08-5-558

Action

Law Offices, S.C.

Milwaukee Office:

933 North Mayfair Road Suite 200

Milwaukee, WI 53226

Telephone: (414) 456 • 1111 Facsimile: (414) 456 • 1644 Racine/Kenosha Office:

1020 West Boulevard Racine, WI 53405

Telephone: (262) 637 • 3000 Facsimile: (262) 632 • 9505

MILWAUKEE OFFICE

December 4, 2008

City Clerk City of Milwaukee 200 East Wells Street Milwaukee, Wisconsin 53202-3551

RE: Claim

My Client: Thomas Tillman Accident of April 1, 2008

To Whom It May Concern:

Enclosed please find the original and four (4) copies of the Claim forms relative to above matter.

Please indicate the date of receipt and filing on one of the enclosed copies and return same to my office.

Thank you for your assistance.

Very Truly Yours,

STÉVEN C. GABERT

SCG:trm Enclosure

CLAIM

TO: CITY CLERK

CITY OF MILWAUKEE 200 EAST WELLS STREET

17.

: 1.

MILWAUKEE, WISCONSIN 53202

PLEASE TAKE NOTICE Pursuant to Wisconsin Statute § 893.80(1765) that the undersigned is making a claim for injuries and damages against you by virtue of the easons set of forth hereafter:

NAME OF CLAIMANT:

THOMAS TILLMAN VETERAN'S ADMINISTRATION

DATE AND TIME OF INJURIES SUSTAINED:

APRIL 1, 2008 at 4:15 pm

PLACE OR LOCATION WHERE INJURY OR DAMAGES OCCURRED:

3334 WEST HIGHLAND MILWAUKEE, WISCONSIN

MANNER IN WHICH DAMAGES OR INJURIES WERE RECEIVED OR OCCURRED:

Claimant was traveling Eastbound on West Highland Avenue making a left turn into the parking lot at 3334 West Highland Avenue, when the claimant's vehicle drove into a very large pot hole at the driveway entrance (6 feet long and two feet wide and eight inches deep), where there was no barricades, signs, or warnings. Barricades had previously been placed but were removed by the city, leaving the hole unprotected.

GROUNDS ON WHICH CLAIM IS MADE:

Negligence on the part of The City of Milwaukee by its agent, servant, and/or employee in failing to place barricades to protect/warn citizens of a known hazard.

GENERAL DESCRIPTION OF INJURIES AND DAMAGES:

PERSONAL INJURIES:

- Loss of Consciousness
- ... Bloody Nose with Swelling
 - Chronic Sinus Congestion
 - Lower lip-cut badly 8 stitches
 - Airbag bruised lower forearm
 - Right Hand swollen
- Bilateral Hand and Wrist Pain
- Right Thumb Sprained

MEDICAL EXPENSES PAIN AND SUFFERING

PLEASE TAKE NOTICE that satisfaction for such injuries or damages is claimed, and that pursuant to Section 893.80(1)(b), Wisconsin Statutes, an itemization of Special Damages is attached hereto and this demand is in the sum of Fifty Thousand Dollars and 00 Cents (\$50,000.00).

Dated at Milwaukee, Wisconsin, this _______day of December, 2008.

Claimant:

THOMAS TILLMAN

4762 NORTH 53rd STREET

MILWAUKEE, WISCONSIN 53218

ACTION LAW OFFICES

BY:

STEVEN C. GABERT

Attorney for the Claimant 933 North Mayfair Road

Suite 200

Milwaukee, Wisconsin 53226

Telephone: (414) 456-1111

Subscrib that Work to be fore me this Lay of Decliber, 2008.

. .

Notary Public: State of Wise My Compassion Express

6/19/

THOMAS TILLMAN -vs- City of Milwaukee Accident of April 1, 2008

DAMAGES

1. Medical Expenses (see attached itemization)	\$ 9,684.70
2. Pain and Suffering	40,315.30
TOTAL DAMAGES	\$50,000.00

THOMAS TILLMAN -vs- City of Milwaukee Accident of April 1, 2008

1

ήi.

.

DAMAGES

1. Medical Expenses (see attached itemization)	\$ 9,684.70
2. Pain and Suffering	40,315.30
TOTAL DAMAGES	\$50,000.00

Th	ωm	as "	Fill	lm	an

1-Apr-08

**	*****	******	******	*****	****	******	******
ske ske s	Krake ake ake ake ake ake ake ake a					ntion & Special l	Damages *******
a		y Damage	e ale ale ale ale ale ale ale ale			EST.	1,255.00
:1	V.A. Ho	spital		Ą	:	£	
	REC	4/1/08					IN
	STMT	4/1/08					\$5,553.58
	REC	5/2/08		-		. •	IN
	STMT	5/2/08					\$391.85
	REC	5/16/08					IN
	STMT	5/16/08					\$2,484.27
· 2	Photogr	aphs					IN .
3	Mileage						21.21

Total \$9,705.91

T	ho	mas	Til	llman

1	-/	٩r	r-	0	8

ij. 45

•	
***************************************	****

***	Itemization Of Medical Information & Special Damages ************************************							
a	Property	y Damage		EST.	1,255.00			
1	V.A. Ho	spital	4	.:	•			
	REC	4/1/08			IN			
٠. ا	STMT	4/1/08		•	\$5,553.58			
, .	REC	5/2/08	•		${ m IN}$			
:•	STMT	5/2/08			\$391.85			
	REC	5/16/08			IN			
	STMT	5/16/08			\$2,484.27			
2	Photogr	aphs		•	IN			
3	Mileage				21.21			

Total \$9,705.91



Send to Printer

advertisement

1993 Ford Taurus GL Wagon 4D

BLUE BOOK® PRIVATE PARTY VALUE



Condition	Value
Excellent	\$1,915
✓ Good	\$1,610
(Selected)	

Fair

Average Consumer Rating (78 Reviews)

Read Reviews

\$1,255

ជាជាជាធ្វើ 4 out of 5

Review This Vehicle

Vehicle Highlights

Mileage:

169,000

Engine: Transmission: V6 3.8 Liter Automatic

Drivetrain:

FWD

Selected Equipment

Standard

Air Conditioning

Power Steering

AM/FM Stereo

Optional

Power Windows

Tilt Wheel

Cassette

Power Door Locks

Cruise Control

Dual Front Air Bags

Blue Book Private Party Value

Private Party Value is what a buyer can expect to pay when buying a used car from a private party. The Private Party Value assumes the vehicle is sold "As Is" and carries no warranty (other than the continuing factory warranty). The final sale price may vary depending on the vehicle's actual condition and local market conditions. This value may also be used to derive Fair Market Value for insurance and vehicle donation purposes.



Close Window

Vehicle Condition Ratings

Excellent

\$1,915

- Looks new, is in excellent mechanical condition and needs no reconditioning.
- Never had any paint or body work and is free of rust.
- Clean title history and will pass a smog and safety inspection.
- Engine compartment is clean, with no fluid leaks and is free of any wear or visible defects.
- · Complete and verifiable service records.

Less than 5% of all used vehicles fall into this category.

✓ Good (Selected)

CCCC

\$1,610

- · Free of any major defects.
- Clean title history, the paints, body, and interior have only minor (if any) blemishes, and there are no major mechanical problems.
- Little or no rust on this vehicle.
- · Tires match and have substantial tread wear left.
- A "good" vehicle will need some reconditioning to be sold at retail.

Most consumer owned vehicles fall into this category.

Fair

CCC

\$1,255

- Some mechanical or cosmetic defects and needs servicing but is still in reasonable running condition.
- Clean title history, the paint, body and/or interior need work performed by a professional.
- · Tires may need to be replaced.
- · There may be some repairable rust damage.

Poor

ij.

N/A

- Severe mechanical and/or cosmetic defects and is in poor running condition.
- May have problems that cannot be readily fixed such as a damaged frame or a rusted-through body.
- Branded title (salvage, flood, etc.) or unsubstantiated mileage.

Kelley Blue Book does not attempt to report a value on a "poor" vehicle because the value of these vehicles varies greatly. A vehicle in poor condition may require an independent appraisal to determine its value.

* Wisconsin 4/7/2008

			,	
		,		
•				
·				
	·			

NOTE DATED: 04/01/2008 17:57

LOCAL TITLE: INJECTIONS / IMMUNIZATION OUTPT NOTE [DT] STANDARD TITLE: NURSING OUTPATIENT IMMUNIZATION NOTE

VISIT: 04/01/2008 17:13 ER/TRIAGE/ACC(PM)

Reason for visit: Immunizations

CPT: 90471

Tetanus/Diptheria/Acellular Pertussis Immunization Administered:

Vaccine Information Statement given to patient.

Patient agrees to Tetanus/Diptheria/Acellular Pertussis Vaccine

Dose: 0.5ml Route: IM

Lot#: U2299CA Expiration Date: JUN/07/09

Site: Left Deltoid

Injections

Signed by: /es/ CHERYL ROHLOFF BSN, RN REGISTERED NURSE

04/01/2008 17:59

Vice SF 509

Progress Notes MEDICAL RECORD

NOTE DATED: 04/01/2008 17:38

LOCAL TITLE: 1010M - (TRIAGE/ER/ACC) NOTE

STANDARD TITLE: EMERGENCY DEPT NOTE

VISIT: 04/01/2008 17:13 ER/TRIAGE/ACC(PM)

FORM - 1010M

______ PRESENTING COMPLAINT: S/P MVC . STATES DROVE AROUND A CORNER AND HOT A BIG POTHOLE . STATES FACE HIT THE STEERING WHEEL AIRBAG DEPLOYED STATES PT . STATES WAS GOING 10 MPH. DENIES LOC BUT WIFE STATES WAS OUT FOR A MINUTE . LACERATION TO LOWER LIP AREA 1.5 INCHES BLEEDING CONTROLLED . BLOODY NOSE WITH SWELLING CURRENTLY NON BLEEDING . C/O PAIN TO RIGHT HAND ESP THENAR AREA SWELLING NOTED. DENIES CHEST PAIN SOB . STATES REPORTED TO POLICE AND EMS ON SCENE . DENIES NECLK PAIN C COLLAR APPLIED

TRIAGE - TIME OF ARRIVAL: 17:39

ON ARRIVAL: Ambulatory

AGE: 50 SEX: Male

DO TO INJURY?: No HOMELESS?: No

Unintentional weight gain/loss (10 lbs or >) in the last month?: No Any change in the use of your arms or legs in the last 3 months?: No Have you FALLEN in the last six months?: No

======= PAST MEDICAL HISTORY ================================ ACTIVE PROBLEM LIST:

UPDATED ICD9 PROBLEM 06/26/03 455.0 Internal hemorrhoids without mention of complication (ICD-9-CM 455.0) 06/26/03 562.10 Diverticulosis, Colonic (ICD-9-CM 562.10) 07/22/03 401.9 Hypertension (ICD-9-CM 401.9)

02/18/04 780.57 Sleep Apnea (ICD-9-CM 780.57/786.09) 03/05/04 272.1 Hypertriglyceridemia (ICD-9-CM 272.1)

03/05/04 278.00 Obesity (ICD-9-CM 278.00)

03/05/04 305.1 Tobacco Use (ICD-9-CM 305.1) 11/08/05 362.89 Retinal Disorder 09/26/06 366.9 Cataract NOS 06/13/07 724.2 Low Back Pain (ICD-9-CM 724.2)

Oriented to: place,

Exp Date Medication

03/01/09 LISINOPRIL 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE

02/01/09 AMITRIPTYLINE HCL 50MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME 02/01/09 GABAPENTIN 400MG CAP TAKE THREE CAPSULES BY MOUTH THREE TIMES A DAY

01/17/09 SIMVASTATIN 40MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - TO LOWER CHOLESTEROL. , AVOID GRAPEFRUIT AND ITS JUICE WITH THIS MED.

01/16/09 HYDROCHLOROTHIAZIDE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE

06/13/08 DOCUSATE NA 100MG CAP TAKE ONE CAPSULE BY MOUTH EVERY DAY AS NEEDED TO SOFTEN STOOLS

** THIS NOTE CONTINUED ON NEXT PAGE **

TILLMAN, THOMAS LEE MILWAUKEE VAMC Printed: 08/05/2008 15:38 478-78-9425 DOB:11/04/1957 Pt Loc: OUTPATIENT Vice SF 509

Progress Notes

04/01/2008 17:38 ** CONTINUED FROM PREVIOUS PAGE **

06/13/08 NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN -TAKE WITH FOOD

Known Allergies Reviewed, No Allergy to LATEX (rubber),

LOVASTATIN 40MG TAB - HEADACHE

FLUNISOLIDE NASAL SOLUTION 25ML - BURNING; DISCOMFORT

Patient's medications are listed in the computer.

