

Janice Estes
3613 N. 80 Street
Milwaukee, WI 53222

May 14, 2008

City Clerk
Attn: Claims
200 E Wells Street
Room 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
2008 MAY 20 PM 2:34
RONALD D. LEONHART
CITY CLERK

Re: Fall Injury

On the morning of January 15, 2008 I had a very hard fall landing on my chin as I was walking to the #62 Capitol bus stop. This was approx 6:40 A.M in between 3723-3731 N. 77 Street on a raised sidewalk. I saw black spots in front of my eyes, suffered trauma to the face, very swollen lips, re injured my right knee which I had surgery on in April 2007 and shifted a tooth which the dentist informs we that will need to be pulled.

Today I still suffer from facial pain and very achy teeth.

I am seeking reimbursement for the following expenses:

M. Elson	\$334.00
R Musni	\$167.00
J. Davies	\$637.00
J. Davies	\$329.00
R Verbos	\$64.00
L. Machi	\$4,000 for replacing tooth (Implant)
	\$20,000 Pain and Suffering

MAY 20 2008
CITY OF MILWAUKEE

Janice Estes
Janice Estes
Day Phone 414 385-3610
Evening Phone 414 464-1728

UNITED HEALTHCARE INSURANCE COMPANY
 SPRINGFIELD SERVICE CENTER
 P O BOX 30555
 SALT LAKE CITY, UT 84130-0555
 PHONE: 1-800-736-9802
 VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2
 DATE: 01/28/08
 ID #: A 915526695
 EMPLOYEE: JANICE ESTES
 CONTRACT: 0708835
 BENEFIT PLAN: ME ENERGIES

JANICE ESTES
 3613 N 80 TH STREET
 MILWAUKEE WI 53222

EXPLANATION OF BENEFITS

SERVICE DETAIL

PATIENT/RELAT CLAIM NUMBER	PROVIDER SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
JANICE 9632201801	EE J BETZ OFFICE VISITS RADIOLOGY SERVICES	01/10/08 01/10/08 TOTAL	155.00		142.41	142.41		0.00*	UG
			114.00		75.92	75.92	0.00*	UG	
			269.00		218.33	218.33	0.00	QN	
					PLAN PAYS		0.00		
					** PATIENT PAYS		218.33		
JANICE 0602238201	EE A THAKUR LABDRATORY SERVICES	01/14/08 TOTAL	203.00		60.67		90%	54.60*	D1
			203.00		60.67		54.60	QN	
							PLAN PAYS		54.60
					** PATIENT PAYS		6.07		
JANICE 0032006801	EE M ELSON RADIOLOGY SERVICES RADIOLOGY SERVICES	01/15/08 01/15/08 TOTAL	193.00		72.47		90%	65.22*	D1
			141.00		55.62		90%	50.06*	D1
			334.00		128.09		115.28	QN	
					PLAN PAYS		115.28		
					** PATIENT PAYS		12.81		
JANICE 9632201901	EE P REGAN CONSULTATION LABDRATORY SERVICES	01/09/08 01/09/08 TOTAL	229.00		211.80	81.87	90%	116.94*	D1
			105.00		7.31		90%	6.58*	D1
			334.00		218.91	81.67	123.52	QN	
					PLAN PAYS		123.52		
					** PATIENT PAYS		95.39		
JANICE 0368129401	EE R MUSNI OFFICE VISITS	01/15/08 TOTAL	167.00		167.00		90%	150.30*	QN
			167.00		167.00		150.30		
							PLAN PAYS		150.30
					** PATIENT PAYS		16.70		
JANICE 0024458901	EE P REGAN SURGERY	01/14/08 TOTAL	1045.00		751.99		90%	678.79*	D1
			1045.00		751.99		676.79	QN	
							PLAN PAYS		676.79
					** PATIENT PAYS		75.20		
JANICE 0308841501	EE COLUMBIA ST MARYS SURGERY	01/14/08 TOTAL	2644.26		2212.00		90%	1990.80*	D2
			2644.26		2212.00		1990.80	QN	
							PLAN PAYS		1990.80
					** PATIENT PAYS		221.20		

(*) INDICATES PAYMENT ASSIGNED TO PROVIDER

** DEFINITION: "PATIENT PAYS" IS THE AMOUNT, IF ANY, OWED YOUR PROVIDER. THIS MAY INCLUDE AMOUNTS ALREADY PAID TO YOUR PROVIDER AT TIME OF SERVICE.

