports	☐ Witness Statements	☐ Measurements Taken	

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status	81 - Most Harmful Event: Collision With	23 - Dir Of Travel	24 - Speed Limit
	MOTOR VEHICLE IN TRANSPORT	SOUTH	30

36 - Operating as Classified	37 - Endorsements	35
D CLASS		☐ Operating Commercial Motor Vehicle

29 - Driver's License Number	30 - State	31 - Operator Year	34 - On Duty Accident
S142108622031	WI	2029	

25 - Operator/Pedestrian Last Name	25 - First Name	25 - Middle Initial	25 - Suffix
STOEKL	ERIN	M	

32 - Date Of Birth	33 - Sex
04/02/1985	FEMALE

26 - Address Street & Number	26 - PO Box
3266 N 97TH ST	

27 - City	27 - State	27 - Zip Code	28 - Telephone Number
MILWAUKEE	WI	53222	(414) 405-2000 EXT.

39 - Seat Position	40 - Safety Equipment
FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)	SHOULDER-BELT-AND-LAP-BELT-USED

38 - Injury Severity	41 - Airbag	42 - Ejected	44
C - POSSIBLE INJURY	NON-DEPLOYED	NOT-EJECTED	☐ Medical Transport

43 - Trapped/Extricated	92 - Pedestrian Location	92 - Pedestrian Action
NOT-TRAPPED		

119 - What Driver Was Doing	120 - Traffic Control	62 - No. of Citations Issued
GOING-STRAIGHT	TRAFFIC-SIGNAL-OPERATING	

64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.

122 - Driver Factors: NOT-APPLICABLE

88 - Driver or Pedestrian Cond	89 - Substance Presence
APPEARED NORMAL	NEITHER-ALCOHOL-NOR-DRUGS-PRESENT

90 - Alcohol Test	90 - Alcohol Content	91 - Drug Test
TEST NOT GIVEN		TEST-NOT-GIVEN

91 - Drugs Reported

124 - Highway Factors
NOT-APPLICABLE

Vehicle

VEHICLE 01

21 - Unit Type	Vehicle Type	22 - Total Occupants
AUTOMOBILE	PASSENGER-CAR	1

27 - License Plate Number	28 - Plate Type	29 - State	30 - Eff Year	31 - Vehicle Identification Number
[redacted]	MUN	WI		1FAFP34P7YW318257

50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color	100 - Skidmarks to Impact (Ft)
2000	FORD	FOCUS SE	4D	WHI	

94 - Vehicle Damage
FRONT, FRONT DRIVER SIDE

95 - Extent Of Damage	96	97 - Vehicle Removed By
MODERATE	☒ Vehicle Towed Due To Damage	

123 - Vehicle Factors
NOT-APPLICABLE

Vehicle Owner

VEH OWNER 01

45 ☐ Vehicle Owner Same As Operator

46 - Vehicle Owner Last Name	46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth

46 - Company Name
CITY OF MILWAUKEE

47- Address Street & Number	47 - PO Box
2142 W CANAL ST	

48 - City	48 - State	48 - Zip Code	49 - Telephone Number
MILWAUKEE	WI	53233	(414) 286-6666 EXT.

Insurance

INS 01

63 - Liability Insurance Company	60 ☐ Policy Holder Same As Owner
GOVERNMENT	

61 - Policy Holder Last Name	61 - Policy Holder First Name

61 - Policy Holder Company

School Bus

BUS 01

Bus Travelling to/from ○ To ○ From	School Name	Body Make	Seating Capacity

School District Contracted With

Operator/Pedestrian

Unit Status	81 - Most Harmful Event: Collision With	23 - Dir Of Travel	24 - Speed Limit
	MOTOR VEHICLE IN TRANSPORT	WEST	35

36 - Operating as Classified	37 - Endorsements	35 ☐ Operating Commercial Motor Vehicle
D CLASS		

26 - Driver License Number	30 - State	31 - Expiration Year	14 - On-Duty Accident
M135874778302	WI	2020	

24 - Operator/Pedestrian Last Name	25 - First Name	25 - Middle Initial	25 - Suffix
MURANDI	VICTORIA	N	

32 - Date Of Birth	33 - Sex
10/23/1977	FEMALE

OPERATOR/PEDESTRIAN 02

26 - Address Street & Number 7177 W APPLETON AVE #3				26 - PO Box
27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53216	28 - Telephone Number (414) 803-5173 EXT.
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)			40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED	
38 - Injury Severity C - POSSIBLE INJURY	41 - Airbag DEPLOYED	42 - Ejected NOT-EJECTED	44 ☒ Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED	92 - Pedestrian Location	92 - Pedestrian Action		
119 - What Driver Was Doing GOING-STRAIGHT	120 - Traffic Control TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued	
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.	64 - 4th Statute No.	64 - 5th Statute No.
122 - Driver Factors DISREGARDED-TRAFFIC-CONTROL				
88 - Driver or Pedestrian Cond APPEARED NORMAL	89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT			
90 - Alcohol Test TEST NOT GIVEN	90 - Alcohol Content	91 - Drug Test TEST-NOT-GIVEN		
91 - Drugs Reported				
124 - Highway Factors NOT-APPLICABLE				

Vehicle

VEHICLE 02

21 - Unit Type AUTOMOBILE		Vehicle Type PASSENGER-CAR			22 - Total Occupants 1
50 - License Plate Number [illegible]		50 - Plate Type AUT	50 - State WI	50 - Exp Year 2015	Vehicle Identification Number [illegible]
50 - Year 2003	51 - Make JEEP	52 - Model LIBERTY LI	53 - Body Style	54 - Color LGR	100 - Skidmarks to Impact (Ft)
94 - Vehicle Damage FRONT, FRONT DRIVER SIDE, TOP OF VEHICLE					
95 - Extent Of Damage MODERATE	96 ☒ Vehicle Towed Due To Damage		97 - Vehicle Removed By		
123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02

45 ☒ Vehicle Owner Same As Operator				
46 - Vehicle Owner Last Name MULANDI	46 - First Name VICTORIA	46 - Middle Initial N	46 - Suffix	Date Of Birth 10/23/1977
46 - Company Name				
47- Address Street & Number 7177 W APPLETON AVE #3		47 - PO Box		
48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53216	49 - Telephone Number (414) 803-5173 EXT.	