Temp Pulse Resp B/P FS POx Pain 98.7 77 16 151/109 97 6 Time 98.7 17:39

BP: Lying/Left arm 17:45

BP: Sitting/Left arm

156/100

NURSING DIAGNOSIS:

Acute pain

DISPOSITIONED TO: Emergency Room CONDITION: Satisfactory

> Signed by: /es/ MARGIT A ERKKILA REGISTERED NURSE 04/01/2008 17:45

04/01/2008 18:02 ADDENDUM

STATUS: COMPLETED

CC: MVA

50 yo M w/h/o HTN, LBP came to ED following MVA. Pt was driving, hit "very large pothole" - car bounced in and then out of it, airbag deployed but not before pt's face hit steering wheel. Seatbelt was on. Brief LOC, able to get out of car on own. 911 called, police came but pt preferred to be brought to VA ED. C/o pain in lip - lac; nosebleed on scene but resolved; bilat hand & wrist pain, R worse. Denies CP, SOB, abd pain, LE pain.

PMH:

Computerized Problem List is the source for the following:

- 1. Internal hemorrhoids without mention of complication (ICD-9-CM 455.0)
- 2. Diverticulosis, Colonic * (ICD-9-CM 562.10)
- 3. Hypertension * (ICD-9-CM 401.9)
- 4. Sleep Apnea (ICD-9-CM 780.57/786.09)
- 5. Hypertriglyceridemia * (ICD-9-CM 272.1)
- 6. Obesity * (ICD-9-CM 278.00)

** THIS NOTE CONTINUED ON NEXT PAGE **

Progress Notes

- 7. Tobacco Use * (ICD-9-CM 305.1)
- 8. Retinal Disorder
- 9. Cataract NOS
- 10. Low Back Pain * (ICD-9-CM 724.2)

Physical:

Vitals:

Temperature: 98.7 F [37.1 C] (04/01/2008 17:39)

Respirations: 16 (04/01/2008 17:39)

Pulse: 77 (04/01/2008 17:39)

Blood Pressure: 156/100 (04/01/2008 17:45) Height: 70.5 in [179.1 cm] (02/29/2008 14:01) Weight: 219 lb [99.5 kg] (02/29/2008 14:01)

Pain: 6 (04/01/2008 17:45)

Alert, uncomfortable but no reps distress Nose swollen, early bruising, blood crusted in bilat nares. No tenderness on palpation of orbits or facial bones. 2.5 cm laceration entirely within lower lip, ~5mm deep/flap, oozing blood. No teeth tenderness, no bleeding within mouth.

C collar in place (placed on arrival)

R hand/wrist: Tenderness ventral aspect mid forearm with some swelling, no wrist tenderness. Tender & swollen thenar eminence, base of thumb, 2nd & 3rd carpals and MCP joints. ROM mildly limited. Sensation intact.

L hand/wrist: Localized swelling ventral aspect ~3 cm prox to wrist with bruising; tender & swollen 2nd & 3rd MCP joints. ROM mildly limited, sensation intact.

Abd soft NT/ND

LE nontender, full ROM

A/P:

MVA - lip laceration, possible fractures of nose, wrists/hands.

- C-spine films
- CT orbits
- XR Facial bones
- XR bilat wrists & hands
- CBC, BMP, coags
- Tetanus shot
- OMFS consult for lip lac

Pt signed out to Dr. Benjakul for further eval & tx Signed by: /es/ JULIA M. WREN, MD RESIDENT 04/01/2008 18:18

> Cosigned by: /es/ PHILIP BENJAKUL MD STAFF PHYSICIAN, PRIMARY CARE 04/01/2008 20:37

04/01/2008 20:37

ADDENDUM

STATUS: COMPLETED** THIS NOTE CONTINUED O

TILLMAN, THOMAS LEE 478-78-9425 DOB:11/04/1957 Pt Loc: OUTPATIENT

MILWAUKEE VAMC

Printed:08/05/2008 15:38

Vice SF 509

X

Affidavit

Being first duly sworn, I do hereby state:

That my name is Everett Cherry. For approximately 11 years, I have been a resident at College Court, 3334 W. Highland, a City of Milwaukee Housing Authority residential facility. I stay in Unit #620. My telephone number is 414-934-0317.

In March 2008, a very large pothole appeared at the driveway entrance to the parking lot. The City placed a large orange and white barricade over the pothole that we had to go around to get in or out of the lot. The barricade was up for at least a week, but I am unsure how long. I then noticed that the barricade had been removed, but the hole was still there.

On April 1, 2008, I was waiting in the rear of the building to be picked up by Thomas Tillman. I understand that while I was waiting, Thomas was injured when his car hit the unprotected pothole in the driveway. I found out about it minutes after he got hurt.

If the City of Milwaukee had made a proper repair of the hole or if it left the barricade in place, this accident would not have happened.

I swear that the statement above is true and accurate.

Everett Cherry

Subscribed and sworn to before me This 27th day of October 2008

Joanne Kranken, Notary Public

My commission expires: 12-27-09

Affidavit

Being first duly sworn, I do hereby state:

That my name is Lena Cherry. For approximately 5 years, I have been a resident at College Court, 3334 W. Highland, a City of Milwaukee Housing Authority residential facility. I stay in Unit #812. My telephone number is 414-933-7285.

In March 2008, a very large pothole appeared at the driveway entrance to the parking lot. The City placed a large orange and white barricade over the pothole that we had to go around to get in or out of the lot. The barricade was up for at least a week, but I am unsure how long. I then noticed that the barricade had been removed, but the hole was still there.

On April 1, 2008, I left the parking lot in my car and had to avoid the hole in the driveway. The barricade had been removed a day or so earlier and as I left the lot I remarked to my companion words to the effect of, "I guess they are not going to fix that hole until somebody gets hurt!" When I returned to the lot I again avoided the hole, but as I got out of my car and was still in the lot, I saw a car go into the pothole.

It turned out that the person in the car was Thomas Tillman. When he drove into the hole, the barricade was no longer present. I believe the barricade was placed by the City of Milwaukee because it owns and manages both the building and the street in front of it. If the City of Milwaukee had made a proper repair of the hole or if it left the barricade in place, this accident would not have happened.

I swear that the statement above is true and accurate.

Lena Cherry

Subscribed and sworn to before me This 27th day of October 2008

Joanne Franken, Notary Public

My commission expires: 12-27-1

04/01/2008 17:38 ** CONTINUED FROM PREVIOUS PAGE **

addendum:

pt seen and sutured by oral max surgery. pt to fu in clinic on monday tx with keflex x 5 days, awaiting radiology for imaging, further evaluation of neck and face and hand neg. pt without any gross deformities or pinpt boney tenderness.

> Signed by: /es/ PHILIP BENJAKUL MD STAFF PHYSICIAN, PRIMARY CARE 04/01/2008 21:25

04/01/2008 21:02

ADDENDUM

STATUS: COMPLETED

PT GIVEN 2 TYLENOL # 3 PER VO DR BENJAKUL

Signed by: /es/ SHEILA R ADAMEAK REGISTERED NURSE

04/01/2008 21:02

HAND (ROUTINE) MIN 3 VIEW,

Exm Date: APR 01, 2008@18:30

Reg Phys: WREN, JULIA

Pat Loc: ER/TRIAGE/ACC(PM) (Req'g Loc)

Img Loc: RADIOLOGY/MAIN DEPARTMENT

Service: Unknown

(Case 1187 COMPLETE) HAND (ROUTINE) MIN 3 VIEWS

(RAD Detailed) CPT:73130

Proc Modifiers : BILATERAL EXAM

Reason for Study: See Clinical History:

Clinical History:

MVA; bilat hand & wrist pain with decreased mobility

Report Status: Verified

Date Reported: APR 01, 2008

Date Verified: APR 01, 2008

Verifier E-Sig:/ES/MITCHELL S SANDLER

Report:

Three views of each hand and each wrist were obtained. An intravenous catheter is present in the soft tissue on the dorsum of the left hand, and a portion of the intravenous tubing is noted on the dorsal aspect of the left wrist and distal forearm. No fracture, dislocation, or additional abnormality is seen.

Impression:

Normal bilateral hands and wrists, with intravenous catheter in soft tissue on dorsum of left hand.

Primary Interpreting Staff:

MITCHELL S SANDLER, STAFF PHYSICIAN, RADIOLOGY (Verifier)

CERVICAL SPINE (ROUTINE) MIN 4 VIEWS

Exm Date: APR 01, 2008@18:30

Req Phys: WREN, JULIA

Pat Loc: ER/TRIAGE/ACC(PM) (Req'g Loc)

Img Loc: RADIOLOGY/MAIN DEPARTMENT

Service: Unknown

(Case 1189 COMPLETE) CERVICAL SPINE (ROUTINE) MIN 4 VI(RAD Detailed) CP1:72050 Reason for Study: See Clinical History:

Clinical History: MVA, airbag

Report Status: Verified

Date Reported: APR 01, 2008 Date Verified: APR 01, 2008

Verifier E-Sig:/ES/MITCHELL S SANDLER

11/4/57(50)

Report:

AP, lateral, oblique, odontoid, and swimmers views of the cervical spine reveal disc space narrowing which is marked at the level of C5-6 and mild at C3-4. Hypertrophic degenerative disease is present, with osteophytes on the anterior and posterior vertebral body margins at C5-6 and on the facet joints at several levels. The oblique views demonstrate encroachment upon intervertebral foramina which is moderate to marked at C3-4 on the left and mild at C5-6 and C6-7 on both sides.

There is loss of the normal lordosis. No fracture, dislocation, or additional abnormality is seen in the visualized bones. Incidentally noted are small calcified lymph nodes in the right paratracheal region of the mediastinum and the hilum of the right lung due to old inactive inflammatory disease.

Impression:

- 1. Intervertebral disc space narrowing which is marked at C5-6 and mild at C3-4.
- 2. Hypertrophic degenerative disease with encroachment of osteophytes upon intervertebral foramina which is moderate to marked at C3-4 and left and mild at C5-6 and C6-7 bilaterally.
- 3. Loss of normal lordosis which may be a result of muscle spasm or patient position.
- 4. Otherwise normal cervical spine.

Primary Interpreting Staff: MITCHELL S SANDLER, STAFF PHYSICIAN, RADIOLOGY (Verifier) /MSS

FACIAL BONES (ROUTINE) MIN. 3 VIEWS

Exm Date: APR 01, 2008@18:30

Req Phys: WREN, JULIA

Pat Loc: ER/TRIAGE/ACC(PM) (Regig Loc)

Img Loc: RADIOLOGY/MAIN DEPARTMENT

Service: Unknown

(Case 1191 COMPLETE) FACIAL BONES (ROUTINE) MIN. 3 VIE(RAD Detailed) CPT:70150 Reason for Study: See Clinical History:

Clinical History:

MVA, airbag deployed, nose swollen

Report Status: Verified Date Reported: APR 01, 2008

Date Verified: APR 01, 2008 Verifier E-Sig:/ES/MITCHELL S SANDLER

Page:

3 of 4 11/4/57(50)

Report:

PA, Townes, and left lateral views of the facial bones reveal no definite fractures or additional abnormalities. For unknown reasons, a Waters view is not submitted, and should be obtained to complete the examination of the facial bones. Also the clinical history states that the patient's nose is swollen. The nasal bones are poorly visualized on radiographs of the facial bones, and if the patient hurts in the region of the nose, radiographs of the nasal bones should be obtained.

Impression:

Normal PA, Townes, and left lateral views of facial bones. A Waters view of the facial bones should be obtained as well, along with radiographs of the nasal bones if the patient has pain or swelling in this area.

Primary Interpreting Staff:
MITCHELL S SANDLER, STAFF PHYSICIAN, RADIOLOGY (Verifier)
/MSS

WRIST (ROUTINE) MIN 3 VIEWS

Exm Date: APR 01, 2008@18:30

Req Phys: WREN, JULIA

Pat Loc: ER/TRIAGE/ACC(PM) (Req'g Loc)

Img Loc: RADIOLOGY/MAIN DEPARTMENT

Service: Unknown

(Case 1192 COMPLETE) WRIST (ROUTINE) MIN 3 VIEWS (RAD Detailed) CPT:73110

Proc Modifiers : BILATERAL EXAM

Reason for Study: See Clinical History:

Clinical History:

Bilat wrist pain post MVA

Report Status: Verified

Date Reported: APR 01, 2008

Date Verified: APR 01, 2008

Verifier E-Sig:/ES/MITCHELL S SANDLER

Report:

Three views of each hand and each wrist were obtained. An intravenous catheter is present in the soft tissue on the dorsum of the left hand, and a portion of the intravenous tubing is noted on the dorsal aspect of the left wrist and distal forearm. No fracture, dislocation, or additional abnormality is seen.