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"
 (UG) WE HAVE APPLIED THIS PHYSICIAN'S OR HEALTH CARE PROFESSIONAL'S DISCOUNTED RATE TOWARDS YOUR DEDUCTIBLE. YOU HAVE NOT YET EXCEEDED YOUR DEDUCTIBLE AMOUNT; THEREFORE NO BENEFITS ARE PAYABLE.
 ANSI CODE: PR1 - DEDUCTIBLE AMOUNT
 (QN) YOUR CLAIM MAY HAVE BEEN SEPARATED FOR PROCESSING PURPOSES. ANY ADDITIONAL CHARGES WILL BE PROCESSED AS SOON AS POSSIBLE.
 ANSI CODE: CD133- THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.

FURTHER EXPLANATION OF BENEFITS INFORMATION IS ON CONTINUATION PAGE(S)

THIS IS NOT A BILL

UNITED HEALTHCARE INSURANCE COMPANY
 SPRINGFIELD SERVICE CENTER
 P O BOX 30555
 SALT LAKE CITY, UT 84130-0555
 PHONE: 1-800-736-9602
 VISIT WWW.MYUHC.COM FOR SELF SERVICE



PAGE: 1 OF 2
 DATE: 02/28/08
 ID #: A 915526685
 EMPLOYEE: JANICE ESTES
 CONTRACT: 0708835
 BENEFIT PLAN: NE ENERGIES

JANICE ESTES
 3613 N 80 TH STREET
 MILWAUKEE WI 53222

EXPLANATION OF BENEFITS

SERVICE DETAIL

PATIENT/RELAT CLAIM NUMBER	PROVIDER SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY DEDUCTIBLE	PLAN COVERS	BENEFIT AVAILABLE	REMARK CODE
JANICE 2839119401	EE J DAVIES								
	OFFICE VISITS	02/04/08	179.00	179.00				0.00*	05
	RAOIDLOGY SERVICES	02/04/08	136.00		34.37		90%	30.93*	01
	RAOIDLOGY SERVICES	02/04/08	180.00		39.26		90%	35.34*	D1
	RAOIDLOGY SERVICES	02/04/08	162.00		33.92		90%	30.53*	D1
	TOTAL		637.00	179.00	107.55			96.80	QN
						PLAN PAYS		96.80	
						** PATIENT PAYS		10.75	
JANICE 2766692301	EE M SHAPSON								
	OFFICE VISITS	02/20/08	118.00		114.52		90%	103.07*	01
	TOTAL		118.00		114.52			103.07	QN
						PLAN PAYS		103.07	
						** PATIENT PAYS		11.45	
JANICE 2536007801	EE J DAVIES								
	SURGERY	02/04/08	317.00		167.21		90%	150.49*	D1
	PRESCRIPTION DRUGS	02/04/08	12.00		3.00		90%	2.70*	D1
	TOTAL		329.00		170.21			153.19	QN
						PLAN PAYS		153.19	
						** PATIENT PAYS		17.02	

(*) INDICATES PAYMENT ASSIGNED TO PROVIDER

** DEFINITION: "PATIENT PAYS" IS THE AMOUNT, IF ANY, OWED YOUR PROVIDER. THIS MAY INCLUDE AMOUNTS ALREADY PAID TO YOUR PROVIDER AT TIME OF SERVICE.