Insurance

INS 02

63 - Liability Insurance Company	60
UNKNOWN	☐ Policy Holder Same As Owner
61 - Policy Holder Last Name	61 - Policy Holder First Name
61 - Policy Holder Company	

School Bus

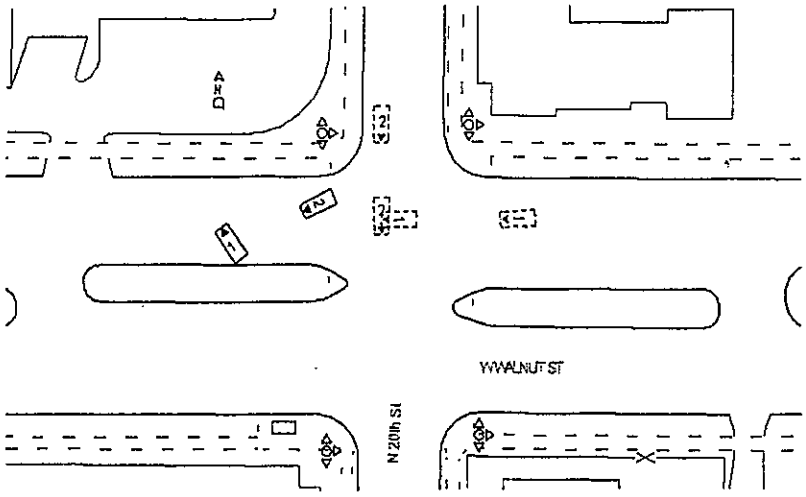
BUS 02

Bus Travelling to/from	School Name	Body Make	Seating Capacity
○ To ○ From			
School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE

105 - PHOTOS BY



UNIT #1 WAS W/B ON W WALNUT ST ENTERING INTERSECTION WITH SIGNALS OPERATING AS RED.

UNIT #1 DISREGARDED THE RED LIGHT AND CRASHED WITH UNIT #2 WHICH WAS S/B ON N 20TH ST WITH THE GREEN LIGHT.

Witness

WITNESS 01

107 - Witness Last Name	107 - First Name	107 - Middle Initial	
KIDD	EMERALD	M	
108 - Address Streeet & Number	108 - PO Box		109 - Date of Birth
4355 N 104TH ST			4/9/1985
110 - City	State	110 - Zip Code	111 - Telephone Number
MILWAUKEE	WI	53224	(414) 213-4480 EXT.

Officer Information

Providing Insurance and Financial Services
Home Office, Bloomington, IL

StateFarm®

August 28, 2014

RECEIVED
SEP 2 2014
OFFICE OF CITY ATTORNEY

City of Milwaukee
City Clerk
200 E. Wells Street
Milwaukee, WI 53202

State Farm Claims
P.O. Box 2371
Bloomington IL 61702-2371

CITY OF MILWAUKEE
2014 SEP -2 P 1:14
CITY CLERK'S OFFICE

Certified Mail - Return Receipt Requested

RE:	Claim Number:	49-453X-954
	Our Insured:	Victoria N Mulandi
	Date of Loss:	May 07, 2014
	Your Insured:	City Of Milwaukee
	Your Insured Driver:	Erin Stoekl
	Loss Location:	20th St N & Walnut St W, Milwaukee, WI

To Whom It May Concern:

Facts of Loss:
Your insured ran a red light and struck our insured vehicle causing damage.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

041/045 - Uninsured Motorist BI	$
042 - Uninsured Motorist PD	$
300 series/400 - Comp/Collision	$6,666.30
501 - Rental/Loss of Use	$
600-050 - Med Pay/PIP	$1,000.00
Other	$
Salvage Recovery	$830.63
Amount State Farm Paid	$6,835.67
Insured Deductible	$1,000.00
Total Claim Amount	$7,835.67

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is $7,835.67.

Our insured's vehicle was declared a total loss. Here is our total loss breakdown, showing how we arrived at the amount State Farm paid for our insured's vehicle:

Settlement:

Wisconsin Motor Vehicle Accident Report MV4000e 01/2005

QQ0K2R2

PK2011

POLICE #

ACCIDENT # 141270768

GENERAL INFORMATION

☒ Reportable Accident	☐ On Emergency	☐ Amended	DOT Document Number: QQ0K2R2	Document Override Number:
Agency Accident Number: 141270768		Police Number:		

4 - Accident Date	5 - Time of Accident (Military Time)	6 - Total Units	7 - Total Injured	8 - Total Killed
05/07/2014	0855	02	02	00

2 - County	3 - Municipality	11 - Accident Location
MILWAUKEE - 40	MILWAUKEE - 57 - CITY	INTERSECTION

14 - On Hwy No	14 - On Street Name	14 - Bus/Frnt/Rmp	15 - Est. Dist	Ft/Mi	15 - Hwy Dir
	20TH ST N				

16 - Fr/At Hwy No.	16 - From/At Street Name	16 - Business/Frontage/Ramp
	WALNUT ST W	

17 - Structure Type	17 - Structure Number	12 - Latitude	13 - Longitude
			-

80 - First Harmful Event	93 - Manner of Collision
MOTOR VEHICLE IN TRANSPORT	ANGLE

112 - Access Control	113 - Road Curvature	113 - Road Terrain	Surface Type
NO CONTROL	STRAIGHT	LEVEL/FLAT	CONCRETE - 1

115 - Traffic Way: NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)

117 - Relation To Roadway: ON-ROADWAY

114 - Light Condition	116 - Road Surface Condition	118 - Weather
DAYLIGHT	DRY	CLEAR

9	9	9	9	9
☐ Hit and Run	☐ Government Property	☐ Fire	☐ Photos Taken	☐ Trailer or Towed

9	9	9	9
☐ Truck, Bus, or Hazardous Materials	☐ Load Spillage	☐ Construction Zone	☐ Names Exchanged

101	102	103	79 - EMS Number
☐ Supplemental Reports	☐ Witness Statements	☐ Measurements Taken	

Operator/Pedestrian

OPERATOR/PEDESTRIAN 01

Unit Status	81 - Most Harmful Event Collision With	23 - Dir Of Travel	24 - Speed Limit
	MOTOR VEHICLE IN TRANSPORT	SOUTH	30

36 - Operating as Classified	37 - Endorsements	35
D CLASS		☐ Operating Commercial Motor Vehicle

29 - Driver's License Number	30 - State	31 - Expiration Year	34 - On Duty Accident
S324213856220 3	WI	2020	

25 - Operator/Pedestrian Last Name	25 - First Name	25 - Middle Initial	25 - Suffix
STOEKL	ERIN	M	

32 - Date Of Birth	33 - Sex
04/02/1985	FEMALE

28 - Address Street & Number	28 - PO Box
3266 N 97TH ST	

27 - City	27 - State	27 - Zip Code	28 - Telephone Number
MILWAUKEE	WI	53222	(414) 405-2000 EXT.