Impression:

Normal bilateral hands and wrists, with intravenous catheter in soft tissue on dorsum of left hand.

Radiology Display Aug 05, 2008@15:39:30 Page: 4 of 4
TILLMAN, THOMAS LEE 478-78-9425 11/4/57(50)

Primary Interpreting Staff: MITCHELL S SANDLER, STAFF PHYSICIAN, RADIOLOGY (Verifier) /MSS

>>> Warning: Some list items lines may have been truncated.

>>> This list requires 81 characters/line.

>>> This device supports 80 characters/line.

(1500)

ACTION LAW OFFICE 933 N MAYFAIR RD STE 200 MILWAUKEE, WI 53226

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA .		. PICA TTT
1. MEDICARE MEDICAID TRICARE CHAMPY,	GROUP FECA OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member II	D#) X (SSN or ID) BLK LUNG (ID)	478789425
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
TILLMAN, THOMAS LEE	M11 894 19574 X F	TILLMAN, THOMAS LEE
5. PATIENT'S ADDRESS (No., Street) 4762 N 53RD STREET	8. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
	Self X Spouse Child Other	4762 N 53RD STREET
CITY STATE WI	8. PATIENT STATUS	MILWAUKEE STATE
ZIP CODE TELEPHONE (Include Area Code)	Single Married Other X	MILWAUKEE WI ZIP CODE TELEPHONE (Include Area Code)
53218 (414) 535-0212	Employed X Full-Time Part-Time	53218 (414) 535-0212
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
		NONE
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX
	YES X NO	Mi 84 1957 MIX F∏
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
M F	YES X NO	LAKEWOOD CARE CENTER
c. EMPLOYER'S NAME OR SCHOOL NAME	a. OTHER ACCIDENT?	D. INSURANCE PLAN NAME OR PROGRAM NAME
	YES X NO	LEGAL
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
DEAD DAOK OF FORM DESCRIPTIONS		YES X NO If yes, return to and complete Item 9 e-d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the roprocess this claim. I also request payment of government benefits eith.	please of any modical or other information accordant	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I euthorize payment of medical benefits to the undersigned physician or supplier for
below. SIGNATURE ON FILE	# to mysell or to the party who accepts assignment	services described below. SIGNATURE ON FILE
SIGNED THOMAS L TILLMAN	DATE 4/1/2008	SIGNATORE ON FIRE
562(1)	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS.	. 0,012.5
14. DATE OF CURRENT: ALMESS (First symptom) OR SAJURY (Academ) OR PREGNANCY (LMP)	GIVE FIRST DATE MM 80 2008	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DO YY MM DO YY FROM TO 1
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	ELG: WAD 0:00	18. HOSPITALIZATION OATES RELATED TO CURRENT SERVICES
BENJAKUL, PHILIP	The second secon	FROM 004 01 2008 TO 04 01 2008
18. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES
<u> </u>	•	YES X NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Itams 1,2,		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
782.3 1L_782.3	<u>722.4</u>	
719.43	700 E	23. PRIOR AUTHORIZATION NUMBER
2 4.	729.5	
From To PLACE OF (Exp	EDURES, SERVICES, OR SUPPLIES alin Unusual Circumstances) E. DIAGNOSIS	F. G. H. I. J. DAYS EPSTI ID. RENDERING \$ CHARGES UNTS FOR QUAL PROVIDER ID. #
MM DD YY MM DD YY SERVICE EMG CPT/HCF	CS MODIFIER POINTER	
04 01 08 04 01 08 23 7015	0 26 1 1	
		0B 27316
04 01 08 04 01 08 23 7205	0 26 2	8359 1 NPI 1659473957
		0B 27316
04 01 08 04 01 08 23 7311	0 50 26 3	7050 1 NPI 1659473957
		OB 27316
04 01 08 04 01 08 23 7313		7050 1 NP 1659473957
		[i NPI
	建筑的一种,这种种种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的	建设设施的设施。
25. FEDERAL TAX I.D. NUMBER SSN EIN 28. PATIENT'S A		NPI NPI
39-1326366	OOFOR (For govt. dalms, see back)	28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE \$ 29226 \$ 000 \$ 29226
	CILITY LOCATION INFORMATION	
NCHIDING DEGREES OF CREDENTIALS	KEE VAMC	33. BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE
a assembly to the sale of the	NATIONAL AVE	BOX 55119 VAMC MILWAUKEE
	KEE, WI 53295	MADISON, WI 53705
8. 1073.5	63417	a 1073563417b.G2391326366
SIGNED DATE DATE NUCCORD	2	APPROVED ONE ODS COOR FORM CMC 1500 (08/05)

1410140 4 #4400

ACTION LAW OFFICE | 933 N MAYFAIR RD 5:TE 200 MILWAUKEE, WI 53226

(1500)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05		
		PICA TITLE
1. MEDICARE MEDICAID TRICARE CHAMPV	MENTU DIAN DIVITRIO	1a. INSURED'S LD. NUMBER (For Program in Item 1)
(Medicare #) (Medicald #) (Sponsor's SSN) (Member	D#) X (SSN or ID) (SSN) [ID]	478789425
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
TILLMAN, THOMAS LEE	M1 04 1957 X F	TILLMAN, THOMAS LEE
5. PATIENT'S ADDRESS (No., Street)	8. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
4762 N 53RD STREET	Self X Spouse Child Other	4762 N 53RD STREET
CITY	8. PATIENT STATUS	CITY . STATE
MILWAUKEE WI	Single Married Other X	MILWAUKEE WI
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (Include Area Code)
53218 (414) 535-0212	Employed X Full-Time Part-Time Student	53218 (414) 535-0212
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
		NONE
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S OATE OF BIRTH SEX
,	YES X NO	11 04 1957 MX F
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME
M F	YES X NO	LAKEWOOD CARE CENTER
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME
	YES X NO	LEGAL
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
<u> </u>		YES X NO If yes, return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPLETIN	& SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize
 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits eith 	elease of any medical or other information necessary or to myself or to the party who accepts easignment	payment of medical benefits to the undersigned physician or supplier for services described below.
below. SIGNATURE ON FILE	•	SIGNATURE ON FILE
SIGNED THOMAS L TILLMAN	DATE 4/1/2008	SIGNED THOMAS L TILLMAN
14. DATE OF CURRENT: ILLNESS (First symptom) OR 15.	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS,	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	GIVE FIRST DATE 04 01 2008	FROM TO YY MM DO YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM. J DD. L YY MM. J DD. L YY
177	NPI	FROM 01 01 2008 TO 04 01 2008
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES
		YES X NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2	S or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION
873.43	,729.5 ↓	CODE ORIGINAL REF. NO.
3.	<u> </u>	23. PRIOR AUTHORIZATION NUMBER
,719.43	782.3	
24. A. DATE(S) OF SERVICE B. C. D. PROC	EDURES, SERVICES, OR SUPPLIES E.	F. G. H. L. J.
From To PLACE OF (EXP MM DD YY MM DD YY SERVICE EMIG CPT/HC	lain Unusual Circumstances) DIAGNOSIS	1 A DIAMEDER 1 OR Femily A DIAMEDER 1
CP///IC	PCS MODIFIER POINTER	S CHARGES UNITS Fem QUAL PROVIDER ID. #
04: 01: 08 04: 01: 08 23 19928	4 GR 1234	43481 1 NPI 1487687810
A CONTRACTOR OF THE PROPERTY O		NPI NPI
		HE THE THE THE THE THE THE THE THE THE T
		NPI NPI
	2000年1900年1900年1900年1900年1900年1900年1900年	的最级对象的发展,随时还是不是不是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
		YU:
		NPI
		NPI NPI
		NPI NPI
		NPI NPI
	ACCOUNT NO. 127, ACCEPT ASSIGNMENT?	NPI NPI NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For court, glains, see back	NPI NPI NPI 28. TOTAL CHARGE 28. AMOUNT PAID 30. BALANCE DUE
25. FEDERAL TAX LD. NUMBER SSN EIN 26. PATIENT'S 39-1:326366	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt. olalins, see back) X YES NO	NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE \$ 43481 \$ 000 \$ 43481
25. FEDERAL TAX LD. NUMBER SSN EIN 26. PATIENT'S 39-1:326366 X 695-K8 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS MILITARY	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt. deline, see back) O 9 5 R 2	NPI NPI 28. TOTAL CHARGE \$ 43481 \$ 000\$ 43481 33. BILLING PROVIDER INFO & PH. # (414) 384~2000
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S 39-1:326366	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? O 95 R 2	NPI NPI 28. TOTAL CHARGE \$ 43481 \$ 000 \$ 43481 33. BILLING PROVIDER INFO & PH. # (414) VAMC MILWAUKEE
25. FEDERAL TAX LD. NUMBER SSN EIN 26. PATIENT'S 39-1:326366 A 695-K8 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse PIEPLIPT INTERPLIPT (I Certify that the statements on the reverse PIEPLIPT INTERPLIPT (I Certify that the statements on the reverse PIEPLIPT (I Certify that the statements on the reverse PIEPLIPT (I Certify that the statements on the reverse PIEPLIPT (I Certify that the statements on the reverse PIEPLIPT (I Certify that the statements on the reverse PIEPLIPT (I Certify that the statements on the reverse PIEPLIPT (I CERTIFY TAX I CERTIFY TAX	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For gord old interesses back) ACCULTY LOCATION INFORMATION KEE VAMC NATIONAL AVE	NP NP NP 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 43481 43481 43481 33. BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366 X 695-K8 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse PHPLIPTIP bills ENTRACED thereof.) MD 8/5/2008 MILWAU	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 095R2 X YES NO ACCULTY LOCATION INFORMATION KEE VAMC NATIONAL AVE KEE, WI 53295	NPI NPI 28. TOTAL CHARGE \$ 43481 \$ 000\$ 43481 33. BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE MADISON, WI 53705
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366 X 695-K8 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse PIPPLITTE DIBENITARY of thereof.) MD 8/5/2008 MILWAU	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For gord old interesses back) ACCULTY LOCATION INFORMATION KEE VAMC NATIONAL AVE	NPI NPI 28. TOTAL CHARGE \$ 43481 \$ 4000 \$ 43481 33. BILLING PROVIDER INFO & PH. # (414) VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE