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"
 (05) THIS PROCEDURE OR SUPPLY IS PART OF THE GLOBAL SERVICE. THESE CHARGES ARE NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT.
 ANSI CODE:CO97 - PAYMENT IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE/PROCEDURE.
 (01) THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.
 ANSI CODE:CD45 - CHARGES EXCEED YOUR CONTRACTED/ LEGISLATED FEE ARRANGEMENT.
 (QN) YOUR CLAIM MAY HAVE BEEN SEPARATED FOR PROCESSING PURPOSES. ANY ADDITIONAL CHARGES WILL BE PROCESSED AS SOON AS POSSIBLE.
 ANSI CODE:CO133- THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.

BENEFIT PLAN PAYMENT SUMMARY INFORMATION	
J DAVIES	\$249.99
M SHAPSON	\$103.07

SATISFIED 2008 TO DATE	IN NETWORK DEDUCTIBLE	IN NETWORK OUT OF POCKET	OUT OF NETWORK DEDUCTIBLE	OUT OF NETWORK OUT OF POCKET
FAMILY JANICE EE	\$600.00 \$300.00	\$1138.33 \$684.92	\$600.00 \$300.00	\$1138.33 \$684.92
PLAN YEAR 2008	FAMILY: \$600.00 INDIV: \$300.00	FAMILY: \$1600.00 INDIV: \$800.00	FAMILY: \$600.00 INDIV: \$300.00	FAMILY: \$1900.00 INDIV: \$950.00

YOU HAVE THE RIGHT TO RECEIVE, UPON REQUEST AND FREE OF CHARGE, A COPY OF THE INTERNAL RULE, GUIDELINE OR PROTOCOL THAT WE RELIED UPON IN MAKING THE NON-COVERAGE DECISION FOR YOUR CLAIM.

YOU HAVE THE RIGHT TO RECEIVE, UPON REQUEST AND FREE OF CHARGE, AN EXPLANATION OF THE SCIENTIFIC BASIS AND CLINICAL JUDGMENT THAT WE RELIED UPON IN MAKING THE NON-COVERAGE DECISION FOR YOUR CLAIM.

THIS IS NOT A RII I



The Guardian Life Insurance
Company of America

IF YOU HAVE
ANY QUESTIONS
CONTACT:

P.O. BOX 2459
SPOKANE WA 99210-2459
(800) 541-7846
OR WWW.GUARDIANLIFE.COM



JANICE M ESTES
3613 N. 80 TH STREET
MILWAUKEE WI 53222-2919

CLAIM NO.: 81019510N00
EMPLOYEE NAME: JANICE M ESTES
EMPLOYEE ID:
PATIENT NAME: JANICE M ESTES
RELATIONSHIP: MEMBER
PATIENT ACCT. NO.:
PLAN NO.: 00361923
PLANHOLDER: WE ENERGIES
PROVIDER: RICHARD C VERBOS, DDS
DATE: 04/23/2008

pd \$50.00

LINE NO.	SUBMITTED ADA CODE/DESCRIPTION	ALT CODE	TOOTH NO.	DATE OF SERVICE	SUBMITTED CHARGE	CONSIDERED CHARGE	COVERED CHARGE	DEDUCTIBLE	PAYMENT RATE	BENEFIT
1	D0120/PERIODIC EVAL			03/28/08	28.00	23.00	0.00		100%	0.00
2	D0220/INTRAORAL XRAY			03/28/08	13.00	13.00	13.00		100%	13.00
3	D0272/2 BITEWINGS			03/28/08	23.00	21.00	21.00		100%	21.00
				TOTALS	64.00	57.00	34.00		0.00	34.00

SERVICE LINE REMARKS

A DENTALGUARD PARTICIPATING DENTIST HAS BEEN UTILIZED
I. THE DENTAL PLAN COVERS ONLY ONE DRAL EXAM/OFFICE VISIT IN ANY 6 CONSECUTIVE MONTH PERIOD.