39 - Seat Position	40 - Safety Equipment
FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)	SHOULDER-BELT-AND-LAP-BELT-USED

38 - Injury Severity	41 - Airbag	42 - Ejected	44
C - POSSIBLE INJURY	NON-DEPLOYED	NOT-EJECTED	☐ Medical Transport

43 - Trapped/Extricated	92 - Pedestrian Location	92 - Pedestrian Action
NOT-TRAPPED		

119 - What Driver Was Doing	120 - Traffic Control	62 - No of Citations Issued
GOING-STRAIGHT	TRAFFIC-SIGNAL-OPERATING	

64 - 1st Statute No	64 - 2nd Statute No.	64 - 3rd Statute No	64 - 4th Statute No	64 - 5th Statute No

122 - Driver Factors: NOT-APPLICABLE

88 - Driver or Pedestrian Cond	89 - Substance Presence
APPEARED NORMAL	NEITHER-ALCOHOL-NOR-DRUGS-PRESENT

90 - Alcohol Test	90 - Alcohol Content	91 - Drug Test
TEST NOT GIVEN		TEST-NOT-GIVEN

05302014

91 - Drugs Reported

124 - Highway Factors
NOT-APPLICABLE

Vehicle

VEHICLE 01

21 - Unit Type	Vehicle Type	22 - Total Occupants
AUTOMOBILE	PASSENGER-CAR	1

56 - License Plate Number	57 - Plate Type	58 - State	59 - Exp Year	55 - Vehicle Identification Number
56886	MUN	WI		1FAFP34P7YW318257

50 - Year	51 - Make	52 - Model	53 - Body Style	54 - Color	100 - Skidmarks to Impact (Ft)
2000	FORD	FOCUS SE	4D	WHI	

94 - Vehicle Damage
FRONT, FRONT DRIVER SIDE

95 - Extent Of Damage	96	97 - Vehicle Removed By
MODERATE	☒ Vehicle Towed Due To Damage	

123 - Vehicle Factors
NOT-APPLICABLE

Vehicle Owner

VEH OWNER 01

45 ☐ Vehicle Owner Same As Operator

46 - Vehicle Owner Last Name	46 - First Name	46 - Middle Initial	46 - Suffix	Date Of Birth

46 - Company Name
CITY OF MILWAUKEE

47 - Address Street & Number	47 - PO Box
2142 W CANAL ST	

48 - City	48 - State	48 - Zip Code	49 - Telephone Number
MILWAUKEE	WI	53233	(414) 286-6666 EXT.

Insurance

INS 01

63 - Liability Insurance Company	60
GOVERNMENT	☐ Policy Holder Same As Owner

61 - Policy Holder Last Name	61 - Policy Holder First Name

61 - Policy Holder Company

School Bus

BUS 01

Bus Travelling to/from	School Name	Body Make	Seating Capacity
○ To ○ From			

School District Contracted With

Operator/Pedestrian

Unit Status	91 - Most Harmful Event Collision With	23 - Dir Of Travel	24 - Speed Limit
	MOTOR VEHICLE IN TRANSPORT	WEST	35

36 - Operating as Classified	37 - Endorsements	35
D CLASS		☐ Operating Commercial Motor Vehicle

29 - Driver's License Number	30 - State	31 - Expiration Year	34 - On Duty Accident
M453874778830 2	WI	2020	

25 - Operator/Pedestrian Last Name	25 - First Name	25 - Middle Initial	25 - Suffix
MULANDI	VICTORIA	N	

32 - Date Of Birth	33 - Sex
10/23/1977	FEMALE

OPERATOR/PEDESTRIAN 02

26 - Address Street & Number: 7177 W APPLETON AVE #3			26 - PO Box:
27 - City: MILWAUKEE	27 - State: WI	27 - Zip Code: 53216	28 - Telephone Number: (414) 803-5173 EXT.
39 - Seat Position: FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)		40 - Safety Equipment: SHOULDER-BELT-AND-LAP-BELT-USED	
38 - Injury Severity: C - POSSIBLE INJURY	41 - Airbag: DEPLOYED	42 - Ejected: NOT-EJECTED	44: ☒ Medical Transport
43 - Trapped/Extricated: NOT-TRAPPED	92 - Pedestrian Location:	92 - Pedestrian Action:	
119 - What Driver Was Doing: GOING-STRAIGHT	120 - Traffic Control: TRAFFIC-SIGNAL-OPERATING		62 - No. of Citations Issued:
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No	64 - 4th Statute No / 64 - 5th Statute No
122 - Driver Factors: DISREGARDED-TRAFFIC-CONTROL			
88 - Driver or Pedestrian Cond: APPEARED NORMAL	89 - Substance Presence: NEITHER-ALCOHOL-NOR-DRUGS-PRESENT		
90 - Alcohol Test: TEST NOT GIVEN	90 - Alcohol Content:	91 - Drug Test: TEST-NOT-GIVEN	
91 - Drugs Reported:			
124 - Highway Factors: NOT-APPLICABLE			

Vehicle

VEHICLE 02

21 - Unit Type: AUTOMOBILE		Vehicle Type: PASSENGER-CAR			22 - Total Occupants: 1
55 - License Plate Number: 156RWY	57 - Plate Type: AUT	58 - State: WI	59 - Exp Year: 2015	65 - Vehicle Identification Number: 1J4GL58K83W629879	
50 - Year: 2003	51 - Make: JEEP	52 - Model: LIBERTY LI	53 - Body Style:	54 - Color: LGR	100 - Skidmarks to Impact (Ft)
94 - Vehicle Damage: FRONT, FRONT DRIVER SIDE, TOP OF VEHICLE					
95 - Extent Of Damage: MODERATE	96: ☒ Vehicle Towed Due To Damage		97 - Vehicle Removed By:		
123 - Vehicle Factors: NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02

45: ☒ Vehicle Owner Same As Operator				
46 - Vehicle Owner Last Name: MULANDI	46 - First Name: VICTORIA	46 - Middle Initial: N	46 - Suffix:	Date Of Birth: 10/23/1977
48 - Company Name:				
47 - Address Street & Number: 7177 W APPLETON AVE #3		47 - PO Box:		
48 - City: MILWAUKEE	48 - State: WI	48 - Zip Code: 53216	49 - Telephone Number: (414) 803-5173 EXT.	

