

8205 North Lake Drive  
Milwaukee, Wisconsin  
July 6, 2002

City Clerk, City of Milwaukee  
ATTN: CLAIMS  
200 E. Wells St., Room 205  
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE

2002 JUL -8 AM 8:15

RONALD D. LEONHARDT  
CITY CLERK

To Whom It May Concern:

I am writing this letter to request payment for medical expenses incurred from a fall in front of the Midwest Express Center. On Thursday March 21, 2002 at about 7:35 a.m. I exited a number 42 freeway flyer bus at 4<sup>th</sup> and Wells. Although there had been mixed snow and ice overnight, parts of the sidewalk area near the Midwest Express Center had not been salted. Due to this, I slipped, fell, and broke my right ankle. There were two witnesses to the fall. One of these witnesses is Susan Nycz (414) 287-1823 (work). An incident report was filed at Fortis Insurance where I was employed.

I was transported to the Emergency Room at Columbia Hospital where x-rays were taken, my ankle was placed in a splint, and I was referred to an orthopedic surgeon.

On March 25 I saw Dr Todd Swensen of the Blount Clinic. I had surgery at the Orthopedic Hospital of Wisconsin on March 27 at which time a metal plate and four screws were placed in my ankle. It was then placed in a cast for about 12 days, had more x-rays taken, and was placed in a removable cast for three weeks. I saw Dr. Swenson on April 29, had x-rays taken again and was given a prescription for physical therapy.

I am enclosing copies of bills related to my fall on city property on March 21, 2002 and am seeking compensation of \$10,094.95.

Columbia Hosp ER	\$ 713.07
ER Doctor	\$ 149.00
X-Ray in ER	\$ 39.00
EKG Prior to surgery	\$ 41.00
Orthopaedic Hosp of WI: surgery	\$5069.00
Blount Orthopaedic Clinic:	
Dr Todd Swensen	\$2070.00
Glendale Anesthesia Assoc: surgery	\$ 800.00
Orthopaedic Hosp of WI: Phys Therapy	\$1178.00
Walgreen's Pharmacy: Prescriptions post surgery	\$ 26.89
	\$ 8.99

Sincerely,

*Pamela Weindling*  
Pamela Weindling  
(414) 351-2018

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
02 JUL -8 PM 4:07

Service Date: 03/21/02  
Patient Name: Weindling Pamela  
Account Ref #: 10901060001  
Total Charges: \$713.07  
Insurance Paid: \$.00\*  
Balance Due: \$713.07

*pd 4/11/02*

\*If you feel your insurance payment is not correct, please contact your insurance company for clarification.

Thank you for using the services of Columbia Hospital. The balance shown above is for services rendered on 03/21/02.

Your insurance company has processed these charges. The balance remaining is your responsibility and due within 15 days of this notice.

Please return your payment in the envelope provided. If you have any questions, or need to make arrangements, please call (262) 446-0240.

If you wish to pay by VISA, MasterCard or American Express, fill in the information below return the entire letter to us.



Account Number	Payment Amount	Expiration Date
	\$ _____	____/____

Card Holder Name	Signature of Card Holder	Date
20TOUTS10050		

>>> PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION <<<

COLUMBIA HOSPITAL ♦ BOX 88665 MILWAUKEE WI 53288-0665 ♦ Telephone: (262) 446-0240

PH (414)352-0526  
 PATIENT PH (414)352-2018

8615 N PORT WASHINGTON RD FOX POINT, WI 53217  
 PH (414)352-0526  
 PATIENT PH (414)352-2018

**PAMELA WEINDLING**  
 8205 N. LAKE DRIVE  
 FOX POINT, WI 53217

NO 0569722-03125 DATE 03/27/02  
**HYDROXYZINE PAMOATE 25MG CAPSULES**  
 QTY 10 NO REFILLS - DR. AUTHORIZATION REQUIRED  
 NEW Actual Savings \$6.40

MJM/LSP  
 DR T. SWENSON

**W A I T I N G**  
 FEEL FREE TO

Take This Medicine With A  
 Snack Or Small Meal if Stomach  
 Upset Occurs

Need Health  
 Cond: \_\_\_\_\_

Need Allergy  
 Info: \_\_\_\_\_

Need Email:  
 \_\_\_\_\_ @ \_\_\_\_\_

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 PH (414)352-0526  
 PATIENT PH (414)352-2018