(1500)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05		PICA I	.
	CALIFORNIA ODOUG		ĻĻĻ
CHAMPUS —	HAMPVA GROUP FECA OTHER HEALTH PLAN BLK LUNG (ID) (ID) (ID)	1a. INSURED'S I.D. NUMBER (For Program in Item 1) 478789425	- 11
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Asmber (D#) X (SSN or ID) (SSN) (ID) 3. PATIENT'S BIRTTH DATE SEX	4 / 0 / 0 9 4 2 5 4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
TILLMAN, THOMAS LEE	11 84 1957 X F	TILLMAN, THOMAS LEE	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
4762 N 53RD STREET	Self X Spouse Child Other	4762 N 53RD STREET	
СПУ	STATE 8. PATIENT STATUS	CITY STATE]
MILWAUKEE	WI Single Married Other X	MILWAUKEE WI	- 13
ZIP COOE TELEPHONE (Include Area Cod		ZIP CODE TELEPHONE (Include Area Code)	
53218 ((414) 535-021	2 Employed X Full-Time Part-Time Student	53218 (414) 535-0212	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initia		11. INSURED'S POLICY GROUP OR FECA NUMBER	[
	·	NONE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Custent or Previous)	a. INSURED'S DATE OF BIRTH SEX	
	YES X NO	M1 84 1957 M X F □	
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME	-1:
	YES X NO	LAKEWOOD CARE CENTER	1
c. EMPLDYER'S NAME OR SCHOOL NAME	. c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME	<u> </u>
·	YES X NO	LEGAL	l l
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	_1:
		YES X NO If yes, return to and complete item 9 a-d.	
READ BACK OF FORM BEFORE COM 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorized PERSON'S SIGNATURE I authorized PERSON'S SIGNATURE II authorized PERSON SIGNATURE II authorized PERS	tze the release of any medical or other information necessary	 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for 	
to process this claim. I also request payment of government ben	efite either to myself or to the party who accepts assignment	services described below.	-
SIGNATURE ON FILE	4/1/0000	SIGNATURE ON FILE	
SIGNED_THOMAS L TILLMAN 14. DATE OF CURRENT: A ILLNESS (First symptom) OR	DATE 4/1/2008	SIGNED THOMAS L TILLMAN	╡`
14. DATE OF CURRENT: ILLNESS (First symptom) OR NJURY (Accident) OR O4 O1 2008 PREGNANCY (LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD 2008	18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	TARGEVADOOO TARGET	FROM TO TO THE RELATED TO CURRENT SERVICES MM DD TYY	
BENJAKUL, PHILIP	17ь. NPI 1487687810	FROM 04 01 2008 TO 04 01 2008	,
19. RESERVED FOR LOCAL USE	TID. NET	20. OUTSIDE LAB? \$ CHARGES	<u>'</u>
		YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Its	ms 1,2,3 or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION	
782.3	\	CODE ORIGINAL REF. NO.	.
· · · · · · · · · · · · · · · · · · ·	3	23, PRIOR AUTHORIZATION NUMBER	
, E819.0	4.1		
	PROCEDURES, SERVICES, OR SUPPLIES E.	F. G. H. I. J.	
From To PLACE OF MM DO YY SERVICE EMG ((Explain Unusual Circumstances) DIAGNOSIS PT/HCPCS I MODIFIER POINTER	DAYS EPSOT ID. RENDERING S CHARGES UNITS FROM OUAL PROVIDER ID. #	
		0B 47313	(e ⁺ , 1
04 01 08 04 01 08 23 7	0480 26 12	34431 1 NPI 1548297500	
			358
		NPI NPI	
		中国政治和公司中国和共和国和共和国共和国的	1.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NPI NPI	
THE RESERVE OF THE PROPERTY OF	and the second of the second o	是在1940年的基本的企业的企业,1940年的企业,一个社会的企业。	
本理學大學主義研究的 五件是共享共享的主義的主義是	的是一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	是我只要你就是我们的,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	-00 g
		NP NP	10 g () 14 st.
		李建筑设施,以他的数据的企业,但是1000年第二年,1900年第二年第二年,1900年第二年,1900年第二年,1900年第二年,1900年第二年,1900年第二年,1900年第二年,1900年第二年,1900年第二年,	
		NPI NPI	#60 20 20 20 20 20 20 20 20 20 20 20 20 20
		NPI NPI	
25. FEDERAL TAX I D. MILIARED CON EIN 100 DAT	ENT'S ACCOUNT NO. LOT ACCEST ASSIGNMENT	NPI NPI	
	ENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govi. claims, see back)	NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE	- 1
39-1326366 X 695	- K8095NG (For govt, dalims, see back) X YES NO	NPI NPI NPI NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 34431 \$ 000 \$ 3443	1
39-1326366 X 695 31. SIGNATURE OF PHYSICIAN OR SUPPLIER S2. SER INCLUDING DEGREES OR CREDENTIALS	- K8095NG X YES NO VICE FACILITY LOCATION INFORMATION	NPI NPI NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 34431 \$ 000 \$ 3443 33. BILLING PROVIDER INFO & PH. \$ (414) 384-2000	1
39-1326366 X 695 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING OR OR	-K8095NG Z YES NO VICE FACILITY LOCATION INFORMATION WAUKEE VAMC	NPI NPI NPI 1NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE \$ 34431 \$ 000 \$ 3443 33. BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE	1
39-1326366 X 695 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING OF SERVICE OF CREDENTIALS (I certify that the statements on the reverse HOSSAM DEATH TRANSPAPART thereot.) 500	-K8095NG ZYES NO VICE FACILITY LOCATION INFORMATION WAUKEE VAMC O W NATIONAL AVE	NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 34431 33. BILLING PROVIDER INFO & PH. F (414) 384-2000 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKE	1
39-1326366 X 695 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING OFFICE OF CREDENTIALS (I certify that the statements on the reverse HOSSIAN Dignal Papert thereot.) MD 8/5/2008 MILL	-K8095NG X YES NO VICE FACILITY LOCATION INFORMATION WAUKEE VAMC 0 W NATIONAL AVE WAUKEE, WI 53295	NPI NPI 28. TOTAL CHARGE \$ 34431 \$ 000 \$ 3443 33. BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKE MADISON, WI 53705	1
39-1326366 X 695 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse HOSSAM PART PARTITION PART thereoil.) MD 8/5/2008 MIL	-K8095NG X YES NO VICE FACILITY LOCATION INFORMATION WAUKEE VAMC O W NATIONAL AVE WAUKEE, WI 53295 735634176	NPI NPI NPI 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 34431 33. BILLING PROVIDER INFO & PH. F (414) 384-2000 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKE	E

¹MILV	WAUKEE	VAMC			2 VA	MC 1	MILW	AUKE	Œ		Sa P/	M 695-	K80	95RC	-			TYPE OF BILL
	W NAT				E	155	119		VAMC	MILW	A REC.	7 7	894	25	ENT COM	EDG DEDINO	<u>, , , , , , , , , , , , , , , , , , , </u>	0131
	342000		5329	5	MAL	îTRO	Ŋ		WI	5370		D. TAX NO. 9-1326		STATE FROM				
1 172 1 123 1	ANE CASE OF									2 N 5		STRE					,	
型TILI 10 BIRTHDAT	MAN, T	HOMAS		KON TO THE	arusi.	DHR 17 8	MILW	AUKE	e Brand and Ad	SC CONDITION	V.CODE	9	oriz e	C 1	WI d	5321	8	е
11041	1957 M			9	15 SRC 110	0		e Chigh	ैं 260 ं <u>उदे</u> ो	122	23	9 25	8	27. 2	STA	TE TAPES	1.750	
313₹OCCU COOE \ S	RRENCE DATE	32 OCCURR CODE		SS COCC	URRENCE DATE		OCCUHI DE	DATE	35 CODE	OCCUPRENC	E SPAN	THROUGH	S0 CODE	OCCUP	RENCE SP	AN THROUGH	37	1 75-5
				71 57 C		72. 2012: 72.	1200 S. 1864 P. 1864 S. 1864 P. 1864 P 1864 P. 1864 P.						(40,5 to 10,5) 10,5 to 10,5 to	(127 <u>1)</u>		\$840.C		STALL:
38				Geographic Control of Trans	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	**************************************	<u>0.5 /</u>	39 C	VALUE AMO	CODES	40	ODE	VALUE CODE AMOUNT	=S	41 CODE	VALUE COE	XE8
	ON LAW MAYF			-200	١				a h T	5 6 200	ال عام	: ::::::::::::::::::::::::::::::::::::	ន្ទរៈ(ទី២៥	TENY MEN	: (1)	2777-6	Prof. III	i Nama
	AUKEE,			200	,				0	(केन्द्री केन्द्रीकेंद्र)	40.36	10 1 to 10 1	沙湖市	di Piati di	Kelet.			र्वे देखको है विक्र
	43 DESCRIPTION					<u> </u>			d 3			被争频 亚		理な問題		學學	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
0320	DX X-	RAY		<u>.</u>			0150	/ HIPPS COX	Æ <u></u>	45 SERV. DATE		48 SERV, UNITS	7 1	77 TOTAL CHA	^{.96} 3322		COVERED CHA	
0320	DX XX-	RAY	240	188			2050		计加速 值	0401				and the state of	3322 6075	2.1. 200	ar Historia (in Carlo))00
0320 53361	DX X-	RAY				LA SECULIA	3110	and the second of		0401	08		1	mate in the land	3322	0		00
0351	CT SC			社会社会	W. T. T.		3480 0480	50	STATES	0401 0401			######################################	西斯斯 尔	3322 8998		(海岸)(000
Warmer Standard Core	EMERG	ROOM		是對理	是到影			25	STAR	0401		記制電			9171	2 21	こくだれ さんしゅつ	oo I
3771	VACCI	ne adi	VIN			9 图 2	0471		FECTORIA:	0401	80	i de la como de la com La como de la como de	1		611	.3 ************************************		00
			and the party					and the same										
																翻譯	語業	
					i de la companya de La companya de la co													
			X 1															
											recent.		225 5 6 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		a an kan apan Garaga araga	aleria (Generale) Grand Carriera	enisalista 1964 Zzaryst statu	20.00 10.22.01 20.00 10.00 20.00 10.00
	PAGE 1	OF _2	2	edik terosta	MANUAL PROPERTY.	西州市和 全	CF	REATIO	N DATE	0805	0.8	TOTALS		rent in	海流流	法 》 按证据		
0 PAYER NA	S + 137 - 124 F + 122 124		数形数	高麗 到	HEALTH	AN ID		Part of the	1 100 54 0 160 54	PRIOR PAYME	γης	55 EBT, AM	OUNT DE	医腹腔	e NPI 1	0735	63417	7
\$ ACT TO	N LAW	OFFIC	CES		3 744			TO S	Y		0.0 1.6		44	SULS TO	ОТНЕЯ	S. 100 - 14.76	26366	
New Park	NAME OF PARTY			A Trest	第18 尺田	el 60 NS	RED'S UN	POOE ID		是基础	ài GRQ	UP NAME 1	127		PRV ID 62 INSURA	NCE DROUP	NO. S.	9.48.347
	(AN, TH			********	18		3789		aje septembro anda ares		LEC		ar garantan		NONE	ζ		
								STATE OF THE			該援			表现在	於於佛		高级 第	學是被
3 TREATMEN	VT AUTHORIZATI	ON CODES SI		抗黎亞	建物学	\$ 7 8	4 DOCUME	NT: CONTAC	OL NUMBER, 7	mes un	in the	4.4142	85 EMPL	OYET NAME				规模的
						e reer t		Tiblij			ŊŢŀ		41.1.1.1.	EWOO	. · · · · · ·		ENTE	
873		19: 43	第729		782	. 3	∛ 72	2.4	715	.98 🗿	723	5.1 B	V06	.1			56/ 58	
E ADMIT.		70 PATIENT. REASON DX	1 28	<u> </u>		ļ., 	<u>新</u>	760 [576.00	1.01	्र 725		ा े	_	<u>।</u> अ			73	
4 PF	RINCIPAL PROCE	REASON DX DURE DATE		HER PROC	ورة EDURE DATE	b		HER PROCE	ODE EDURE	72 EG1 75	76 A		<u>∵</u> №¶ 4	8768	<u> </u>	- 1 - 1	.dVAD(000
30471	0.	401089	0715		0401	089	9284		04010	_	LAS	'BENJA	KUL			FRET PH	<u> ILIP</u>	
70150	HER PROCEDUR	DATE 4 01087	CODE				CODE	HER PROCE	DATE		III.	PERATING .	№15	4829	<u>7500</u>		.dvado	
0 REMARKS		TOTOG	<u> </u>		0401	<u> </u>	<u>этт ()</u>		04010	<u> </u>		THAMDA	NPT 6	5947	3957		SSAM GVAD	
					44 95		Taylor.	7. X X			N "	SANDL	ER	<u></u>		FIRSTMI	TCHEI	
					5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ر منتان ع				2277.3	121.10 A.	NPI			FIRST		
3-04 CMS-145	NLCF-UB04	-1 APPRO	OVED OMB NO	0. 0938-099	7 OCRION				24204 (1) (2) (4) (4) (4) (4)			CERTIFICATION:	S ON THE	REVERSE A	UPLY TO T	•	D ARE MADE A	PART HEREOF

MILWAUKEE VAM 5000 W NATIONA MILWAUKEE W 1143842000	<u></u>		MILWA 1250 ТО 39-	695-K8095RC 789425 STATEMENT COVE 1326366 040108 STREET	
TILLMAN, THOMAS 10 BIRTHDATE 111 SEX 122 11 11 11 11 11 11 11 11 11 11 11 11	0108 9 1	MILWAUKEE	- CSNDITION CODES	○ WI ☐ 29 ACC 25 29 ACC 27 28 5TAT	53218 •
STEEN COCCUERTENCE 32 OCCU	RHENCE 28 OCCURRENCE ODDE DATE	T 396	VALUE CODES	OUGH CODE FROM	THROUGH
ACTION LAW OFF 933 N MAYFAIR I MILWAUKEE, WI	RD STE 200	a b	OE AMOUNT	MARK CODE AMOUNT	CODE A PANOUNT A CANAL AND A C
(2 REV. CD. 43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE 46 8	IERV. LINITS 47 TOTAL CHARGES	48 NON-COVERED CHARGES 49
		经产品的			
					建程制设施
					基础现 题的
)001 PAGE 2 OF	2	CREATION DATE	080508 70	DTALS 44822	0 000
ACTION LAW OFF	美国人的	D. S. P. S.	PROFE PAYMENTS	BS EST AMOUNT DUE 18 S B NP. 1	073563417
TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE		YY	000		9-1326366
FILLMAN, THOMAS		и (HSUREDS ÚNICUE p. 1147. 478789425		NAME 02 INSURA	ICE GROUP NO.
		470703425	LEGA		
3 THEATMENT AUTHORIZATION CODES!	等音的 经基础证据 医生物性原义	- 61 DOCUMENT CONTROL NUMBER 15	Talk de la	····	
				经股份证据 医多种性性 医多种性性 医多种性 医多种性 医多种性 医多种性 医多种性 医多	RE CENTER
67 # 4		## 12 ## 12		. 53 - 4	£ 68
19"ADMIT 70 PATIES	NT PE	71, PPS -	酱 炒	5 5 4 5	73
73130 040108	70480 04010	CODE CODE		PÒNG	FIRST PHILIP
OTHER PROCEDURE CODE DATE	CODE DATE	CODE DATE	7 I	M1548297500 AMDA	FIRST HOSSAM K
0 REMARKS	8100 - 	48 88 15 7 A 1 5 A 1 6 B 1 5 A 1	78 OTHI	M2 M21659473957	
	С	P.	ze cithi		àin.
3-04 CMS-1450 NLCF-UB04-1 AP	PROVED OMB NO. 0938-0897 OCR/Origina	NUBC 243046	LAST THE CER	THE CATIONS ON THE REVERSE APPLY TO T	FIRST HIS BILL AND ARE MADE A PART HEREO!