Insurance

05302014

INS 02

63 - Liability Insurance Company	50
UNKNOWN	☐ Policy Holder Same As Owner
61 - Policy Holder Last Name	61 - Policy Holder First Name
61 - Policy Holder Company	

School Bus

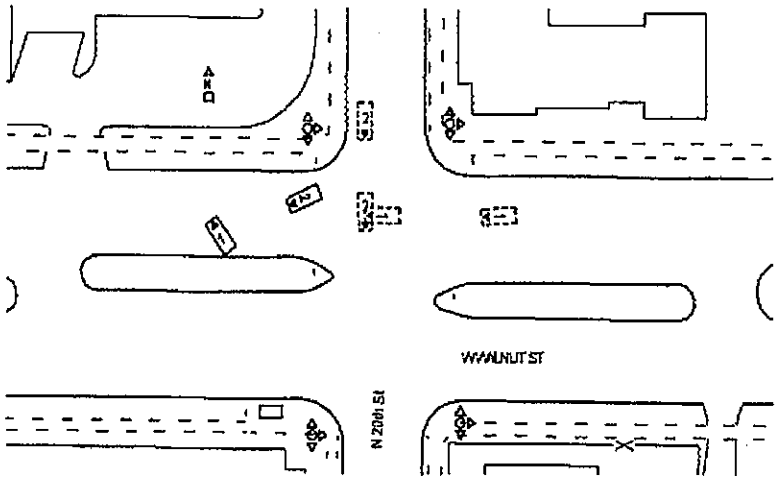
BUS 02

Bus Travelling to/from ○ To ○ From	School Name	Body Make	Seating Capacity
School District Contracted With			

Diagram and Narrative

DIAGRAM AND NARRATIVE

105 - PHOTOS BY



UNIT #1 WAS WB ON W WALNUT ST ENTERING INTERSECTION WITH SIGNALS OPERATING AS RED

UNIT #1 DISREGARDED THE RED LIGHT AND CRASHED WITH UNIT #2 WHICH WAS S/B ON N 20TH ST WITH THE GREEN LIGHT

Witness

WITNESS 01

107 - Witness Last Name	107 - First Name	107 - Middle Initial
KIDD	EMERALD	M
108 - Address Street & Number	108 - PO Box	109 - Date of Birth
4355 N 104TH ST		4/9/1985
110 - City	State / 110 - Zip Code	111 - Telephone Number
MILWAUKEE	WI / 53224	(414) 213-4480 EXT.

Officer Information

PK2011

OFFICER INFORMATION

125 - Officer Last Name	125 - First Name	125 - Middle Initial	131 - Officer ID
REYES	EDWIN	J	05326

129 - Law Enforcement Agency No	130 - Law Enforcement Agency Name
31	MILWAUKEE POLICE DEPARTMENT

126 - Law Enforcement Agency Address Street & Number
749 WEST STATE STREET

127 - City	127 - State	127 - Zip Code	128 - Telephone Number
MILWAUKEE	WI	53233	(414) 933-4444 EXT.

132 - Date Notified	133 - Time Notified (Military Time)	134 - Time Arrived (Military Time)	135 - Date Of Report
05/07/2014	0855	0910	05/07/2014

Agency Accident Number	Police Number	19 - Special Study
141270768		

18 - Agency Space

AudaExplore

Autosource

Market-Driven Valuation™

State Farm Insurance is dedicated to delivering exceptional service to you in reference to your claim 49-453X-95401 on a 2003 Jeep Liberty Limited 4WD 4D Wagon. State Farm Insurance has selected Audatex, an independent vehicle valuation company, to prepare a comprehensive vehicle valuation for your vehicle. This valuation report was prepared specifically for your vehicle and represents a fair and accurate value driven by the retail used vehicle market.

Market Value

$7,175

N.A.D.A. Value**

**N.A.D.A. Vehicle Description: 2003 JEEP Liberty-V6 Utility 4D Limited 4WD

N.A.D.A. values are as of May, 2014 from the Official Older Used Car Guide, National Edition.

Base Value	**$6,225**
Mechanical	
Engine	**$0**
Transmission	**$0**
Equipment	
Aluminum/Alloy Wheels	Included
Leather Seats	225
Power Sunroof	300
Equipment Subtotal	**$525**
Mileage: 112,290 Mi	**$425**
Adjusted Total	**$7,175**

The values in the N.A.D.A. guide assume a vehicle in clean condition. Appropriate deductions should be made to put a vehicle in salable condition.

Special Note on Older Vehicles: N.A.D.A.'s editors believe that most optional equipment has little or no value on older vehicles. This is especially true of options that cost relatively little to begin with and which deteriorate with age or use.

Administrative Data

Tony Sardina
State Farm Insurance

Claimant
Insured Mulandi, Victoria

Milwaukee Operations Cent Branch
PO 1619
Waukesha WI 53186-1619

Claim 49-453X-95401
Loss Date 05/07/2014
Loss Type Collision
Policy
Other

Estimator Name .
Estimator Phone .
Vehicle Location .
License Number .
License State .
License Expiration .
Specialty Plate Type .
Prior Damage Amount$.
Prior Damage Desc .
Supplement Amount $.
Supplement Desc .
Tow / Other Charges .
Other Remarks .

VINSOURCE Analysis

VIN 1J4GL58K83W629879
Decodes as 2003 Jeep Liberty Limited 4WD 4D Wagon
Accuracy Decodes Correctly
History No activity was reported

About Your Valuation

This report contains proprietary information of Audatex and shall not be disclosed to any third party (other than the insured or claimant) without Audatex's prior written consent. If you are the insured or claimant and have questions regarding the description of your vehicle, please contact the insurance company that is handling your claim. Information within VINsource/NICB is provided solely to identify potential duplicative claims activity. User agrees to use such information solely for lawful purposes.

