

2300 North Mayfair Rd., Suite 470  
Wauwatosa, Wisconsin 53226-1505  
Telephone: 414-259-7605  
Fax: 414-259-7610  
E-mail: gbridge@bridge-law.com

August 27, 2009

**NOTICE OF INJURY AND  
CLAIM FOR DAMAGES  
WIS. STATS. SEC. 893.80**

To: City Clerk  
City of Milwaukee  
200 East Wells Street  
Milwaukee, WI 53202

City of Milwaukee  
Department of Public Works  
821 North Broadway Street, Rm. 516  
Milwaukee, WI 53202

CITY OF MILWAUKEE  
2009 AUG 31 PM 1:10  
RONALD D. LEONARDI  
CITY CLERK

THE ABOVE-NAMED PARTIES, PLEASE TAKE NOTICE:

1. Devond L. Barnes is an adult who resides at 4483 North 84<sup>th</sup> Street, Milwaukee, Wisconsin 53225.
2. Devond L. Barnes was injured as a result of the negligent acts of the above-named parties by their agents, servants or employees.
3. The circumstances of the injuries are as follows: On May 4, 2009, at approximately 2:46 p.m., Mr. Barnes was riding his 2008 Yamaha Moped on North 20<sup>th</sup> Street near West North Avenue in the City of Milwaukee, when he hit a pothole in the street and was violently thrown from his vehicle into a parked grey van, which resulted in a comminuted, open fracture of his right tibia which required two surgeries to repair and a week-long hospital admission.

The fracture was so severe that the bone penetrated through the skin. Mr. Barnes was taken from the accident scene via ambulance to Froedtert Hospital located at 9200 West Wisconsin Avenue, Milwaukee, Wisconsin.

Mr. Barnes has incurred over \$62,500.00 for medical treatment provided at Froedtert Hospital and by Medical College Physicians. He is still undergoing treatment and the full extent of his medical bills and the nature and extent of the injuries he suffered is not fully ascertainable at this time.

4. As a direct and proximate result of the aforementioned incident, Mr. Barnes suffered a

CITY OF MILWAUKEE  
RECEIVED  
2009 SEP 01 AM 8:29  
CITY ATTORNEY

**Devond Barnes**  
**Notice of Injury and**  
**Claim for Damages**  
Page 2  
August 27, 2009

compound fracture of his right tibia which caused him severe pain and discomfort which has required on-going care and treatment. As of the date of this notice, Mr. Barnes has incurred over \$62,500.00 in medical bills and expenses and is still under the care of his physician. It is unknown at this time if a permanent condition has resulted from the injuries sustained.

5. Further, as a direct and proximate result of the aforementioned incident, Mr. Barnes has suffered a loss of wages from his employment.
6. At all times material, the above-named parties had actual notice of the aforesaid incident.
7. This document is a **Notice of Injury** served on the above-named parties in compliance with Wisconsin law.

**CLAIM FOR DAMAGES**

My client, Devond Barnes, has undergone medical treatment necessitated following a serious accident, which we believe was caused by negligence on the part of employees of the Department of Public Works for the City of Milwaukee. The medical bills incurred by Mr. Barnes have already surpassed the \$50,000.00 municipal limit of liability. Consequently, this matter is in a position to be considered for resolution.

In that regard, you will find enclosed with this Claim for Damages the following information pertinent to this claim:

1. Photographic exhibit depicting injuries to Devond Barnes;
2. Wisconsin Motor Vehicle Accident Report No. 9H172WX;
3. Certified copies of medical records from Froedtert Hospital for emergency and inpatient treatment provided from May 4 through May 8, 2009, together with their statement for services rendered in the amount of \$51,808.42;
4. Copy of Statement of Physician Services from Medical College Physicians for treatment provided from May 4, 2009, through May 8, 2009, in the amount of \$10,779.44;

**Devond Barnes**  
**Notice of Injury and**  
**Claim for Damages**  
Page 3  
August 27, 2009


Devond Barnes was riding with his cousin, Glendale Roberson, who witnessed the accident and remained at the scene until Mr. Barnes was taken from the scene via ambulance. Mr. Roberson spoke with several people at the scene who lived in the area who informed him that they had called the City about the potholes in the area, but there had been no response. In addition, Mr. Roberson witnessed members of the City Department of Public Works come to the scene shortly after his cousin was injured and began filling in potholes in the area. There should be records at City Hall that would corroborate what Mr. Roberson witnessed. Obviously, if the potholes had been properly addressed earlier, this tragic situation would not have occurred.

Based upon all of the above, it is my belief that the City was negligent with respect to the state of disrepair that existed in the area of Mr. Barnes' accident subjecting people using that area to an unreasonable risk of harm. Unfortunately, it resulted in a dangerous accident and a serious open fracture of the tibia/fibula for Mr. Barnes which required an inpatient hospital admission and surgical repair. Mr. Barnes has already had several months of medical care and attention while his leg heals. He has incurred over \$62,500.00 in medical expenses. Based upon all of the above, the municipal liability limit of \$50,000.00 should be tendered to Mr. Barnes as compensation for the claims that arise out of this accident.

I am available to discuss this matter in greater detail and would appreciate the courtesy of a reply to this settlement offer at your earliest convenience.