NOTE DATED: 05/02/2008 13:54

LOCAL TITLE: PC OUTPT NP F/U NOTE [T]

STANDARD TITLE: PRIMARY CARE NURSE PRACTITIONER OUTPATIENT NOTE

VISIT: 05/02/2008 11:30 PC GOLD MANCUSO NP
DEMOGRAPHICS: TILLMAN, THOMAS LEE 478-78-9425
50 year old BLACK OR AFRICAN AMERICAN MALE

SUBJECTIVE: Here for follow up appointment. He arrives at 1:30 p.m. for his 11:30 a.m. appointment. Last seen by me February 1, 2008.

- 1. History of low back pain with radiation to both hip areas and down both legs. Left worse than right at this time. Followed by pain clinic and had injection on 1/29/08 without results. Second injection on March 18th worked. He is no longer with cane. Has still has trouble bending low and lifting. He is taking it easy. He is off of the Gabapentin since the injection and is not taking the Amitriptyline. Uses Darvocet N 100 only for severe pain. Reports he is still using the Naproxen. He is working as a CNA and still on restriction. Taking it easy and trying not to do to much bending, lifting, stooping, and twisting. He will need a note to further extend his work restriction. Will follow up with pain clinic in July.
- 2. History of hypertension and hyperlipidemia. Reports taking medications regularly. Denies substernal chest pain, dyspnea, edema, palpitations, headache, dizziness, coughing or wheezing.
- 3. History of sleep apnea. Using CPAP with no issues
- 4. On April 1 he hit a pothole and his airbag went off and hit him in the face. Seen at VA ER and needed stitches to his lip. Lip has healed but has a bit of an elevated area. He also now has chronic sinus congestion since this incident and feels miserable. Further he notes right thumb pain and is not sure if he hit the thumb somewhere, but it is quite painful.
- 5. Last sigmoidoscopy in 2003. Due for colonoscopy this year.
- 6. History of macular degeneration. Reports that he no longer sees well enough to drive and will no longer drive or renew his license. Followed by eye clinic.
- 7. Requests temporary disability card for parking when he has exacerbations of his back pain.

ALLERGIES: LOVASTATIN 40MG TAB, FLUNISOLIDE NASAL SOLUTION 25ML

MEDICATIONS: Active and Recently Expired Outpatient Medications T-90+3 (excluding Supplies):

I GVC	ruding suppries):		
	Outpatient Medications	Status	Expiration
=====	=======================================	=========	=======================================
1)	AMITRIPTYLINE HCL 50MG TAB Qty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH	ACTIVE	02-01-09
	AT BEDTIME - not taking this		
2)		ACTIVE	06-13-08
	days Sig: TAKE ONE CAPSULE BY MOUTH		
	EVERY DAY AS NEEDED TO SOFTEN STOOLS		
3)	GABAPENTIN 400MG CAP Qty: 270 for 30	ACTIVE	02-01-09
	days Sig: TAKE THREE CAPSULES BY		
_	MOUTH THREE TIMES A DAY - not taking th		
4)	HYDROCHLOROTHIAZIDE 25MG TAB Qty: 90	ACTIVE	01-16-09
	for 90 days Sig: TAKE ONE TABLET BY		
	MOUTH EVERY MORNING FOR BLOOD PRESSURE		
5)	LISINOPRIL 20MG TAB Qty: 45 for 90 days	ACTIVE	03-01-09
	Sig: TAKE ONE-HALF TABLET BY MOUTH		
	EVERY DAY FOR BLOOD PRESSURE		
	** THIS NOTE CONTINUED ON	NEXT PAGE **	

TILLMAN, THOMAS LEE MILWAUKEE VAMC Printed: 08/05/2008 15:40 478-78-9425 DOB:11/04/1957 Pt Loc: OUTPATIENT Vice SF 509

 v_f

MEDICAL RECORD Progress Notes MEDICAL RECORD _______ 05/02/2008 13:54 ** CONTINUED FROM PREVIOUS PAGE ** 6) NAPROXEN 500MG TAB Qty: 180 for 90 days ACTIVE 06-13-08 Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR PAIN - TAKE WITH FOOD 03-30-08 7) PROPOXYPHENE-N-100 & APAP-650 OT Qty: ACTIVE 60 for 30 days Sig: TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR SEVERE PAIN ONLY SIMVASTATIN 40MG TAB Qty: 45 for 90 01-17-09 8) ACTIVE days Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - TO LOWER CHOLESTEROL. AVOID GRAPEFRUIT AND ITS JUICE WITH THIS MED.

MEDICATION REVIEWED [X]

OBJECTIVE:

PHYSICAL EXAM:

Wt: 213 lb [96.8 kg] (05/02/2008 13:43)

BMI: BODY MASS INDEX - 05/02/2008 13:43 29.8

Blood Pressure:

DATE BF

MAY 02, 2008@13:45 152/96 Repeat BP 122/82

MAY 02, 2008@13:44 143/79

MAY 02, 2008 147.5/87.5AVERAGE BP

Pulse: 73 (05/02/2008 13:45)

Temp: 98.2 F [36.8 C] (05/02/2008 13:44)

Pain: 4 (05/02/2008 13:43)

Pleasant, alert, oriented x 3 male in no acute distress.

ASSESSMENT:

- 1. Low Back Pain secondary to Central Disc Herniation
- 2. Hypertension
- 3. Chronic Sinus Congestion
- 4. Right Thumb Pain

PLANS:

- 1. Will keep him off of Gabapentin.
- 2. He is to resume the Amitriptyline at 50 mg at hs.
- 3. Will continue with Darvocet for severe pain.
- 4. Continue other medications.
- 5. X-ray of right thumb.
- 6. CT of sinuses
- 7. Prescription for Loratadine 10 mg daily.
- 8. Filled out the form for a temporary parking ID card until November 2008.
- 9. Yearly labs fasting on 5/08/08: CBC, TSH, PSA, lipid panel, liver numbers, urinalysis, UDS.
- 10. Referral for colonoscopy.
- 11. He is dismayed regarding the waxing and waning of his back pain. Desires an opinion for possible surgical intervention. Referral to neurosurgery for evaluation.
- 12. Given a note for work on VA letterhead re his restriction. See below.
- 13. Follow up with me in July. Needs a 2 p.m. appointment.

PREVENTATIVE CARE:

** THIS NOTE CONTINUED ON NEXT PAGE **

TILLMAN, THOMAS LEE MILWAUKEE VAMC Printed: 08/05/2008 15:40 478-78-9425 DOB: 11/04/1957 Pt Loc: OUTPATIENT Vice SF 509

05/02/2008 13:54 ** CONTINUED FROM PREVIOUS PAGE **

Clinical Reminder Activity

POSITIVE-Pain Screen:

Pain Assessment completed and documented in today's progress note.

Comment: Back Pain

Resting (5 Minutes) Vital Signs:

B/P: 122/82

Blood Pressure > 139/89:

Blood Pressure taken at this visit.

B/P: 122/82

The patient's current medication regimen is appropriate based on the patient's concomitant cardiovascular risk factors and/or other comorbidities.

Comment: Same

May 2, 2008

RE: Thomas Tillman
DOB 11/04/57

To Whom It May Concern:

Mr. Thomas Tillman is a patient at the Zablocki VA Medical Center. He was seen in the primary care clinic on May 2, 2008.

He may return to work with restrictions on May 2, 2008. His restrictions will continue and are no bending, stooping, twisting or lifting.

These restrictions are in effect until seen by pain clinic and this provider in July.

Sincerely,

Josephine M. Mancuso, MS, ANP-BC Adult Nurse Practitioner Primary Care Clinic - Gold Team

Signed by: /es/ JOSEPHINE M MANCUSO MS, ANP-BC ADULT NURSE PRACTITIONER 05/02/2008 18:01

12

ACTION LAW OFFICE 933 N MAYFAIR RD JE 200 MILWAUKEE, WI 53226

\mathcal{O}	
ď	

HEALTH INSURANCE CLAIM FORM

112/22/11/11		OF OFFICE I	VI.
APPROVED BY NAT	TONAL UNIFOR	M CLAIM COMMITTEE	08/0
PICA			
1. MEDICARE	MEDICAID	TRICARE	
	740-5-1-1-8	CHAMPUS	