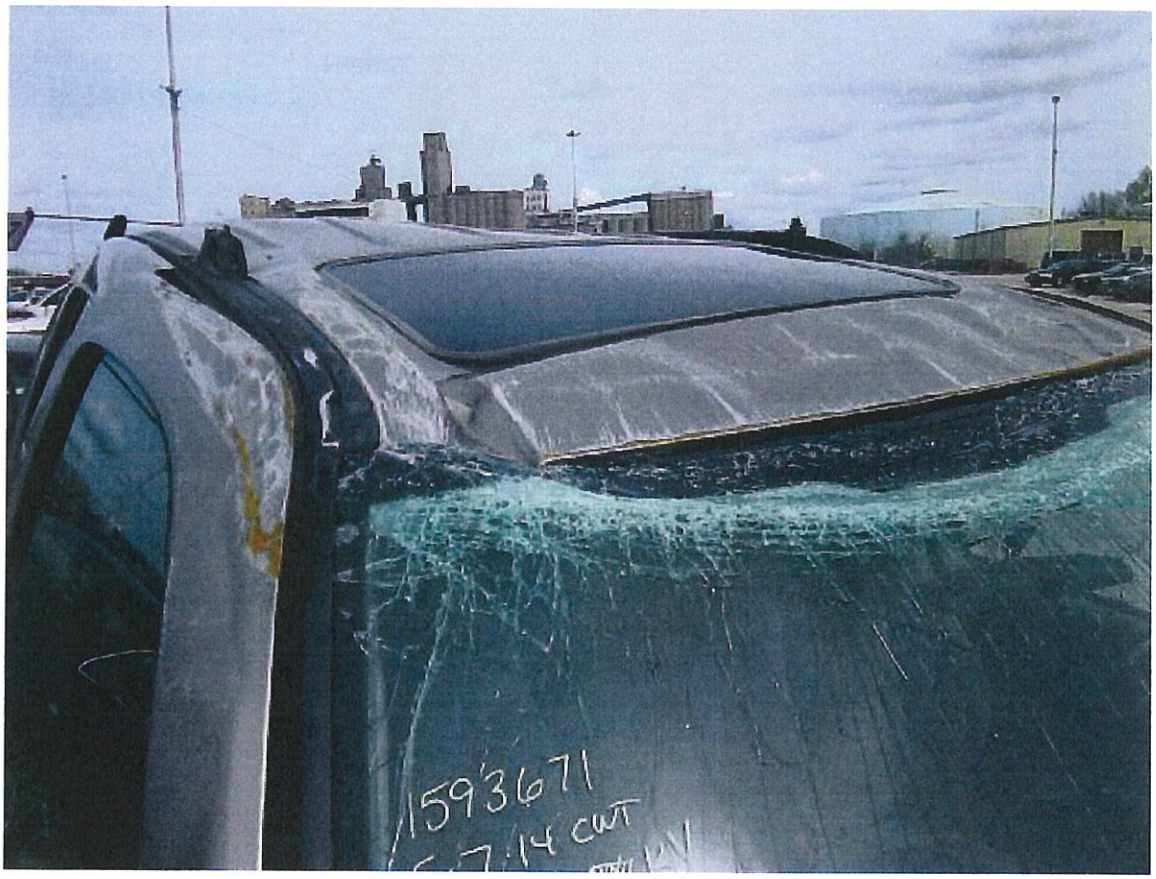
Tax rates contained herein are based on general sales tax data provided by Vertex Inc. Excise, use, registration, licensing and other taxes and fees that may be applicable are not included. Audatex makes no representations or warranties concerning the applicability or accuracy of such tax data.

Report Generated by Audatex, a Solera Company

US Pat. No 7912740B2

US Pat. No 8200513B2

US Pat. No 8468038B2


1593671


LIBERTY

STATE FARM INS
PO BOX 52273
PHEONIX AZ 85072

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1 MEDICARE (Medicare#) [ ] MEDICAID (Medicaid#) [ ] TRICARE (ID#/DoD#) [ ] CHAMPVA (Member ID#) [ ] GROUP HEALTH PLAN (ID#) [ ] FECA BLK LUNG (ID#) [ ] OTHER [X] (ID#)			1a. INSURED'S I.D. NUMBER (For Program in Item 1): 49-453X-954
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	3. PATIENT'S BIRTH DATE MM DD YY: 10 23 1977 SEX: M [ ] F [X]		4. INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N
5. PATIENT'S ADDRESS (No., Street): 7177 W APPLETON AVE 3	6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]		7 INSURED'S ADDRESS (No., Street): 7177 W APPLETON AVE 3
CITY: MILWAUKEE STATE: WI	8. RESERVED FOR NUCC USE		CITY: MILWAUKEE STATE: WI
ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )			ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	10. IS PATIENT'S CONDITION RELATED TO:		11 INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER: 922552504	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]		a. INSURED'S DATE OF BIRTH MM DD YY: 10 23 1977 SEX: M [ ] F [X]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [X] NO [ ] PLACE (State): WI		b. OTHER CLAIM ID (Designated by NUCC): Y4 49453X954
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]		c. INSURANCE PLAN NAME OR PROGRAM NAME: STATE FARM INS
d. INSURANCE PLAN NAME OR PROGRAM NAME: BLUE CROSS BLUE SHIELD	10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO [ ] If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 05/27/14

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 05 07 2014 QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
17 NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): ZZ2084N0400X		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. 8479 B. 72885 C. 30000 D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1 05 22 14	05 22 14	11		99204	25	BC	225 00	1		NPI	1497833719
2 05 22 14	05 22 14	11		98926		A	105 00	1		NPI	1497833719
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 391257949 [ ] [X]	26. PATIENT'S ACCOUNT NO.: MULVI000 19016	27 ACCEPT ASSIGNMENT? (For gov. claims, see back) YES [X] NO [ ]	28. TOTAL CHARGE: $ 33000	29. AMOUNT PAID: $
31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) NEAL H SPOLLACK D.O. SIGNED 05/27/14 DATE	32. SERVICE FACILITY LOCATION INFORMATION: CLINIC OF NEUROLOGY 2600 N MAYFAIR RD STE 1120 WAUWATOSA WI 53226-1308 a. 1982803102 b.	33. BILLING PROVIDER INFO & PH # 414 4537780: CLINIC OF NEUROLOGY 2600 N MAYFAIR RD STE 1120 WAUWATOSA WI 53226-1308 a. 1982803102 b.		