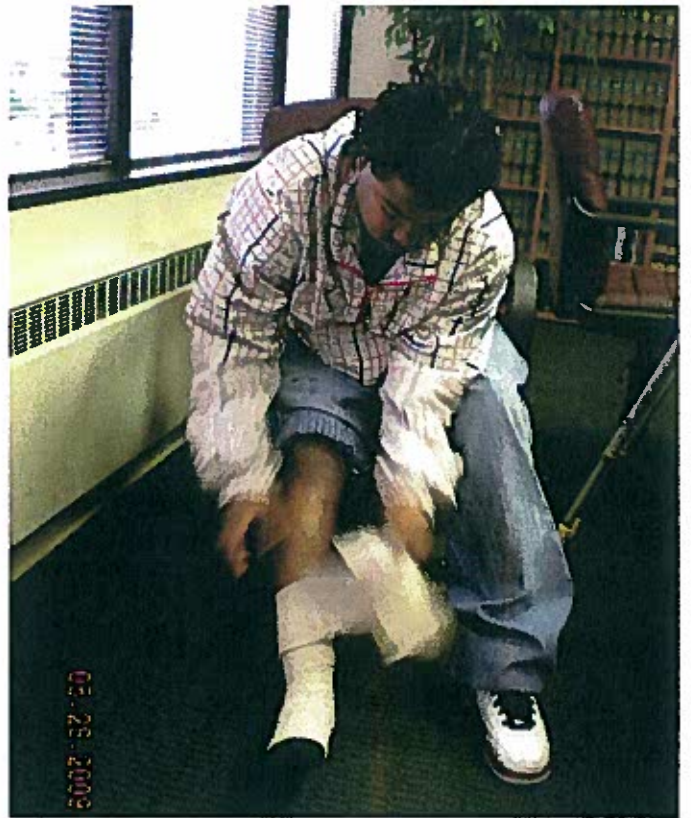
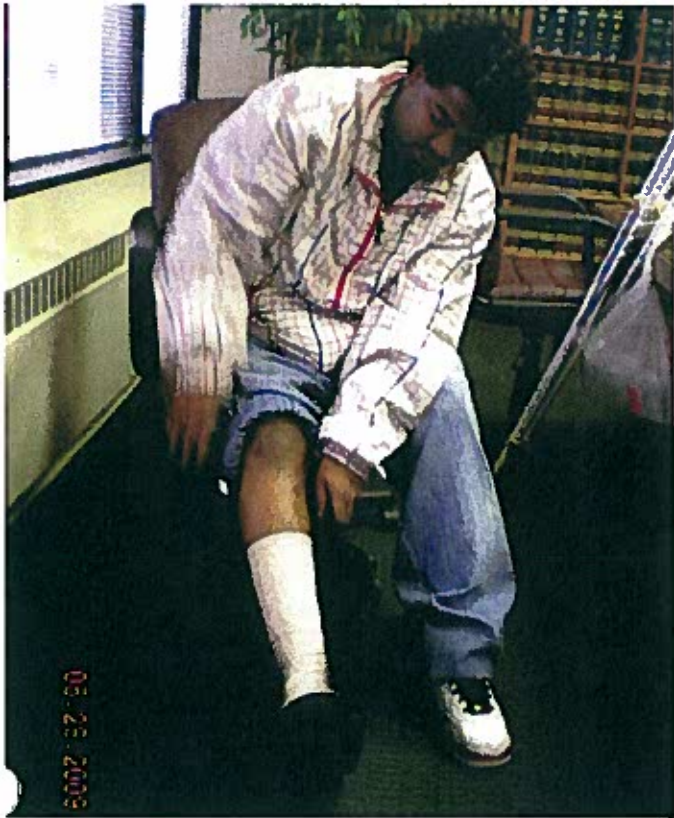
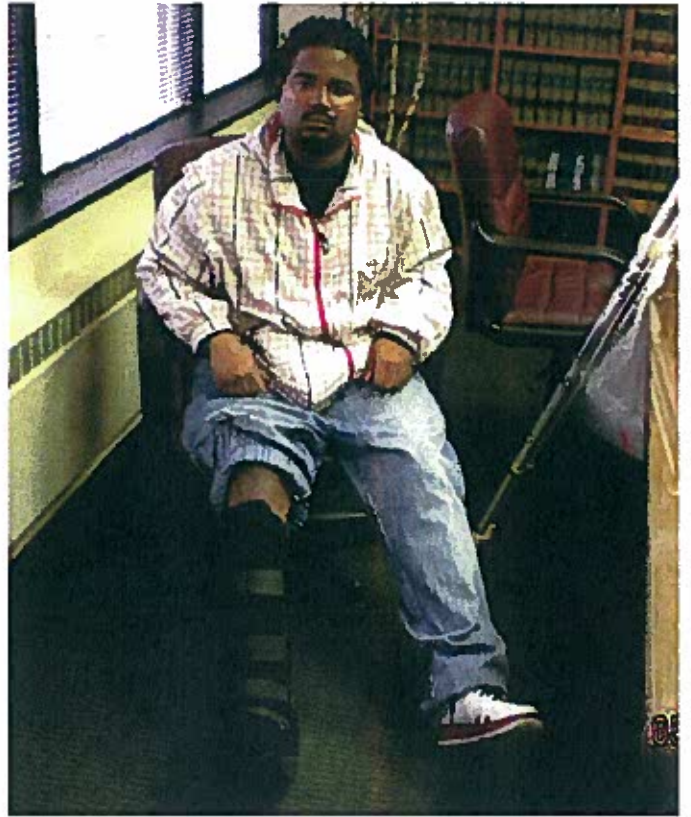
Very truly yours,