39-1326366 X 695-K8095MH X YES NO \$ 15010 \$ 000 \$ 15010 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse JCSEPHINE AMAN CUSCOL) NP 8/5/2008 MILWAUKEE VAMC VAMC MILWAUKEE NP 8/5/2008 MILWAUKEE, WI 53295 MADISON, WI 53705 SIGNED DATE SON COMMENS ASSESSED AND SERVICE FACILITY LOCATION INFORMATION (S. 15010) \$ 15010 SIGNED SAME TO SON COMMENS ASSESSED AND SAME A	PiCA			PICA
EARLING SAME CASE NAME (AS PAIRS)	CHAMPUS CHAMPUS	A GROUP FECA OTHER	· ·	(For Program in Item 1)
TILLMAN, THOMAS LEE Maintain Accesses to, passed Comparing to Name Comparing to	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		Nama Mikidla (nittal)
E. APAIGNES ACCORDED IN. SERVICE) C. APAIGNES REALITIONERY TO NUMBER C. APAIGNES ACCORDED IN SERVICE			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
MAINWAUKEE	5. PATIENT'S ADDRESS (No., Street)	 	· ·	
MILWAUKEE MILWAUKEE MILWAUKEE MILWAU	4762 N 53RD STREET	Self X Spouse Child Other	4762 N 53RD STR	RET
25 OCC		B. PATIENT STATUS	CITY	
5.3218 (414) 535-0212 Enployed X SALTHER MATERIAL SALTHER SALT		Single Married Other X		
SOURCE NUMBERS NAME (Jam Name, Frei Nume, Madde Initia) 10. 15 PATENTY CONTROL AND CONTROL PLANT TO THE NUMBERS OF POLICY GROUP ON PECH NUMBERS 10. 15 PATENTY CONTROL PRIVATE TO THE NOTICE SERVICE STATE OF BIRTH 10. 15 PATENTY CONTROL PRIVATE TO THE SERVICE STATE OF BIRTH 10. 16 PATENTY CONTROL PRIVATE TO THE NOTICE SERVICE STATE OF BIRTH 11. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				, ; ' !
A. CHIER ROUNDED POLICY OR GROUP NUMBER L. CHIER ROUNDED DATE OF BIRTH SEX L. CHIER ROUNDED DATE OF BIRTH ROWS DATE OF BIRTH ROUNDED DATE OF BIRTH RO			<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>
LOTHER NOUNDED POLICY OR OPPOUP NUMBER LOTHER NOUNDED BATE OF BIRTH SEX LOTHER NOUNDED BATE OF BIRTH LOTHER SEARCH SE	o. Official and office of the fact that is a fact t	10. 13 PATIENT & CONDITION RELATED TO:		ECA NUMBER
LEMPOYER'S NAME OR SCHOOL NAME EMPLOYER'S NAME OR SCHOOL NAME EMPLOYER'S NAME OR SCHOOL NAME LEMPOYER'S NAME OR SCHOOL NAME EMPLOYER'S NAME OR SCHOOL NAME LEMPOYER'S NAME OR SCHOOL NAME LEMPOYER'S NAME OR SCHOOL NAME IN SUPPLY OR ALTHOUGH OR SCHOOL NAME READ BACK OF FRIM BEFORE COMPLETING A SIGNING THIS FORM. TO ALTHOUGH PROGRAM NAME LEMPOYER'S NAME OR SCHOOL NAME LEMPOY NAME OR SCHOOL NAME LEMPOY NAME OR SCHOOL NAME LEMPOY NAME	a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)		SEX
LEMPLOYERS NAME OR SCHOOL NAME C. EMPLOYERS NAME OR SCHOOL NAME C. OTHER ACCIDENTY VES. NO. C. SUPRACE PLAN NAME OR SCHOOL NAME C. OTHER ACCIDENTY VES. NO. C. SUPRACE PLAN NAME OR SCHOOL NAME C. OTHER ACCIDENTY I. SUBJURACE PLAN NAME OR FROGRAM NAME I. SUPRACE PLAN NAME OR FROGRAM NAME I. SUBJURACE PLAN NA		YES X NO	11 84 1957	M[X] F[-] {
C. OTHER ACCIDITY VES. NO. INSURANCE PLAN NAME OR PROGRAM NAME INSURED PLAN NAME OR PROGRAM NAME INSURINGE PLAN NAME OR PROGRAM NAME INSURED PLAN NAME OR PROGRAM NAME INSURING PLAN NAME OR PROGRAM NAME INSURED PLAN NAME OR PROGRAM NAME INSURED PLAN NAME OR PROGRAM NAME INSURED PLAN NAME OR PROGRAM NAME INSURING PLAN NAME OR PROGRAM NAME INSURING PLAN NAME OR PROGRAM NAME INSURING PLAN NAME OR PROGRAM NAME INSURIN		h ALITO ACCIDENTS	b. EMPLOYER'S NAME OR SCHOOL N	AME -
LEGAL INSURANCE PLAN NAME OF PROGRAM MANE IN RESURVEY FOR LOOK USE IN REPORT OF THE BEFORE COMPLETE AS SIGNING THE FORE LOOK USE IN REPORT OF PROGRAM MANE		YES X NO L	LAKEWOOD CARE C	ENTER
A NAME OF REFERRIND PROVIDED OR OTHER SOURCE 10. RESERVED FOR LOCAL USE 11. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE I cathedra to myself or to the purity who accepts a segment of source to myself or to the purity who accepts a segment or sequel permit of source to myself or to the purity who accepts a segment or sequel permit of sequel perm	c. EMPLOYER'S NAME OR SCHOOL NAME			RAM NAME
PATENTS OR AUTHORIZED SACK OF FORM BEFORE COMPLETING A SIGNING THIS FORM. 150 Require longer complete formers of provider in the require proprient of severe in regard for the information reassance to provide the severe in regard to the party of the longer adjustment in the require proprient of severe in regard to the party of the longer adjustment in the require provider of the party of the longer adjustment in the require proprient of severe in regard to the party of the longer adjustment in the longer adjustment in the party of the longer adjustment in the longer adjus	A BIOMONIOS DI ANI MALIS CO PROCESSIA MALIS			
12 PATIENTS OR AUTHORIZED PRISONS SIGNATURE I mathodis to prisons on any medical or other information reposses prisons of provincing displayment of programs of the porty with appearance of provincing displayment of provincing displayment or pulpher for pulpher for provincing displayment or pulpher for pulpher for provincing displayment or pulpher for	d. Insurance Plan Name or Program Name	104. HESERVED FOR LOCAL USE		FIT PLAN?
12. PATIENTS OR ATTHROEDED PRESONS SIGNATURE ON FILE SONED THOMAS I TILLMAN DATE 5/2/2008 DATE DA	READ BACK OF FORM REFORE COMPLETING	A SIGNING THIS EODN	<u> </u>	·-···
SIGNATURE ON FILE SIGN	I 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the r	BIRSSA Of Any medical or other information personne	payment of medical benefits to the ur	ndersigned physician or supplier for
14. Date of Currents Living Production OR OS OS OS OS OS OS OS		to myour or at the party with attempts attempt at the		ON FILE
17. NAME OF REPERRING PROVIDER OR OTHER SOURCE 176. NPI 176.	SIGNED THOMAS L TILLMAN	5/2/2008	SIGNED THOMAS L	TILLMAN
17. NAME OF REPERRING PROVIDER OR OTHER SOURCE 170. NPI 170.	14. DATE OF CURRENT: ILLNESS (First symptom) OR 15.	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS,	16. DATES PATIENT UNABLE TO WOR	K IN CURRENT OCCUPATION
19. RESERVED FOR LOCAL USE 10. OUTSIDE LABY 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate libraria 12.3 or 4 to libraria 242 by Line) 22. FOR AN INJURY OF SERVICE 24. A 73. 9 25. FOR ANTHORIZATION NUMBER 26. PROCEDURES SERVICES, OR SUPPLIES 16. MM DO YY MM TO Y SERVICE 17. MOD PROVIDER IN TO Y SERVICE 18. PROMITTE SERVICES, OR SUPPLIES 18. PROVIDE IN TO Y SERVICE 28. PROVIDE IN TO Y SERVICE 29. PROVIDE IN TO Y SERVICE 29. PROVIDE IN TO Y SERVICE 20. OUTSIDE LABY 20. OUTSIDE LABY 20. OUTSIDE LABY 22. PROCAUTH RESUMMISSION 23. PRIOR AUTHORIZATION NUMBER 24. PROVIDE IN TO Y SERVICE 25. PRIOR AUTHORIZATION NUMBER 26. PRIOR BENT SERVICES, OR SUPPLIES 27. PRIOR AUTHORIZATION NUMBER 28. PRIOR BENT SERVICES OR SUPPLIES 28. PRIOR AUTHORIZATION NUMBER 29. PRIOR BENT SERVICES 29. PRIOR AUTHORIZATION NUMBER 20. OUTSIDE LABY 20. OUTSIDE LABY 20. PRIOR BUTCH COMMISSION 20. PR		į į .	FROM	TO
19. RESERVED FOR LOCAL USE 20. OUTSIDE LAST \$ CHARGES 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Felate limits 1,23 or 4 to liam 24E by Line) 22. A 24. 2 24. 1. 2 24. A CATES) OF SERVICE MM DD YY MM DD YY SERVICE MM D		A STATE OF THE PARTY OF THE PAR		D TO CURRENT SERVICES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate lienus 1,2,3 or 4 to lienus 4,2,5 or 4		NPI		, ,
22. MEDICAID RESUBMISSION ORIGINAL REF. NO.	is. Thousand on book one			\$ CHARGES
724.2 3 473.9 CODE	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2,	3 or 4 to Item 24E by Line)		
24. A. OATE(S) OF SERVICE RAKE OF REVOCE PARE OF REVOCES OF SUPPLIES DIAGNOSIS S. CHARGES OATE OLD RENDERING REVOCES OATE OLD OATE OA	1		CODE ORIGII	NAL REF. NO.
24. A. OATE(S) OF SERVICE PROCEDURES SERVICES, OR SUPPLIES DIAGNOSS POINTER PROVIDER ID. 4 NP		· · · · · · · · ·	23. PRIOR AUTHORIZATION NUMBER	
Marriage	<u>2</u>	729.5		
MA DO YY MM DO YY SERVICE EMG CPT/HCPCS MODIFIER POINTER S CHARGES DO RED CALL PROVIDER ID				
25. FEDERAL TAX ID. NUMBER SSN EIN 28. PATIENTS ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 39-1326366 X 95-K8095MH X yes No 15010 \$1.5010 \$2. SERVICE FACILITY LOCATION INFORMATION \$3. BILLING PROVIDER INFO & PH. # (414) 384-2000 MILWAUKEE VAMC VAMC MILWAUKEE DOWN NATIONAL AVE BOX 55119 VAMC MILWAUKEE NO 1000 W NATIONAL AVE BOX 55119 VAMC MILWAUKEE MILWAUKEE, WI 53295 MADISON, WI 53705 \$1.0735634176. G2391326366			\$ CHARGES OR FINE (QUAL PROVIDER ID. #
25. FEDERAL TAX ID. NUMBER SSN EIN 28. PATIENTS ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 39-1326366 X 95-K8095MH X yes No 15010 \$1.5010 \$2. SERVICE FACILITY LOCATION INFORMATION \$3. BILLING PROVIDER INFO & PH. # (414) 384-2000 MILWAUKEE VAMC VAMC MILWAUKEE DOWN NATIONAL AVE BOX 55119 VAMC MILWAUKEE NO 1000 W NATIONAL AVE BOX 55119 VAMC MILWAUKEE MILWAUKEE, WI 53295 MADISON, WI 53705 \$1.0735634176. G2391326366	05: 02: 08: 05: 02: 08: 22: 39921	4 1 1237	15010	101200000
NP			<u> </u>	
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 39-1326366 27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CHEENTALS (1 carify that the statements on the reverse JCSPT THE arm ANOUTS COOL) 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CHEENTALS (1 carify that the statements on the reverse JCSPT THE arm ANOUTS COOL) 32. SERVICE FACILITY LOCATION INFORMATION WILWAUKEE VAMC VAMC MILWAUKEE 5000 W NATIONAL AVE BOX 55119 VAMC MILWAUKEE 5000 W NATIONAL AVE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE AND SOON WILWAUKEE A		Company of the Compan		NPI
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366 X SGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (Certify that the statements on the reverse INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUED ON THE PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (CONTINUE				
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366	and the latest of the latest o		AND ASSESSED TO PROPERTY OF THE PARTY OF THE	
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366		ing the heart of the		
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366				
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366	ATMASTER AND THE PROPERTY OF THE PROPERTY OF			
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366 [X] 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE 695-K8095MH [X] YES NO \$ 15010 \$ 000 \$ 15010 \$ 150	Control of the second s			
25. FEDERAL TAX LD. NUMBER SSN EIN 39-1326366 SSN EIN 39-1326366 SSN EIN 695-K8095MH SYES NO \$ 15010 \$ 000 \$ 15010 \$ 1				
39-1326366 X 695-K8095MH X YES NO \$ 15010 \$ 000\$ 15010 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse JCSEPHINE MAIN CUSCOL) NP 8/5/2008 MILWAUKEE VAMC VAMC MILWAUKEE NP 8/5/2008 MILWAUKEE, WI 53295 MADISON, WI 53705 SIGNED DATE SON Colors, see back) \$ 15010 \$ 000 \$ 15010 S. BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE MADISON, WI 53705 a. 10735634176 a. 10735634176 BOX 55119 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE BOX 55119 VAMC MILWAUKEE	25. FEDERAL TAX LD. NUMBER SSN EIN 26. PATTENT'S A	CCOUNT NO. 27. ACCEPT ASSIGNMENT?		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse JOSEPHINE "MAIN CUSTO") NP 8/5/2008 MILWAUKEE VAMC MILWAUKEE 5000 W NATIONAL AVE MILWAUKEE MILWAUKEE, WI 53295 MADISON, WI 53705 a. 10735634176 MICCOLORY LOCATION INFORMATION WARD MILWAUKEE BOX 55119 WADISON, WI 53705 a. 10735634176 A. 10735634176 A. 10735634176 BOX 55119 MADISON, WI 53705 A. 10735634176 A. 10735634176 A. 10735634176 BOX 55119 MADISON, WI 53705 A. 10735634176 BOX 55119 MADISON, WI 53705 BILLING PROVIDER INFO & PH. # (414) 384-2000 WARC MILWAUKEE BOX 55119 MADISON, WI 53705 BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 MADISON, WI 53705 BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 MADISON, WI 53705 BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 MADISON, WI 53705 BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 MADISON, WI 53705 BILLING PROVIDER INFO & PH. # (414) 384-2000 VAMC MILWAUKEE BOX 55119 BOX 55119 BOX 55719 BOX 5	30 70 70 70 70 70 70 70 70 70 70 70 70 70	O C MTLT (For gov. claims, see back)	15010	
MILWAUKEE VAMC JOSEPHINE MANUSCOIL NP 8/5/2008 MILWAUKEE VAMC 5000 W NATIONAL AVE MILWAUKEE MILWAUKEE SOUND WILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MILWAUKEE MADISON, WI 53705 a. 1073563417662891326366	31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FA		i I*	i 1" i l
NP 8/5/2008 MILWAUKEE, WI 53295 MADISON, WI 53705 signed Date 1073563417632891326366	(I certify that the statements on the reverse			()
a. 1073563417b3 a. 1073563417b3 a. 1073563417bG2891326366			· ·	
DATE 1.45 8		•	· ·	
IIICC Instruction Manual available at unwelling are	DATE	6341个数据数据数据	a 10735634176G23	91326366