BENEFIT SUMMARY

TOTAL BENEFIT PAYABLE....\$	34.00
HIGHER ALLOWABLE.....	34.00
PAID BY OTHER INSURANCE...	0.00
ADJUSTMENTS.....	0.00
TOTAL BENEFITS PAID.....\$	34.00
PATIENT RESPONSIBILITY.....	23.00

YOU HAVE REACHED \$0.00 OF YOUR INDIVIDUAL DEDUCTIBLE OF \$25.00 FOR BENEFIT YEAR BEGINNING 01/01/08.
YOU HAVE REACHED \$34.00 OF YOUR INDIVIDUAL MAXIMUM OF \$1,200.00 FOR BENEFIT YEAR BEGINNING 01/01/08.

IMPORTANT! SAVE THIS STATEMENT FOR TAX PURPOSES. SEE REVERSE SIDE FOR IMPORTANT NOTICES.

CHECK NO., AMOUNT AND PAYEE:	0035060999	\$34.00	RICHARD C VERBOS, DDS
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EMPLOYEE COPY

502562
 MILWAUKEE ORTHOPAEDIC GROUP
 1218 WEST KILBOURN AVE
 MILWAUKEE WI 53233

STATEMENT

AS OF NOV 7TH DR WARTINBEE WILL
 EXTEND OFFICE HOURS AT THE
 MEQUON OFFICE - 11AM-7PM
 WWW.MILWAUKEEORTHOPAEDICS.COM

8521
 5372X
 SA05

ADDRESS SERVICE REQUESTED

Please include Security Code From Back Of Card
 CHECK CARD USING FOR PAYMENT

MASTERCARD VISA VISA AMERICAN EXPRESS

CARD NUMBER	EXP. DATE
CARDHOLDER NAME	SECURITY CODE
SIGNATURE	AMOUNT

>29100 3819844 001 092096
 JANICE M ESTES
 3613 N 80TH ST
 MILWAUKEE WI 53222-2919

REMIT TO:
pd in full

MILWAUKEE ORTHOPAEDIC GROUP
 1218 W KILBOURN AVE
 MILWAUKEE WI 53233-1330

1218W KILBOURN AVE MILWAUKEE WI 53233

PLEASE RETURN THIS PORTION WITH PAYMENT

Office Phone Number (414) 765-0012	Statement Date 04/04/08	Your Account Number 502562	Page No. 01	Patient Balance 17.02	SHOW AMOUNT PAID HERE \$
---------------------------------------	----------------------------	-------------------------------	----------------	--------------------------	--------------------------

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER / REFERRING PROVIDER EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	INSURANCE PENDING	PAYMENTS AND CREDITS	PATIENT BALANCE
020408	DAVIES MD/DAVIES MD CPT: 99214 -SE OFFICE/OUTPATIENT VISIT	JANICE M ES	179.00			
020408	CPT: 73565 X-RAY EXAM, BOTH KNEES, STANDING		136.00			
020408	CPT: 73562 -DI X-RAY EXAM, KNEE, 3+ VIEWS		160.00			
020408	CPT: 72170 X-RAY EXAM, PELVIS, 2 VIEWS		162.00			
020608	UNITED HEALTHCARE # 137217 Filed			189.75		
030308	PMT UNITED HEALTHCARE c# 1372171				-96.80	
030308	W/O UNITED HEALTHCARE c# 1372171				-350.45	
030308	Co-ins 10.75					
*****	Visit Totals:		637.00	189.75	-447.25	0
020408	DAVIES MD/DAVIES MD CPT: 20610 -RI ARTHROCENTESIS MAJOR J	JANICE M ES	317.00			
020408	CPT: J3301 TRIAMCINOLONE ACETONIDE (PER CC)		12.00			
020608	UNITED HEALTHCARE # 137675 Filed			0.00		
030308	PMT UNITED HEALTHCARE c# 1376751				-153.19	
030308	W/O UNITED HEALTHCARE c# 1376751				-158.79	
030308	Co-ins 17.02					
*****	Visit Totals:		329.00	0.00	-311.98	17