**BRIDGE LAW OFFICE**

  
GREGG BRIDGE  
Attorney at Law

GEB/jw  
Enclosures  
cc Mr. Devond Barnes



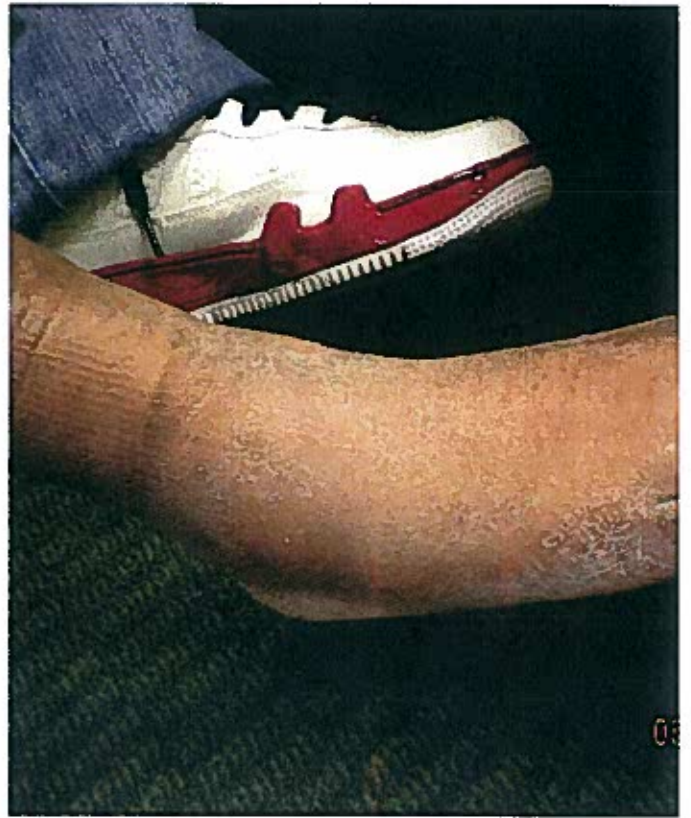


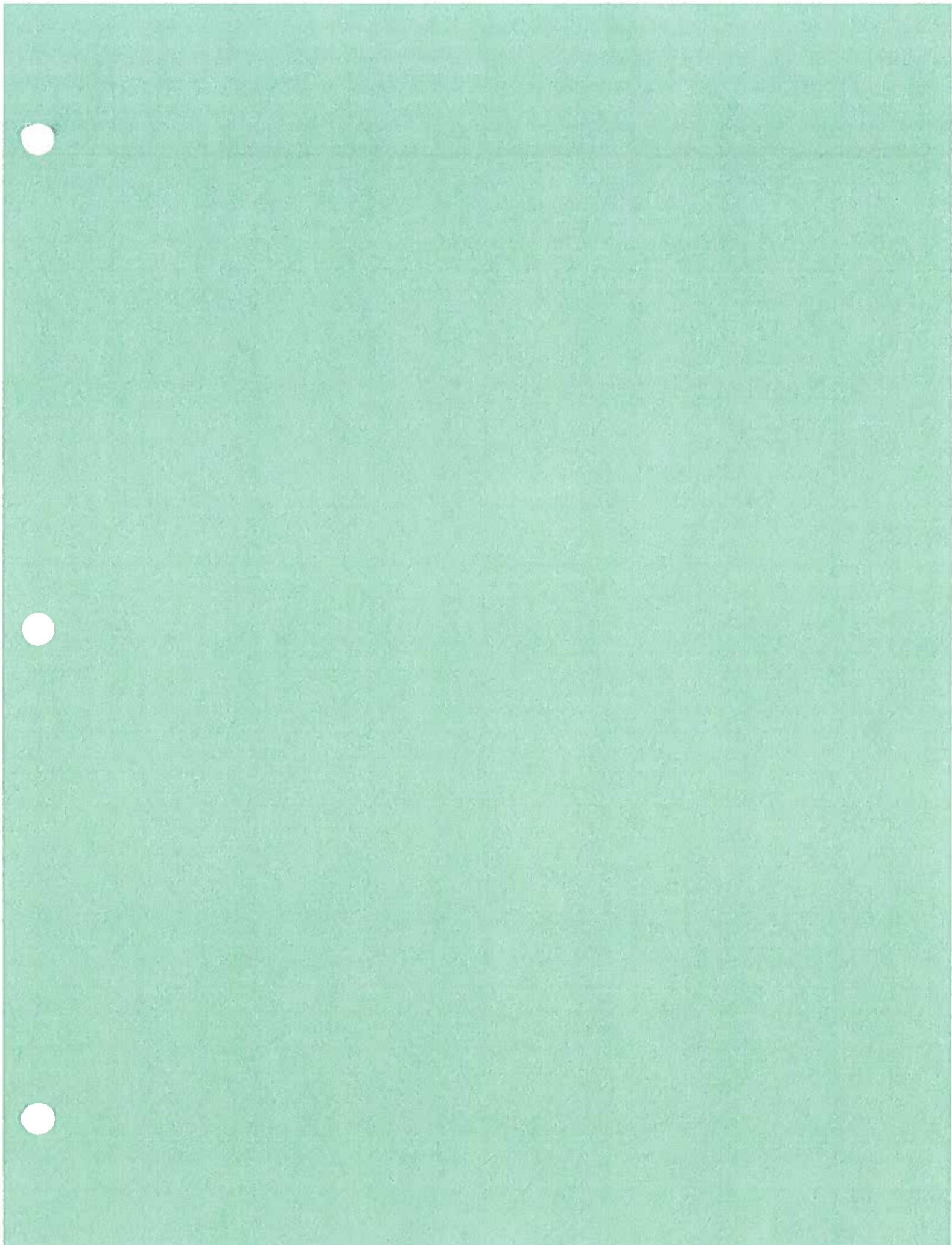












POLICE # DISTRICT 3 \* F \*

ACCIDENT # 091241117

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9H172WX		Document Override Number	
Agency Accident Number 091241117					Police Number DISTRICT 3 * F *				
4 - Accident Date 05/04/2009			5 - Time of Accident (Military Time) 1446		6 - Total Units 02		7 - Total Injured 01		6 - Total Killed 00
MILWAUKEE - 407			MILWAUKEE - 7400			NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name 20TH ST N			14 - Bus/Fmt/Rmp		15 - Est. Dist 300	FV/Mi F	15 - Hwy. Dir NORTH
16 - Fr/At Hwy No.		18 - From/At Street Name NORTH AVE W			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event OTHER NON-COLLISION					93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT				
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			
<input checked="" type="checkbox"/> Hit and Run		<input type="checkbox"/> Government Property		<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed	
<input type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone		<input type="checkbox"/> Names Exchanged		
101 <input type="checkbox"/> Supplemental Reports		102 <input checked="" type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken		79 - E M S Number		

GENERAL INFORMATION

OPERATOR/PEDESTRIAN 01

Operator/Pedestrian

Unit Status H - HIT AND RUN		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 <input type="checkbox"/> Operating Commercial Motor Vehicle				
32 - Date Of Blith									
33 - Sex									
26 - Address Street & Number							26 - PO Box		
27 - City				27 - State		27 - Zip Code		28 - Telephone Number	
39 - Seat Position					40 - Safety Equipment NOT-APPLICABLE-NONMOTORIST				
38 - Injury Severity N - NO APPARENT INJURY			41 - Airbag NOT APPLICABLE		42 - Ejected NOT-APPLICABLE		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-APPLICABLE		92 - Pedestrian Location			92 - Pedestrian Action				