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

State Farm

EXPLANATION OF REVIEW

This is not a bill

Claim Number: 49-453X-954 **Date of Loss:** 05-07-2014 **Office Name:** State Farm Mutual Automobile Insurance Company HTLDZ MPC WI

Patient: Victoria N Mulandi
7177 W APPLETON AVE APT 3
MILWAUKEE, WI 53216-1951

Provider: Clinic Of Neurology
2600 N MAYFAIR RD STE 1120
MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski
Address: P O Box 52273
Phoenix, AZ 85072-2273
Phone: (866) 610-3924 **Ext:** 2627987172

Named Insured: MULANDI, VICTORIA N
Policy Number: 1418-964-49A

Date Received: 07-17-2014
Jurisdiction: Wisconsin
Bill Reference Number: MULVI00019205

TIN: 391257949
Payment Number: 105235268J

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified
728.85 - Spasm of muscle
847.9 - Sprain and strain of unspecified site of back

Ln	Date of Service	POS	CPT/ HCPC	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	06-20-2014	11	99214		1.00	$175.00	$135.36	615

Total Submitted Charges:	$175.00
Total Approved Amount:	$135.36
Amount Not Payable:	$0.00
Deductible:	$0.00
CoPay:	$0.00
Apportionment / Pro Rata:	$0.00
Offset:	$0.00
Paid Amount:	$135.36

Explanations

615 - The charges have been priced in accordance with the auto provision of your Healtheos contract. For questions, please call 1-800-793-6074. For a Voluntary Provider Network option please call 1-800-793-6074.

Procedure Guide

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

StateFarm

EXPLANATION OF REVIEW

This is not a bill

Claim Number: 49-453X-954 **Date of Loss:** 05-07-2014 **Office Name:** State Farm Mutual Automobile Insurance Company HTLDZ MPC WI

Patient: Victoria N Mulandi
7177 W APPLETON AVE APT 3
MILWAUKEE, WI 53216-1951

Provider: Clinic Of Neurology
2600 N MAYFAIR RD STE 1120
MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski
Address: P O Box 52273
Phoenix, AZ 85072-2273
Phone: (866) 610-3924 **Ext:** 2627987172

Named Insured: MULANDI, VICTORIA N
Policy Number: 1418-964-49A

Date Received: 07-17-2014
Jurisdiction: Wisconsin
Bill Reference Number: MULVI00019289

TIN: 391257949
Payment Number:

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified
728.85 - Spasm of muscle
847.9 - Sprain and strain of unspecified site of back

Ln	Date of Service	POS	CPT/ HCPC	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	07-10-2014	11	99215		1.00	$220.00	$0.00	98,5

Total Submitted Charges:	$220.00
Total Approved Amount:	$0.00
Amount Not Payable:	$0.00
Deductible:	$0.00
CoPay:	$0.00
Apportionment / Pro Rata:	$0.00
Offset:	$0.00
Paid Amount:	$0.00

Explanations

5 - The evaluation and management code used was repeated during the course of care. This high level of code is not usually performed more than once during the course of treatment.
98 - The procedure code(s) reference by the provider's office was used more than what is normally expected within the scope of a provider per claim.

Procedure Guide

99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agenciestent with the nature of the problem(s) and the patients and/or familys needs. Usually, the problem(s) requiring admisting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

StateFarm

EXPLANATION OF REVIEW

This is not a bill

Claim Number: 49-453X-954 **Date of Loss:** 05-07-2014 **Office Name:** State Farm Mutual Automobile Insurance Company HTLDZ MPC WI

Patient: Victoria N Mulandi
7177 W APPLETON AVE APT 3
MILWAUKEE, WI 53216-1951

Provider: Clinic Of Neurology
2600 N MAYFAIR RD STE 1120
MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski
Address: P O Box 52273
Phoenix, AZ 85072-2273
Phone: (866) 610-3924 **Ext:** 2627987172

Named Insured: MULANDI, VICTORIA N
Policy Number: 1418-964-49A

Date Received: 07-17-2014
Jurisdiction: Wisconsin
Bill Reference Number: MULVI00019016

TIN: 391257949
Payment Number:

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified
728.85 - Spasm of muscle
847.9 - Sprain and strain of unspecified site of back

Ln	Date of Service	POS	CPT/ HCPC	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	05-22-2014	11	99204	25	1.00	$225.00	$0.00	4,166
2	05-22-2014	11	98926		1.00	$105.00	$0.00	71

Total Submitted Charges:	$330.00
Total Approved Amount:	$0.00
Amount Not Payable:	$0.00
Deductible:	$0.00
CoPay:	$0.00
Apportionment / Pro Rata:	$0.00
Offset:	$0.00
Paid Amount:	$0.00

Explanations

4 - The CPT/HCPCS procedure code billed is a duplicate of a procedure billed previously.
71 - Number of spinal/body regions within the diagnoses submitted by the provider does not correlate to the number of regions as described in the procedure code(s) reported. Additional supporting clinical documentation is required to re-evaluate appropriate level of manipulation for the reconsideration of payment.
166 - The provider has used modifier -25 to identify that on this date of service, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service were provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. Documentation should be submitted by the provider verifying the usage of this modifier.