MILWAUKEE VAMC 2 VAM	C MILWAUKEE		¶695 <u>-K80</u>	95MK	TYPE OF BILL	į
The state of the s	.,	AMC MILWA		25 STATEMENT, COVERS I		-
ILWAUKEE WI 53295 MADI 143842000		39	-1326366		50208	_
ATEN MALE SEE SEE	9 PATIENT ADDRESS	<u>4762 N 53RI</u>	STREET	- WI 45:	3218	-
TILLMAN, THOMAS LEE BRITHDATE 11 SEX 12 DATE ADMISSION THE 16 SEC 16 DH	MILWAUKEE	CONDITION CODE	24 25 26		30	-
1041957 M 050208 9 1	01			OCCURRENCE BPAN	IBOUGH 37	.
OCCURRENCE 32 OCCURRENCE 33 VOCCURRENCE ODE DATE CODE DATE	A 31 OCCURRENCE 35 COUR DATE CO	DE FROM	THROUGH CODE	· O Common (in the common comm	IROUGH	-
				VALUE CODES	VALUE CODES CODE AMOUNT	्रेड इंट
CETON I BW OFFICEC		S9 VALUE CODE	CODE	AMOUNT	CODE AMOUNT A CODE	<u>:</u> -
CTION LAW OFFICES 33 N MAYFAIR RD STE 200	•	D Company				`, `,
ILWAUKEE, WI 53226		c d	ne de la companya de			n)
REV. CD. 43 DESCREPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES 49	<u>-</u>
510 CLINIC	99214	050208	1	24185	000	29.E .1.5
		HELL HERE	TEACHER IN		A HARRING SHARA SHARAN CAN	Ŧ
						高
						诤
						2
			21425-6-21			55
						4
						Ž.
A CONTRACTOR OF THE PROPERTY O						(E)
						39 <i>3</i> 5
					04	<u>:</u>
						i e
						被
						1
0001 PAGE 1 OF 1	CREATION	DATE 080508	TOTALS	2418	5 000	10.
DO PAYER NAME TO THE ALTH PLA	N ID SO THE HELD	54 PRIOR PAYMENTS	55 EST AMOUN	-61-12-6-3-1-12	073563417	
ACTION LAW OFFICES	Y	Y			9-1326366	\. \.
		4	1	PRV ID		2.9
SO INSURED'S NAME	60 Naunetra Unique ID	指於 经经营营 型	FROUP HAME;	NONE	CE GROUP NO.	1.1
TILLMAN, THOMAS LEE 18	478789425					Ţ
SS THE AT NEW TATHER PARTY COORS	NSS and USS CARACTER FOR THE COLUMN AND A	wance same same	Secretaria de la compansión de la compan	MPLOYER NAME OF SOME		.,
	•	できているというできる。大力ととかな	L	TATINOOD CA	VD CENTER	
					TO THE PROPERTY OF THE PARTY OF	1
			2. 3.	15 B	68	_
9	4 4	※ 数 3			(3) 第 (78)	_
69'ADMIT 70 PATIENT:	TUPPS COSE BUT OF		76 ATTENDING NP	1912909664		
99214 050208			LASIMANCUS	0	PRSTJOSEPHINE	_
c. OTHER PROCEDURE CODE DATE CODE DATE	c. OTHER PROCED CODE	URE DATE	77 OPERATING NP	<u> </u>	OùAL FIRST	
50 PEMARKS	1		7B.OTHER: NF		QÚAL	
1.5 1 2/3.	新建设编程 的	海海海沙漠	LAST		FIRST	
0 1 작가 하는			78 OTHER NE		FIRST	_
US-04 CMS-1450 NLCF-UB04-1 APPROVED CMB NO. 0838-0997 OCR/O		STATES NOTES	THE CERTIFICATIONS C	N THE REVERSE APPLY TO T	THIS BILL AND ARE MADE A PART HE	ERE

CT SINUSES W/O

Exm Date: MAY 16, 2008@12:30

Req Phys: MANCUSO, JOSEPHINE

Pat Loc: PC GOLD MANCUSO NP (Req'g Loc)

Img Loc: CT/RADIOLOGY

Service: Unknown

(Case 1625 COMPLETE) CT SINUSES W/O

(CT Detailed) CPT:70486

Reason for Study: See Clinical History:

Clinical History:

Ordering Provider's Pager #: 9996561

Last weight: 213 lb [96.8 kg] (05/02/2008 13:43)

Allergies: LOVASTATIN 40MG TAB, FLUNISOLIDE NASAL SOLUTION 25ML

Creatinine: SL2 - CREATININE

No data available for CREATININE-----O

GFR - ESTIMATED (1 occurrence in the past year) Collection DT Spec EGFR

04/01/2008 17:30 PLASM 131.6

*If Creatinine and GFR above is not within the last 30 days please order. Indication for the scan: has chronic sinus congestion since being hit in face with an airbag.

Contrast allergy: No Is the patient on metformin? No Is there an aspiration risk? No Pertinent past history: as above

Clinical history: as above

Body piercings: No CT needed by (The date that the examination is desired) : May 30,2008

Report Status: Verified

Date Reported: MAY 16, 2008 Date Verified: MAY 16, 2008

Verifier E-Sig:/ES/HOSSAM K HAMDA

Report:

Contiguous axial non-enhanced CT sections of the paranasal sinuses were obtained and reviewed in bone algorithm and coronal formats. Comparison: Reference is made to a CT of the orbit dated 4/1/08.

Unchanged minimal bilateral ethmoid and frontal mucosa thickening is noted. The parannasal sinuses are well-aerated. The osteomeatal units are narrowed bilaterally, secondary to focal mucosa thickening. There is 4 mm leftwards nasoseptal deviation, including 2 mm bony spur. There is bilateral concha bullosa with a small mucus retention cyst within the left one.

The scans through the intracranial structures are significant for cavum septum pellucidum and cavum vergae (anatomical variants). The scans through both orbits appear unremarkable.

ACTION LAW OFFICE

933 N MAYFAIR RD STE 200 MILWAUKEE, WI 53226

HEALTH INSURANCE CLAIM FORM

TTT PICA		PICA TITLE
1. MEDICARE MEDICAID TRICARE CHAMPV.	A GROUP FECA OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member I	HEALTH PLAN BLK LUNG (BD)	478789425
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
TILLMAN, THOMAS LEE	M1¦δ4¦19574 X1	TILLMAN, THOMAS LEE
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
4762 N 53RD STREET	Self X Spouse Child Other	4762 N 53RD STREET
CITY STATE	8. PATIENT STATUS	CITY STATE
MILWAUKEE WI	Single Married Offner X	MILWAUKEE WI
ZIP CODE TELEPHONE (Include Area Code)		ZIP CODE TELEPHONE (Include Area Code)
53218 (414) 535-0212	Employed X Full-Time Part-Time Student Student	53218 (414) 535-0212
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
		NONE a INSURED'S DATE OF BIRTH SEX
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	MM + DD + YY
A CONTROLLING DESIGN OF DISTRICT	YES AND	
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	LAKEWOOD CARE CENTER
M F	YES X NO L	C. INSURANCE PLAN NAME OR PROGRAM NAME
c. EMPLOYER'S NAME OR SCHOOL NAME	O OTHER ACCIDENT?	LEGAL
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
The state of the s		YES X NO If yes, return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPLETIN	G & SIGNING THIS FORM.	13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE Lauthorize
 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits eth 	release of any medical or other information necessary er to myself or to the party who accepts assignment	payment of medical benefits to the undersigned physician or supplier for services described below.
below. SIGNATURE ON FILE		SIGNATURE ON FILE
SIGNED THOMAS L TILLMAN	· DATE 5/16/2008	SIGNED THOMAS L TILLMAN
14. DATE OF CURRENT: / ILLNESS (First symptom) OR 15.	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MML DD CYC.	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY
	. 05 16 2008	FROM TO TO TO TO TO SUPPRIEST SEPTIMONE
19034	MG VAD0004 VAN WAR	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD 17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
MANCUSO, JOSEPHINE 17	D. NPI 1912909664	20. OUTSIDE LAB? \$ CHARGES
18. RESERVED FOR LOCAL USE		Tyes X No
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate Items 1,2	.3 or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION
782.3	↓	CODE ORIGINAL REF. NO.
1		23. PRIOR AUTHORIZATION NUMBER
4,473.9	I .	
	CEDURES, SERVICES, OR SUPPLIES E	F. G. H. I. J. DAYS EPSOT ID. RENDERING
From To PLACE OF (EX	·	\$ CHARGES UNITS FAT QUAL PROVIDER ID. #
		0BL47313
LEGISTICAL STREET, STR		100 to
05 16 08 05 16 08 22 7048	*1- 1	30649 1 NPI 1548297500
05 16 08 05 16 08 22 7048		30649 1 NPI 1548297500
		30649 1 NPI 1548297500
05 16 08 05 16 08 22 7048		30649 1 NPI 1548297500
		30649 1 NPI 1548297500
		30649 1 NPI 1548297500 NPI NPI NPI
		30649 1 NPI 1548297500 NPI NPI NPI NPI
		30649 1 NPI 1548297500 NPI NPI NPI NPI NPI
		30649 1 NPI 1548297500 NPI NPI NPI NPI NPI
		30649 1 NPI 1548297500 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENTS	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? for govt claims, see back)	30649 1 NPI 1548297500 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 28. PATIENTS 39-1326366 X 695-K8	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt, dalms, see back) 3 0 9 5 M 2	30649 1 NPI 1548297500 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 28. PATIENTS 39-1326366 X 695-K8 31. SIGNATURE OF PHYSICIAN OR SUPPLIES 32. SERVICE 6	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt, claims, see back) 3 0 9 5 M 2	30649 1 NPI 1548297500 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S 39-1326366 X 695-K6 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse MILWAL)	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt. dalms, see back) 3 0 9 5 M 2	30649 1 NPI 1548297500 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENTS 3 9 - 1 3 2 6 3 6 6 X 6 95 - K.C. 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse H.C. SAN DELIVERY TO BE A STATEMENT OF THE STATEMENT OF TH	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt, claims, nee back) 3 0 9 5 M 2	30649 1 NPI 1548297500 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 28. PATIENTS 39-1326366 X 695-K0 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse HOSSAM billion HEALTH PROPERTY OF THE PROPERTY OF T	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt. dalms, see back) 3 0 9 5 M 2	30649 1 NPI 1548297500 NPI