119 - What Driver Was Doing OTHER				120 - Traffic Control NO-CONTROL			62 - No. of Citations Issued 00		
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 NOT OBSERVED			89 - Substance Presence UNKNOWN						
90 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN			

91 - Drugs Reported
124 - Highway Factors NOT-APPLICABLE

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>AUTOMOBILE</b>	Vehicle Type <b>PASSENGER-CAR</b>	22 - Total Occupants <b>01</b>	
	50 - Year   51 - Make   52 - Model   53 - Body Style   54 - Color   100 - Skidmarks to Impact (Ft)			
	94 - Vehicle Damage <b>UNKNOWN</b>			
	95 - Extent Of Damage <b>UNKNOWN</b>	96 <input type="checkbox"/> Vehicle Towed Due To Damage	97 - Vehicle Removed By <b>UNKNOWN</b>	
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>			

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input type="checkbox"/> Vehicle Owner Same As Operator
	46 - Vehicle Owner Last Name   46 - First Name   46 - Middle Initial   46 - Suffix
	46 - Company Name
	47 - Address Street & Number   47 - PO Box
	48 - City   48 - State   48 - Zip Code   49 - Telephone Number

**Insurance**

<b>INS 01</b>	63 - Liability Insurance Company <b>UNKNOWN</b>	60 <input type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name   61 - Policy Holder First Name	
	61 - Policy Holder Company	

**School Bus**

<b>BUS 01</b>	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Operator/Pedestrian**

Unit Status	81 - Most Harmful Event: Collision With <b>MOTOR VEHICLE IN TRANSPORT</b>	23 - Dir Of Travel <b>SOUTH</b>	24 - Speed Limit <b>30</b>
36 - Operating as Classified <b>D CLASS</b>	37 - Endorsements	35 <input type="checkbox"/> Operating Commercial Motor Vehicle	
20 - Driver License Number <b>B6321723144804</b>	26 - State <b>WI</b>	27 - Date of Birth <b>12/08/1981</b>	28 - Operator's Address <b>DEWOND</b>
25 - Operator/Pedestrian Last Name <b>BARNES</b>	25 - First Name <b>DEWOND</b>	29 - Middle Initial	28 - Street
32 - Date Of Birth <b>12/08/1981</b>	33 - Sex <b>MALE</b>		