Procedure Guide

98926 - Osteopathic manipulative treatment (OMT); 3-4 body regions involved

99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided conswith the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of low of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

STATE FARM INS
PO BOX 52273
PHEONIX AZ 85072

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) / MEDICAID (Medicaid#) / TRICARE (ID#/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER (ID#)			1a. INSURED'S I.D. NUMBER (For Program in Item 1): 49-453X-954
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	3. PATIENT'S BIRTH DATE: 10 23 1977 SEX: M [ ] F [X]		4. INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N
5. PATIENT'S ADDRESS (No., Street): 7177 W APPLETON AVE 3	6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]		7. INSURED'S ADDRESS (No., Street): 7177 W APPLETON AVE 3
CITY: MILWAUKEE STATE: WI	8. RESERVED FOR NUCC USE		CITY: MILWAUKEE STATE: WI
ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )			ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER: 922552504	a. EMPLOYMENT? (Current or Previous): YES [ ] NO [X]		a. INSURED'S DATE OF BIRTH: 10 23 1977 SEX: M [ ] F [X]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [X] NO [ ] PLACE (State): WI		b. OTHER CLAIM ID (Designated by NUCC): Y4 49453X954
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]		c. INSURANCE PLAN NAME OR PROGRAM NAME: STATE FARM INS
d. INSURANCE PLAN NAME OR PROGRAM NAME: BLUE CROSS BLUE SHIELD	10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO [ ] If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 07/14/14

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): 05 07 2014 QUAL.	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: MM DD YY FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): ZZ2084N0400X		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. 8479. B. 72885 C. 30000 D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 07 10 14	07 10 14	11		99214		ABC	175 00	1		NPI	1497833719
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
391257949 [ ] [X]	MULVI000 19289	[X] YES [ ] NO	$ 17500	$	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (414) 4537780
NEAL H. POLLACK D.O.	CLINIC OF NEUROLOGY 2600 N MAYFAIR RD STE 1120 WAUWATOSA WI 53226-1308	CLINIC OF NEUROLOGY 2600 N MAYFAIR RD STE 1120 WAUWATOSA WI 53226-1308
SIGNED 07/14/14 DATE	a. 1982803102 b.	a. 1982803102 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

790-0123 (02-12) (OCR) 1PT.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

STATE FARM INS
PO BOX 52273
PHEONIX AZ 85072

CARRIER

PICA

1. MEDICARE [ ] (Medicare#) MEDICAID [ ] (Medicaid#) TRICARE [ ] (ID#/DoD#) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (ID#) FECA BLK LUNG [ ] (ID#) OTHER [X] (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1): 49-453X-954
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	3. PATIENT'S BIRTH DATE MM DD YY: 10 23 1977 SEX: M [ ] F [X]
4. INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	
5. PATIENT'S ADDRESS (No., Street): 7177 W APPLETON AVE 3	6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street): 7177 W APPLETON AVE 3	
CITY: MILWAUKEE STATE: WI	8. RESERVED FOR NUCC USE
CITY: MILWAUKEE STATE: WI	
ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )	
ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER: 922552504	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]
a. INSURED'S DATE OF BIRTH MM DD YY: 10 23 1977 SEX: M [ ] F [X]	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [X] NO [ ] PLACE (State): WI
b. OTHER CLAIM ID (Designated by NUCC): Y4 49453X954	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [ ] NO [X]
c. INSURANCE PLAN NAME OR PROGRAM NAME: STATE FARM INS	
d. INSURANCE PLAN NAME OR PROGRAM NAME: BLUE CROSS BLUE SHIELD	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO [ ] If yes, complete items 9, 9a, and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 07/29/14

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 05 07 2014 QUAL.	15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): ZZ2084N0400X	20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. 8479 B. 72885 C. 30000 D. E. F. G. H. I. J. K.	22. RESUBMISSION CODE ORIGINAL REF. NO.
	23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 07 25 14	07 25 14	11		99214	25	BC	175 00	1		NPI	1497833719
2 07 25 14	07 25 14	11		98925		A	85 00	1		NPI	1497833719
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 391257949 [X]	26. PATIENT'S ACCOUNT NO.: MULVI000 19357	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]	28. TOTAL CHARGE: $ 26000	29. AMOUNT PAID: $	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) NEAL H. POLLACK D.O. SIGNED 07/29/14 DATE	32. SERVICE FACILITY LOCATION INFORMATION: CLINIC OF NEUROLOGY 2600 N MAYFAIR RD STE 1120 WAUWATOSA WI 53226-1308 a. 1982803102 b.		33. BILLING PROVIDER INFO & PH # (414) 4537780: CLINIC OF NEUROLOGY 2600 N MAYFAIR RD. STE 1120 WAUWATOSA WI 53226-1308 a. 1982803102 b.		

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1500-0129 (02-12) (OCR) 1PT.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

08042014

StateFarm

EXPLANATION OF REVIEW

This is not a bill

Claim Number: 49-453X-954 **Date of Loss:** 05-07-2014 **Office Name:** State Farm Mutual Automobile Insurance Company
HTLDZ MPC IA NE SD

Patient: Victoria N Mulandi
7177 W APPLETON AVE APT 3
MILWAUKEE, WI 53216-1951

Provider: Clinic Of Neurology
2600 N MAYFAIR RD STE 1120
MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski
Address: PO Box 52273
Phoenix, AZ 85072-2273
Phone: (800) 889-7144 **Ext:** 9703954386

Named Insured: MULANDI, VICTORIA N
Policy Number: 1418-964-49A

Date Received: 08-04-2014
Jurisdiction: Wisconsin
Bill Reference Number: MULVI00019357

TIN: 391257949
Payment Number: 105264238J

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified
728.85 - Spasm of muscle
847.9 - Sprain and strain of unspecified site of back

Ln	Date of Service	POS	CPT/ HCPC	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	07-25-2014	11	99214	25	1.00	$175.00	$24.40	SF149
2	07-25-2014	11	98925		1.00	$85.00	$0.00	SF149

Total Submitted Charges:	$260.00
Total Approved Amount:	$24.40
Amount Not Payable:	$0.00
Deductible:	$0.00
CoPay:	$0.00
Apportionment / Pro Rata:	$0.00
Offset:	$0.00
Paid Amount:	$24.40

Explanations
SF149 - Policy benefits have been exhausted

Procedure Guide
98925 - Osteopathic manipulative treatment (OMT); 1-2 body regions involved
99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

StateFarm

EXPLANATION OF REVIEW

This is not a bill

Claim Number: 49-453X-954 **Date of Loss:** 05-07-2014 **Office Name:** State Farm Mutual Automobile Insurance Company
HTLDZ MPC IA NE SD

Patient: Victoria N Mulandi
7177 W APPLETON AVE APT 3
MILWAUKEE, WI 53216-1951

Provider: Clinic Of Neurology
2600 N MAYFAIR RD STE 1120
MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski
Address: PO Box 52273
Phoenix, AZ 85072-2273
Phone: (800) 889-7144 **Ext:** 9703954386

Named Insured: MULANDI, VICTORIA N
Policy Number: 1418-964-49A

Date Received: 08-04-2014
Jurisdiction: Wisconsin
Bill Reference Number: MULVI00019289

TIN: 391257949
Payment Number: 105264229J

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified
728.85 - Spasm of muscle
847.9 - Sprain and strain of unspecified site of back

Ln	Date of Service	POS	CPT/ HCPC	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	07-10-2014	11	99214		1.00	$175.00	$135.36	615

Total Submitted Charges:	$175.00
Total Approved Amount:	$135.36
Amount Not Payable:	$0.00
Deductible:	$0.00
CoPay:	$0.00
Apportionment / Pro Rata:	$0.00
Offset:	$0.00
Paid Amount:	$135.36

Explanations

615 - The charges have been priced in accordance with the auto provision of your Healtheos contract. For questions, please call 1-800-793-6074. For a Voluntary Provider Network option please call 1-800-793-6074.