ACTION LAW OFFICE 933 N MAYFAIR RD STE 200 MILWAUKEE, WI 53226

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05			ت ا ـــــا Pica
PICA			<u></u>
1. MEDICARE MEDICAID TRICARE CHAMPV	HEALTH PLAN BLK LUNG (D)	1a. INSURED'S I.D. NUMBER (For Program In I 478789425	(Lerm 1)
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member i	(3314 to 10) [3314]	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
2 PATIENT'S NAME (Lest Name, First Name, Middle Initial) TILLMAN, THOMAS LEE	3. PATIENT'S BIRTH DATE SEX	TILLMAN, THOMAS LEE	
5. PATIENT'S ADDRESS (No., Street)	8. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
4762 N 53RD STREET		4762 N 53RD STREET	
			TATE -
COTY STATE WI	Single Married Other X		WI S
ZIP COOE TELEPHONE (Include Area Code)	Single mailled Otto 4	ZIP CODE TELEPHONE (Include Area Cod	
53218 (414) 535-0212	Employed X Full-Time Part-Time	53218 (414) 535-03	212
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER	<u>}</u>
		NONE	ا ا
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLDYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX	
	YES X NO	: 1 [™] 1 8 [™] 4 1 9 [™] 57 мГХ(г	
b. OTHER INSURED'S DATE OF BIRTH SEX	b. AUTO ACCIDENT? PLACE (State)	b. EMPLOYER'S NAME OR SCHOOL NAME	
M F	YES X NO L	LAKEWOOD CARE CENTER	
c. EMPLOYER'S NAME OR SCHOOL NAME	c. DTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME	\ !
•	YES X NO	LEGAL	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANDTHER HEALTH BENEFIT PLAN?	
		YES X NO If yes, return to and complete item	ŧ
READ BACK OF FORM BEFORE COMPLETIN 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the	G & SIGNING THIS FORM. release of any medical or other information necessary	 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I auth payment of medical benefits to the undersigned physician or st 	norize upplier for
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the to process this claim. I also request payment of government benefits elitible ow.	er to myself or to the party who accepts assignment	envices described below.	
SIGNATURE ON FILE SIGNED THOMAS L TILLMAN	DATE 5/16/2008	SIGNATURE ON FILE	
SIGNED .		SIGNED THOPIAS IT TITLEPAN 18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPA	YOUT.
14. DATE OF CURRENT: LLNESS (First symptom) OR NUNY (Accident) OR PREGNANCY (LMP)	IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	MM I DD I YY MM I DO I	``` `
·	HEIGH VAIDOOR CONTRACTOR	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE	ES .
MANCUSO, JOSEPHINE 17	- Carlot Alexander Carlot Carl	MM DD	2008
19. RESERVED FOR LOCAL USE	A NOTE OF THE PROPERTY OF THE	20. OUTSIDE LAB? \$ CHARGES	
].		TYES X NO	1
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (Relate Items 1,2	3 or 4 to Item 24E by Line)	22. MEDICAID RESUBMISSION	
,715.94	, ↓	CODE ORIGINAL REF. NO.	•
1		23. PRIOR AUTHORIZATION NUMBER	
, , , , , , , , , , , , , , , , , , ,	•	,	
	CEDURES, SERVICES, DR SUPPLIES E.	F. G. H. I. J. DAYS EPSUT ID. RENDER	DINO
From To PLACE OF (E) MM DD YY MM DD YY SERVICE EMG CPT/HC	plain Umusual Circumstances) DIAGNOSIS PCS MODIFIER POINTER	OR Family news posture	
05 16 08 05 16 08 22 17313	0 RT 26 1	4578 1 NPI 145746	1436
			22.2.2.2
		NPI	97
			35 ST P 25
The second secon	, §	NPI NPI	1-945-000-5-F
		NPI NPI	<u> </u>
	THE STATE OF THE S	F 1	18 18 18 18 1 N
		I NPI	
		45	
3	但我就是是这个人的,我们就是一个人的,我们就是一个人的。	NPI	<u></u>
25. FEDERAL TAX LD. NUMBER SSN EIN 26. PATIENT'S	ACCOUNT NO. 27, ACCEPT ASSIGNMENT?	Y'1	ANCE DUE
39-1326366	3095LM X YES NO	s 4578 s 000s	4578
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE I	ACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH. # (414) 384-	-20do
INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse MILWAI	TIZTOTO TZANZO	VAMC MILWAUKEE	
(colors from the presentation of the leaders of	JREE VAMC	71110 1112/11101111	Į.
ROMATIO DICH PERREPS thereof.) 5000 T	NATIONAL AVE	BOX 55119 VAMC MILW	iaukee
ROWNING Dear HARREST thereof.) 5000 TMD 8/5/2008 MILWAY	N NATIONAL AVE JKEE, WI 53295	1	IAUKEE
ROWNING Dear HARREST thereof.) 5000 TMD 8/5/2008 MILWAY	NATIONAL AVE	BOX 55119 VAMC MILW	

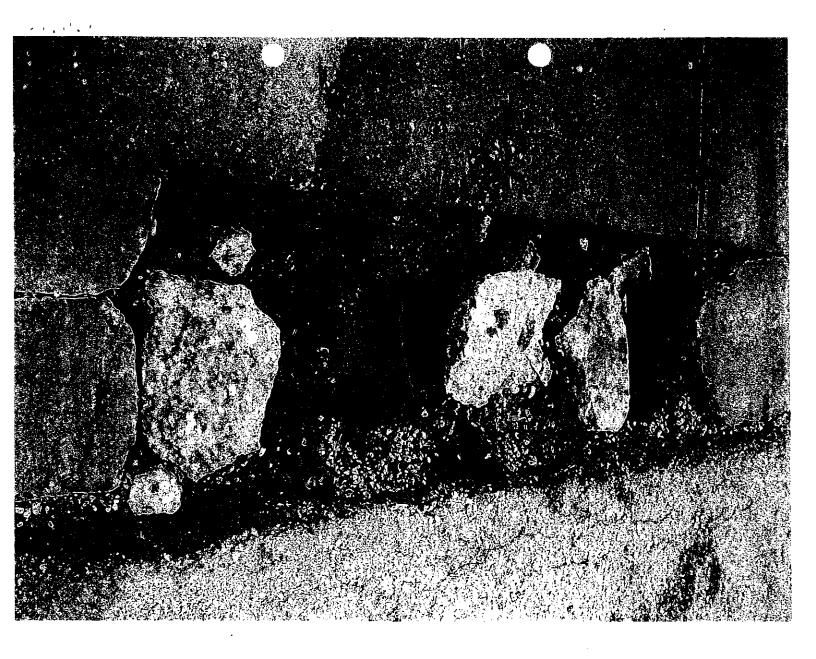
	C MILWAUKEE		695- <u>K8095M7</u>	4 TYPE OF BILL
MILWAUKEE WI 53295 MADI		MILWA 100 100 100 100 100 100 100 100 100 10		PERS PERIOD 7
4143842000	9 PATIENT ADDRESS 476		1326366 051608 STREET	051608
TILLMAN, THOMAS LEE	MILWAUKEE		. WI ₃	53218
10 BERTHDATE 11 SEX 12 MATE ADMISSION 14 TRYPE 15 SEC 18 DE 11 041957 M 051608 9 1	F 17 STAT 18 716 20 21	CONDITION GODES	29 A 26 26 27 28 677	COT 30.
ST CODE DATE SO OCCUPRENCE CODE DATE		OCCURRENCE SPAN FROM THEK	S8 CODE FROM	PAN S7
38	1 390	TVALUE CODES	A VALUE CODES	41 NALUE CODES CODE NALUE CODES
ACTION LAW OFFICES	a e	DE MAMOUNT	: :	CODE, 15% SAMOUNT VALVACE
933 N MAYFAIR RD STE 200 MILWAUKEE, WI 53226	b c			
	d 🤾		多数可靠的数据的	
42 REV. CO. 49 DESCRIPTION 0320 DX X-RAY	44 HOPCS / RATE / HEPPS CODE 73130RT	45 SERV. DATE 46 SE	1 332	48 NON-COVERED CHARGES 48 20 000
08513 CT SCAN/HEAD AND STATE OF THE STATE OF	70486	051608	1899	
				THE STATE OF
0001 PAGE 1 OF 1	A SECTION DATE			
0001 PAGE 1 OF 1	CREATION DATE	080508 TC	TALS 2232	
ACTION LAW OFFICES	YYY	000	223200 ⁵⁷	39-1326366
99 P. SEL	60 INSUREO'S UNIQUE TO	ar anote:	PRV ID 62 (NSLH	ANCE GROUP NO THE LETTER TO
TILLMAN, THOMAS LEE 18	478789425	LEGA	L NON	E
83 TREATMENT AUTHORIZATION CODES	SHOOCUMENT CONTROL NUMBER		7.42.1.4.1.	
			LAKEWOOD C	ARE CENTER
8715 94 878243 8473 9 8 C 9 8 3 3 8 5 5			6 G A A A A A A A A A A A A A A A A A A	99 68 50 89 50 80
65 ADMST. 70:PATIENT: SGDXCS. FPACONDX 3	71 PPS (*) (*) COOE	72 ECI (4.	9 9 0	* 73 2 73
741-06 PRINCIPAL PROCEDURE 1 a OTHER PROCEDURE DATE 73130 05160870486 05160	CODE STATE		NP191290966 ANCUSO	4 ONA 1GVAD000
CODE DATE CODE DATE		77 OP 5	итіна NP145746143	6 OUR 1GVADOOO
80 REMARKS. BICC		LAST H	ARRIS	FIRST RONALD D O QUA 1GVAD000
		имтН	AMDA	FIRST HOSSAM K
o 		力の研 LAST	斯克 NPI	FIRST
JB-04 CMS-1450 NI_CF-UB04-1 APPROVED OWB NO. 1939-0987 OCRACHOL			TIFICATIONS ON THE REVERSE APPLY TO	THIS BUT AND ARE MADE A PART HERE!

	•		
	·		
•			
٠	,		
	·		

្រការប្រហែង (២(២) កែរទី មិនក្រែកាតិ ១ភេយៈ (១០១១ កែនី អត្តបញ្ចាក់ស្រុ ellomebraner I CAN LA LA BOUNG ESTA LA LA LA CANA NUMBLA OF PITOTOS











.

	٠		•	
•				
				•
	٠			
		·		
			·	

).		
Client: Thomas Tillman DOI: 4/1/2008	********		
MILEAGE	*******************************		
1 HOME	VA Hospital		
4762 N. 53rd St., Milwaukee, WI	5000 W. National Ave., Milwaukee, WI		
7 miles X 0.505 = \$ 3.54 X 3 times	= 10.605 X 2 times (there & back) = \$ 21.21		
******************	************		
TOTAL MILEAGE COSTS:	= \$ 21.21		

. .

. . .

:·: .

.1 .

BALL. 1 + A.S.

1



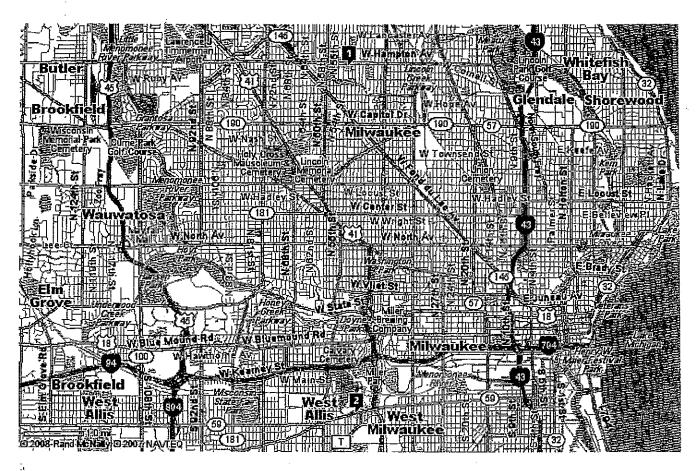
Driving Directions

ROUTE SUMMARY

- 1. 4762 N 53rd St, Milwaukee, WI 53218-5013
- 2. 5000 W National Ave, Milwaukee, WI 53295-0001

STEPS: 9 EST DRIVE TIME: 21 minutes

EST. DISTANCE:7 miles



Advertisement

1. 170

Driving Directions

From: 4762 N 53rd St

Miiwaukee, WI 53218-5013

To: 5000 W National Ave Mliwaukee, WI 53295-0001

	Philitiance, WI 55210 5015				
1.	You are at 4762 N 53rd St, Mllwaukee, WI 53218-5013				
2.	Go North on N 53rd St	< 0.1 miles			
3.	Turn left onto W Hampton Av	0.4 miles			
4.	Turn left onto N 60th St	2.3 mlles			
5. Far	Bear left onto US-41 (W Appleton Av)	1.1 mlles			
6.	Bear right onto US-41 S	1.7 miles			
7.	Continue onto Miller Park Wy	1.0 mlles			
8.	Turn right onto WI-59 W (W National Av)	0.4 miles			
ė,	You are at 5000 W National Ave, Milwaukee,	, WI 53295-0001			
EST	. DRIVE TIME: 21 minutes	EST. DISTANCE: 7 miles			

Please note that these driving directions are suggested. No warranty is given as to their content or route usability. Rand McNelly and its suppliers assume no responsibility for any loss or delay resulting from such use.

Please lat us know of any errors or omissions you find in our driving directions and maps, especially the names of towns and streets that we may have been unable to locate for you.

All rights reserved. Use subject to license . © 2008 Rand McNally

ţ

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the attached:

CLAIM

was served upon the hereinafter named:

(s.)

; j:

CITY CLERK CITY OF MILWAUKEE 200 EAST WELLS STREET MILWAUKEE, WISCONSIN 53202

by enclosing same in an adequately postpaid envelope, bearing the sender's name and address which was duly deposited in a U.S. Mailbox on the 4th day of December, 2008, pursuant to Section 801.14(2), Milwaukee, Wisconsin.

TINA R. MCCOY, Paralegal

933 North Mayfair Road

Suite 200

Milwaukee, Wisconsin 53226 Telephone: (414) 456-1111