OPERATOR/PEDESTRIAN 02	26 - Address Street & Number 4483 N 84TH ST				26 - PO Box	
	27 - City MILWAUKEE		27 - State WI	27 - Zip Code 53225	28 - Telephone Number (414) 461-1257 EXT.	
	39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment NONE-USED-VEHICLE-DRIVER/OCCUPANT	
	38 - Injury Severity A - INCAPACITATING INJURY		41 - Airbag NOT APPLICABLE	42 - Ejected TOTALLY-EJECTED	44 <input checked="" type="checkbox"/> Medical Transport	
	43 - Trapped/Extricated NOT-APPLICABLE		92 - Pedestrian Location	92 - Pedestrian Action		
	119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 00	
	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	
	91 - Drugs Reported					
	124 - Highway Factors NOT-APPLICABLE					

Vehicle

VEHICLE 02	21 - Unit Type MOTORCYCLE		Vehicle Type MOPED			22 - Total Occupants 01
	47 - License Plate Number MFD 123456789					
	50 - Year 2008	51 - Make YAMA	52 - Model	53 - Body Style MB	54 - Color GRN	100 - Skidmarks to Impact (Ft)
	94 - Vehicle Damage FRONT					
	95 - Extent Of Damage MODERATE		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By BARNES FRIEND	
	123 - Vehicle Factors NOT-APPLICABLE					

Vehicle Owner

VEH OWNER 02	45 <input type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name POETZL		46 - First Name NICK	46 - Middle Initial	46 - Suffix
	48 - Company Name				
	47 - Address Street & Number 5728 W BELOIT RD			47 - PO Box	
	48 - City MILWAUKEE		48 - State WI	48 - Zip Code 53214	49 - Telephone Number

Insurance

INS 02	63 - Liability Insurance Company NONE		60 <input type="checkbox"/> 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 <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

**Diagram and Narrative**

105 - PHOTOS BY

DIAGRAM AND NARRATIVE

W NORTH AV  
N 20th ST

N

Not drawn to scale

THIS REPORT WAS TYPED BY P.O. JOSEPH SCHANKEY OF DISTRICT 3-EARLY SHIFT, SQD # 3221. ON MONDAY, 05-04-09 AT 3:28PM I WAS DISPATCHED TO A PI ACCIDENT AT THE LOCATION OF N. 20TH ST/W. NORTH AVE. UPON ARRIVAL THERE WERE NO VEHICLES THAT APPEARED TO BE DAMAGED AND I DID NOT GET FLAGGED DOWN FOR ANYONE GETTING INTO AN ACCIDENT. I CALLED MILWAUKEE FIRE DEPARTMENT AND WAS ADVISED THAT THE VICTIM OF UNIT #2 WAS TRANSPORTED TO FROEDTERT HOSPITAL. I WENT TO THE HOSPITAL WHERE THE VICTIM (DEVOND BARNES) WAS ADMITTED AT 3:27PM AND WAS SEEN BY DR. TESLUTES FOR A RIGHT ANKLE FRACTURE. BARNES WOULD NEED SURGERY TO REPAIR THE ANKLE. BARNES STATED THAT HE WAS DRIVING ON HIS NEW MOPED S/B ON N. 20 ST IN THE 2300 BLOCK. BARNES STATED THAT HE HIT A POTHOLE IN THE STREET AND FLEW OFF HIS MOPED INTO A PARKED GRY VAN (UNKNOWN PLATES OR MODEL). I SPOKE TO BARNES FRIEND IDENTIFIED AS GLENDALE ROBERSON. ROBERSON STATED THAT HE WAS DRIVING A MOPED RIGHT BEHIND BARNES AND DID OBSERVE BARNES HIT A POTHOLE IN THE STREET AND FLEW INTO A PARKED VAN. I WENT BACK TO THE LOCATION OF 2300 N. 20 ST TO CHECK FOR ANY POSSIBLE POTHOLES, BUT DID NOT OBSERVE ANY THAT NEEDED TO BE FILLED IN. IT SHOULD BE NOTED THAT I DID NOT SEE ANY VAN THAT MAY HAVE BEEN INVOLVED IN ACCIDENT.

**Witness**

WITNESS 01	107 - Witness Last Name ROBERSON		107 - First Name GLENDALE		107 - Middle Initial
	108 - Address Street & Number 143 W MITCHELL ST			108 - PO Box	109 - Date of Birth 11/6/1982
	110 - City MILWAUKEE		State WI	110 - Zip Code 53204	111 - Telephone Number (414) 384-7395 EXT.