VISIT US AT OUR WEBSITE
 WWW.MILWAUKEEORTHOPAEDICS.COM

Statement Date: 04/04/08 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: 502562

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
	206.77			206.77	189.75	17.0

SEND INQUIRIES / PAYMENTS TO:
 MILWAUKEE ORTHOPAEDIC GROUP
 1218 WEST KILBOURN AVE
 MILWAUKEE WI 53233
 IRS #: 391131571

(414) 765-0012

AS OF NOV 7TH DR WARTINBEE
 WILL EXTEND OFFICE HOURS
 11AM-7PM-MEQUON OFFICE ONLY
 WWW.MILWAUKEEORTHOPAEDICS.COM

29100 3819844 029105 029105 00001/00001

FOR ALL MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. THIS MEDICINE MAY CAUSE drowsiness or dizziness. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. AVOID ALCOHOLIC BEVERAGES while taking this medicine. To minimize dizziness or lightheadedness, get up slowly when rising from a seated or lying position. This medicine may cause constipation. To prevent constipation, maintain a diet adequate in fiber, drink plenty of water, and exercise. THIS MEDICINE CONTAINS ACETAMINOPHEN. Do not take additional acetaminophen for pain or fever without checking with your doctor or pharmacist.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 959810

JANICE ESTES

3613 N 80th St, Milwaukee, WI 53222
414)464-1728

RX # 2879169-04537

DATE: 01/15/08

HYDROCODONE/APAP 5MG/500MG TABS

QTY: 24 NO REFILLS - DR. AUTH REQUIRED

New NDC: 00591-0349-05

Retail Price: \$16.39 Your Insurance Saved You: \$16.19

\$ 0.20

R. MUSNI, MD
MFG: WATSON
RLT/PTP/ /PXB

PLAN: PAID
GROUP# WE08123
CLAIM REF# 0E1A393

Walgreens
The Pharmacy America Trusts Since 1901

7000 W CAPITOL MILWAUKEE, WI 53222
PH: (414)464-4601

Customer
Receipt

JANICE ESTES

3613 N 80th St, Milwaukee, WI 53222
414)464-1728

RX # 2879169-04537

DATE: 01/15/08

HYDROCODONE/APAP 5MG/500MG TABS

QTY: 24 NO REFILLS - DR. AUTH REQUIRED

New NDC: 00591-0349-05

Retail Price: \$16.39 Your Insurance Saved You: \$16.19

\$ 0.20

R. MUSNI, MD
MFG: WATSON
RLT/PTP/ /PXB

PLAN: PAID
GROUP# WE08123
CLAIM REF# 0E1A393

Walgreens
The Pharmacy America Trusts Since 1901

7000 W CAPITOL MILWAUKEE, WI 53222
PH: (414)464-4601

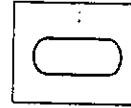
Duplicate
Receipt

Pharmacy use only

TUE 11:38PM
New

HYDROCODONE/APAP 5MG/500MG TABS
00591-0349-05
CELL 5

QTY 24
20 DRAM



WHITE
FRONT: WATSON 349

RLT/PTP/ /PXB

677, 5711, 01/15/2008, Sequence#2, 12:21:24 AM, DB#01/09/2008, NDC: xxxxxxxxxx, 12572, 12771

ES

PAD

2879169 0101 1 0000020 8*

TUE 11:38PM
\$0.20

JANICE ESTES

3613 N 80th St

Milwaukee, WI 53222

(414)464-1728

* Your Insurance Saved You: \$16.19

01/15/08
New



**Personal
Prescription
Information**

LOOK INSIDE FOR IMPORTANT INFORMATION
ABOUT YOUR MEDICATION.

Take advantage of these convenient services:

- Valuable Info by Email
Get health information and prescription reminders by email. Just go to walgreens.com.
- Auto Refills
We'll automatically refill your prescription before it's due to run out. Sign up in the pharmacy.

Walgreens
The Pharmacy America Trusts • Since 1901

Visit us online at Walgreens.com

Thank you for choosing Walgreens!