Procedure Guide

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

StateFarm

EXPLANATION OF REVIEW

This is not a bill

Claim Number: 49-453X-954 **Date of Loss:** 05-07-2014 **Office Name:** State Farm Mutual Automobile Insurance Company
HTLDZ MPC IA NE SD

Patient: Victoria N Mulandi
7177 W APPLETON AVE APT 3
MILWAUKEE, WI 53216-1951

Provider: Clinic Of Neurology
2600 N MAYFAIR RD STE 1120
MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski
Address: PO Box 52273
Phoenix, AZ 85072-2273
Phone: (800) 889-7144 **Ext:** 9703954386

Named Insured: MULANDI, VICTORIA N
Policy Number: 1418-964-49A

Date Received: 08-21-2014
Jurisdiction: Wisconsin
Bill Reference Number: MULVI00019431

TIN: 391257949
Payment Number:

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified
728.85 - Spasm of muscle
847.9 - Sprain and strain of unspecified site of back

Ln	Date of Service	POS	CPT/ HCPC	MOD/TS	Units	Submitted Amount	Approved Amount	Reason Codes
1	08-08-2014	11	99214		1.00	$175.00	$0.00	C524

Total Submitted Charges:	$175.00
Total Approved Amount:	$0.00
Amount Not Payable:	$0.00
Deductible:	$0.00
CoPay:	$0.00
Apportionment / Pro Rata:	$0.00
Offset:	$0.00
Paid Amount:	$0.00

Explanations
C524 - Policy Benefits have been exhausted.

Procedure Guide
99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

STATE FARM INS
PO BOX 52273
PHEONIX AZ 85072

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA P

PICA

1. MEDICARE [ ] (Medicare#) MEDICAID [ ] (Medicaid#) TRICARE [ ] (ID#/DoD#) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (ID#) FECA BLK LUNG [ ] (ID#) OTHER [X] (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 49-453X-954

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N

3. PATIENT'S BIRTH DATE MM DD YY: 10 23 1977 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N

5. PATIENT'S ADDRESS (No., Street): 7177 W APPLETON AVE 3

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 7177 W APPLETON AVE 3

CITY: MILWAUKEE STATE: WI

8. RESERVED FOR NUCC USE

CITY: MILWAUKEE STATE: WI

ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )

ZIP CODE: 53216 TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): MULANDI, VICTORIA, N

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER: 922552504

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY: 10 23 1977 SEX M [ ] F [X]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [X] NO [ ] PLACE (State): WI

b. OTHER CLAIM ID (Designated by NUCC): Y4 49453X954

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: STATE FARM INS

d. INSURANCE PLAN NAME OR PROGRAM NAME: BLUE CROSS BLUE SHIELD

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO [ ] If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 08/14/14

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 05 07 2014 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): ZZ2084N0400X

20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. 8479 B. 72885 C. 30000 D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 08 08 14	08 08 14	11		99214		ABC	175 00	1		NPI	1497833719
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 391257949 [X]

26. PATIENT'S ACCOUNT NO.: MULVI000 19431

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 17500

29. AMOUNT PAID: $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

NEAL H. POLLACK D.O.

SIGNED 08/14/14 DATE

32. SERVICE FACILITY LOCATION INFORMATION

CLINIC OF NEUROLOGY
2600 N MAYFAIR RD STE 1120
WAUWATOSA WI 53226-1308

a. 1982803102 b.

33. BILLING PROVIDER INFO & PH # (414) 4537780

CLINIC OF NEUROLOGY
2600 N MAYFAIR RD STE 1120
WAUWATOSA WI 53226-1308

a. 1982803102 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

TRAILER PAGE
Claim Number: 49-453X-954

RBZ0006Z
State Farm Mutual Automobile Insurance Company

Auto Payments by COL

Route To: Brian Spencer

BASIC CLAIM INFORMATION

Claim Number: 49-453X-954
Date of Loss: 05-07-2014
Policy Number: 1418-964-49A
Named Insured: MULANDI, VICTORIA N

400 - COLL

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

Payment Number	Issued Date	Participant	Payable COL	Pay Cd	Status	Amount	Auth ID	Rsn Cd
105155446J	05-23-2014	Named Insured(s)	400	2	Paid	$2,792.28	MIK5	
105155448J	05-23-2014	Named Insured(s)	400	1	Paid	$3,874.02	MIK5	
					Total:	$6,666.30		

600 - MPC

C denotes consolidated payment
E denotes EFT payment
P previously converted payment from CAT/CMR

Payment Number	Issued Date	Participant	Payable COL	Pay Cd	Status	Amount	Auth ID	Rsn Cd
105264229J	08-14-2014	VICTORIA N MULANDI	600	2	Paid	$135.36	C4KF	
105264238J	08-14-2014	VICTORIA N MULANDI	600	1	Paid	$24.40	C4KF	
105235268J	07-24-2014	VICTORIA N MULANDI	600	2	Paid	$135.36	C4KF	
105219523J	07-14-2014	VICTORIA N MULANDI	600	2	Paid	$89.50	C4KF	
105218334J	07-11-2014	VICTORIA N MULANDI	600	2	Paid	$181.49	C4KF	
105215863J	07-10-2014	VICTORIA N MULANDI	600	2	Paid	$207.65	C4KF	
105215866J	07-10-2014	VICTORIA N MULANDI	600	2	Paid	$44.75	C4KF	
105215868J	07-10-2014	VICTORIA N MULANDI	600	2	Paid	$181.49	C4KF	
					Total:	$1,000.00		