**Officer information**

**Wisconsin Motor Vehicle 9H172WX**  
**Accident Report MV4000e 01/2005**

PK2007

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>SCHANKEY</b>		125 - First Name <b>JOSEPH</b>	125 - Middle Initial <b>V</b>	131 - Officer iD <b>13218</b>	
	129 - Law Enforcement Agency No. <b>006</b>		130 - Law Enforcement Agency Name <b>MILWAUKEE POLICE DEPARTMENT</b>			
	126 - Law Enforcement Agency Address Street & Number <b>749 WEST STATE STREET</b>					
	127 - City <b>MILWAUKEE</b>		127 - State <b>WI</b>	127 - Zip Code <b>53233</b>	128 - Telephone Number <b>(414) 933-4444 EXT.</b>	
	132 - Date Notified <b>05/04/2009</b>		133 - Time Notified (Military Time) <b>1528</b>	134 - Time Arrived (Military Time) <b>1548</b>		135 - Date Of Report <b>05/18/2009</b>
	Agency Accident Number <b>091241117</b>		Police Number <b>DISTRICT 3 * F *</b>		19 - Special Study	
	18 - Agency Space					

MAKE CHECKS PAYABLE TO:

IF PAYING BY CREDIT CARD, PLEASE CHECK CARD TO BE USED FOR PAYMENT

CHECK CARD TO BE USED FOR PAYMENT

<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
CARD NUMBER			AMOUNT
SIGNATURE			EXP. DATE
INVOICE DATE	PLEASE PAY THIS AMOUNT	ACCOUNT NUMBER	
05/17/2009	\$51,808.42	349418947	
PATIENT NAME			
DEVOND L BARNES			

PAYMENT IS DUE UPON RECEIPT.

Please check box if address is incorrect or insurance information has changed, indicate change(s) on reverse side.

# Froedtert Hospital

West Wisconsin Avenue  
Milwaukee, WI 53226-3596  
Phone: 800-803-6155  
froedtert.com

To: P.O. Box 3202 • Milwaukee, WI 53201-3202

DEVOND L BARNES  
10 N 84TH ST  
MILWAUKEE WI 53225-5160

0000 0000000349418947 5180842 0000000 0000000000 6

## INVOICE

AND RETURN TOP PORTION WITH YOUR PAYMENT.

Date: Friday, May 17, 2009  
Patient: Devond L Barnes  
Account: 349418947  
Amount Due: \$51,808.42

Date of Service: 05/04/2009  
Patient Service: Orthopedics-Inpatient  
Primary Insurance Billed: SELF PAY-THIRD PARTY LI  
Secondary Insurance Billed: SELF PAY

Dear Devond L Barnes:

Thank you for selecting Froedtert Hospital for your health care services. For your records, below is a summary of the charges for this account. If you would like an itemized statement, please call Patient Financial Services at 800-803-8155.

Room & Board	\$ 2,484.00
Nursing Incremental Care	\$ 2,024.00
Pharmacy	\$ 3,523.89
Drugs Incident to Radiology	\$ 132.00
IV Solutions	\$ 677.53
IV Therapy	\$ 451.50
Nonsterile Supplies	\$ 779.00
Sterile Supplies	\$ 67.00
Supply/Implant	\$ 4,590.00
Laboratory	\$ 68.00
Lab-Chemistry	\$ 79.00
Lab-Immunology	\$ 232.50
Lab-Hematology	\$ 95.50
Lab-Bact/Microbiology	\$ 129.00
Lab-Urology	\$ 85.00
Diagnostic X-Ray	\$ 2,176.50
Chest X-Ray	\$ 294.00
CT Scan-Body	\$ 4,334.50

**Froedtert Hospital**  
9200 West Wisconsin Avenue  
Milwaukee, WI 53226-3596



# Froedtert Hospital

9200 West Wisconsin Avenue  
Milwaukee, WI 53226-3596

Phone: 800-803-8155  
froedtert.com

Remit To: P.O. Box 3202 • Milwaukee, WI 53201-3202

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		CHECK CARD TO BE USED FOR PAYMENT
CARD NUMBER					AMOUNT	
SIGNATURE					EXP. DATE	
INVOICE DATE		PLEASE PAY THIS AMOUNT		ACCOUNT NUMBER		
05/17/2009		\$51,808.42		349418947		
PATIENT NAME						
DEVOND L BARNES						



DEVOND L BARNES  
4483 N 84TH ST  
MILWAUKEE WI 53225-5160



PAYMENT IS DUE UPON RECEIPT.

Please check box if address is incorrect or insurance information has changed, indicate change(s) on reverse side.

0000 0000000349418947 5180842 000000 0000000000 6

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

## INVOICE

Sunday, May 17, 2009

**Patient:** Devond L Barnes  
**Account:** 349418947  
**Amount Due:** \$51,808.42

**Date of Service:** 05/04/2009  
**Patient Service:** Orthopedics-Inpatient  
**Primary Insurance Billed:** SELF PAY-THIRD PARTY LI  
**Secondary Insurance Billed:** SELF PAY

Dear Devond L Barnes:

Thank you for selecting Froedtert Hospital for your health care services. For your records, below is a summary of the charges for this account. If you would like an itemized statement, please call Patient Financial Services at 800-803-8155.

Room & Board	\$	2,484.00
Nursing Incremental Care	\$	2,024.00
Pharmacy	\$	3,523.89
Drugs Incident to Radiology	\$	132.00
IV Solutions	\$	677.53
IV Therapy	\$	451.50
Nonsterile Supplies	\$	779.00
Sterile Supplies	\$	67.00
Supply/Implant	\$	4,590.00
Laboratory	\$	68.00
Lab-Chemistry	\$	79.00
Lab-Immunology	\$	232.50
Lab-Hematology	\$	95.50
Lab-Bact/Microbiology	\$	129.00
Lab-Urology	\$	85.00
Diagnostic X-Ray	\$	2,176.50
Chest X-Ray	\$	294.00
CT Scan-Body	\$	4,334.50

# Froedtert Hospital

9200 West Wisconsin Avenue  
Milwaukee, WI 53226-3596

# Froedtert Hospital

9200 West Wisconsin Avenue  
Milwaukee, WI 53226-3596

Phone: 800-803-8155  
froedtert.com

Remit To: P.O. Box 3202 • Milwaukee, WI 53201-3202



**DEVOND L BARNES**  
4483 N 84TH ST  
MILWAUKEE WI 53225-5160

00853

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		CHECK CARD TO BE USED FOR PAYMENT
CARD NUMBER					AMOUNT	
SIGNATURE					EXP. DATE	
INVOICE DATE		PLEASE PAY THIS AMOUNT		ACCOUNT NUMBER		
05/17/2009		\$51,808.42		349418947		
PATIENT NAME <b>DEVOND L BARNES</b>						

PAYMENT IS DUE UPON RECEIPT.

Please check box if address is incorrect or Insurance information has changed, indicate change(s) on reverse side.

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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

**INVOICE**

Operating Room Services	\$	13,085.00
Anesthesia	\$	4,922.50
Physical Therapy	\$	336.00
Physical Therapy-Eval	\$	182.50
Occupational Therapy-Eval	\$	91.00
Emergency Room	\$	110.00
Emergency Room-Other	\$	3,620.50
Trauma Response	\$	2,566.00
Recovery Room	\$	3,558.00
EKG / ECG	\$	39.50
Vaccine Administration	\$	28.00
Prof. Fee-Anesthetist CRNA	\$	1,046.50
<b>Total Charges</b>	<b>\$</b>	<b>51,808.42</b>
<b>Total Payments</b>	<b>\$</b>	<b>0.00</b>
<b>Total Adjustments</b>	<b>\$</b>	<b>0.00</b>
<b>Please Pay This Amount</b>	<b>\$</b>	<b>51,808.42</b>

Please mail payment in full today or contact Patient Financial Services at 800-803-8155 to arrange payment. Please visit us at [froedtert.com](http://froedtert.com) if you would like to make a payment online using Mastercard, Visa or Discover or if you would like to view a list of Frequently Asked Questions. A \$25 service fee will be charged for any checks returned.

Physician charges will be billed separately by the Medical College of Wisconsin.

Our commitment is to your health. We appreciate your confidence in Froedtert Hospital.

Sincerely,

Patient Financial Services

**Froedtert Hospital**

9200 West Wisconsin Avenue  
Milwaukee, WI 53226-3596



\*\*1071420303

**STATEMENT OF PHYSICIAN SERVICES**

The back of the statement contains information on terms, conditions and hours of operation. To make a payment or speak with customer service see the phone numbers listed below under **IMPORTANT MESSAGE**.  
**SE HABLA ESPAÑOL**

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.  
 RESPONSIBLE PARTY

DEVOND L BARNES  
 4483 N 84TH ST  
 MILWAUKEE, WI 53225

PATIENT NAME: BARNES, D      STATEMENT DATE: 05/09/2009      ACCOUNT NUMBER: 3M1559556

VISA     VISA     MC     DISCOVER     AMR EXP  
 CARD NUMBER: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_  
 3 or 4 digit verification number on card: V, MC, D | (3) AmEx | (4)  
 CARD HOLDER SIGNATURE: X      \$ \_\_\_\_\_  
 SHOW AMOUNT PAID HERE

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN

RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 - MILWAUKEE, WI 53213-0308

RETAIN THIS PORTION FOR YOUR RECORDS

IRS TAX I.D. #39-0806261

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M1559556	PRIMARY:      SECONDARY:	05/09/2009
PATIENT NAME		Payments received after statement date will not appear on this statement.
DEVOND L BARNES		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
05/04/09 05/04/09 05/07/09	Invoice Number: 36891079 (Continued) 72193 CT PELVIS W/DYE 74160 CT ABDOMEN W/DYE UNINSURED 10 PERCENT DISCOUNT	413.00 422.00		83.50	\$751.50
05/04/09 05/07/09	Invoice Number: 36891080 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 73590 X-RAY EXAM OF LOWER LEG UNINSURED 10 PERCENT DISCOUNT	46.00		4.60	\$41.40
05/04/09 05/04/09 05/07/09	Invoice Number: 36891081 Department: ANESTHESIOLOGY Location: FROEDTERT MEM LUTH HOSP(INPATIENT) 01480 ANESTHESIA LOWER LEG BONE SURG 99140 EMERGENCY ANESTHESIAESIA UNINSURED 10 PERCENT DISCOUNT	1,454.16 242.00		169.62	\$1526.54
05/04/09 05/04/09 05/08/09	Invoice Number: 36900946 Department: ORTHOPAEDIC SURGERY Location: FROEDTERT MEM LUTH HOSP(INPATIENT) 27759 TREATMENT OF TIBIA FRACTURE 11012 DEBRIDE SKN/MUSCLE/BONEASSOCW FX UNINSURED 10 PERCENT DISCOUNT	5,761.00 2,476.00		823.70	\$7413.30

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Please Pay This Amount  
 by 05/26/2009  
**\$10,779.44**



\*\*1071420103

# STATEMENT OF PHYSICIAN SERVICES

The back of the statement contains information on terms, conditions and hours of operation. To make a payment or speak with customer service see the phone numbers listed below under **IMPORTANT MESSAGE**.  
**SE HABLA ESPAÑOL**

Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.  
 RESPONSIBLE PARTY

DEVOND L BARNES  
 4483 N 84TH ST  
 MILWAUKEE, WI 53225

\*\*107142

PATIENT NAME: BARNES, D      STATEMENT DATE: 05/09/2009      ACCOUNT NUMBER: 3M1559556

VISA     MC     DISCOVER     AMR EXP  
 CARD NUMBER: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_  
 3 or 4 digit verification number on card: V, MC, D | (3) AmEx | (4)  
 CARD HOLDER SIGNATURE: \_\_\_\_\_      SHOW AMOUNT PAID HERE: \$ \_\_\_\_\_  
 X

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN

**RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308**

RETAIN THIS PORTION FOR YOUR RECORDS

IRS TAX I.D. #39-0806261

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M1559556	PRIMARY:      SECONDARY:	05/09/2009
PATIENT NAME		Payments received after statement date will not appear on this statement.
DEVOND L BARNES		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
05/04/09 05/09	Invoice Number: 36876859 Department: PATHOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 85025 COMPLETE CBC W/AUTO DIFF WBC UNINSURED 10 PERCENT DISCOUNT	21.00		2.10	\$18.90
05/04/09 05/04/09 05/04/09 05/04/09 05/04/09 05/06/09	Invoice Number: 36876860 Department: PATHOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 86900 BLOOD TYPING ABO 86901 BLOOD TYPING RH (D) 86850 RBC ANTIBODY SCREEN 86922 COMPATIBILITY TEST ANTIGLOB 86922 COMPATIBILITY TEST ANTIGLOB UNINSURED 10 PERCENT DISCOUNT	7.00 8.00 21.00 18.00 18.00		7.20	\$64.80
05/04/09 05/07/09	Invoice Number: 36887681 Department: PATHOLOGY Location: FROEDTERT MEM LUTH HOSP(INPATIENT) 81001 URINALYSIS AUTO W/SCOPE UNINSURED 10 PERCENT DISCOUNT	13.00		1.30	\$11.70
05/05/09 05/07/09	Invoice Number: 36887682 Department: PATHOLOGY Location: FROEDTERT MEM LUTH HOSP(INPATIENT) 80048 METABOLIC PANEL TOTAL CA UNINSURED 10 PERCENT DISCOUNT	23.00		2.30	\$20.70
05/05/09 05/07/09	Invoice Number: 36887683 Department: PATHOLOGY Location: FROEDTERT MEM LUTH HOSP(INPATIENT) 85027 COMPLETE CBC AUTOMATED UNINSURED 10 PERCENT DISCOUNT	18.00		1.80	\$16.20
	<b>** Continued on Next Page**</b>				

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**\$10,779.44**



\*\*1071420203

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RESPONSIBLE PARTY

DEVOND L BARNES  
4483 N 84TH ST  
MILWAUKEE, WI 53225

PATIENT NAME BARNES, D		STATEMENT DATE 05/09/2009	ACCOUNT NUMBER 3M1559556
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMR EXP		EXPIRATION DATE	
CARD NUMBER		3 or 4 digit verification number on card	
		V, MC, D       (3) AmEx       (4)	
CARD HOLDER SIGNATURE		SHOW AMOUNT PAID HERE	
x		\$	

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IRS TAX I.D. #39-0806261

ACCOUNT NUMBER	INSURANCE INFORMATION		STATEMENT DATE
3M1559556	PRIMARY:	SECONDARY:	05/09/2009
PATIENT NAME			Payments received after statement date will not appear on this statement.
DEVOND L BARNES			

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
05/04/09 C 09	Invoice Number: 36891074 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 71010 CHEST X-RAY UNINSURED 10 PERCENT DISCOUNT	55.00		5.50	\$49.50
05/04/09 05/04/09 05/04/09 05/07/09	Invoice Number: 36891075 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 73610 X-RAY EXAM OF ANKLE 73590 X-RAY EXAM OF LOWER LEG 73560 X-RAY EXAM OF KNEE 1 OR 2 UNINSURED 10 PERCENT DISCOUNT	60.00 46.00 56.00		16.20	\$145.80
05/04/09 05/07/09	Invoice Number: 36891076 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 73030 X-RAY EXAM OF SHOULDER UNINSURED 10 PERCENT DISCOUNT	73.00		7.30	\$65.70
05/04/09 05/07/09	Invoice Number: 36891077 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 72125 CT NECK SPINE W/O DYE UNINSURED 10 PERCENT DISCOUNT	397.00		39.70	\$357.30
05/04/09 05/07/09	Invoice Number: 36891078 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 72131 CT LUMBAR SPINE W/O DYE UNINSURED 10 PERCENT DISCOUNT	329.00		32.90	\$296.10
	Invoice Number: 36891079 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY)  <b>** Continued on Next Page**</b>				

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