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MJM/LSP  
 DR T. SWENSON

WALGREENS  
 NDC 00172-2911-60  
 MFG ZENITH

Actual Savings \$6.40

DR T. SWENSON

WALGREENS Customer Receipt

WALGREENS Duplicate Receipt of

00172-2911-60  
 ZENITH

Actual Savings \$6.40

DR T. SWENSON

WALGREENS Duplicate Receipt of

PH (414)352-0526  
 PATIENT PH (414)352-2018

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 MFG ZENITH

Actual Savings \$6.40

DR T. SWENSON

WALGREENS Customer Receipt

WALGREENS Duplicate Receipt of

00172-2911-60  
 ZENITH

Actual Savings \$6.40

DR T. SWENSON

WALGREENS Duplicate Receipt of

I'm KAREN. I'm here to serve you with our "7 Service Basics"

360 10 6777 03125 008  
BX 054972 IN 26.89  
BY 0769722 IN 8.99  
TOTAL 35.88

ADDT\*\*\*\*\*0057  
CREDIT CARD 35.88 CHANGE

THANK YOU  
FOR FASTER SERVICE. CALL IN YOUR  
ORDER 24 HOURS IN ADVANCE

FOR YOUR RECORDS

MARCH 27, 2002

3:55 PM

PH (414)352-0526  
PATIENT PH (414)352-2018



\$26.89

8615 N PORT WASHINGTON RD FOX POINT, WI 53217  
PAMELA WEINDLING  
8205 N LAKE DRIVE  
FOX POINT, WI 53217

NO 0569721-03125 DATE 03/27/02  
HYDROCODONE/APAP 5MG/500MG TABS  
QTY 50 NO REFILLS - DR. AUTHORIZATION REQUIRED  
NEW Actual Savings \$25.00

DR. T. SWENSON

MJM/LSP

NDC 00603-3881-28  
MFG QUALITEST-VINTAGE

Whisper Duplicate Receipt

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Whisper Customer Receipt

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FEEL HERE - N I T T I N G

Take This Medicine With A  
Snack Or Small Meal If Stomach  
Upset Occurs

Need  
Email: @

Need Allergy  
Info:

Need Health  
Cond:

PH (414)352-0526  
PATIENT PH (414)352-2018

8615 N PORT WASHINGTON RD FOX POINT, WI 53217  
PAMELA WEINDLING  
8205 N LAKE DRIVE  
FOX POINT, WI 53217

NO 0569721-03125 DATE 03/27/02  
HYDROCODONE/APAP 5MG/500MG TABS  
QTY 50 NO REFILLS - DR. AUTHORIZATION REQUIRED  
NEW Actual Savings \$25.00

DR. T. SWENSON

MJM/LSP

\$26.89



Service Date: 3/27/2002  
Patient Name: Pamela Weindling  
Account Number: 7077100

Total Charges: \$ 5069.00  
Balance Due: \$ 5069.00

**Private Pay Account**

Thank you for using The Orthopaedic Hospital. Your insurance has processed the charges for this account. The remaining balance is your responsibility. Please return your payment in the envelope provided. If you have any questions, or need to make payment arrangements, please call at (262) 446-0240.

*pd  
6/14/02*

**IMPORTANT**

PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT

The Orthopaedic Hospital, LLC  
Box 88878  
Milwaukee, WI 53288-0878

June 7, 2002  
Acct#: 7077100  
Amount Due: \$ 5069.00

The Orthopaedic Hospital, LLC  
Box 88878  
Milwaukee, WI 53288-0878

Pamela Weindling  
8205 N Lake Drive  
Fox Point, WI 53217

**MAKE CHECKS PAYABLE TO:**

COLUMBIA CARD. CONSLT LTD  
11716 W GREENFIELD AVE  
WEST ALLIS, WI 53214

RETURN SERVICE REQUESTED

SELF PAY

IRS NO.	39-1450849
PHONE	414 778-3875

**STATEMENT**

RETURN UPPER PORTION OF  
STATEMENT WITH PAYMENT

*pd  
4/30/02*

ACCOUNT #

PAMELA WEINDLING  
8205 N LAKE DR  
MILWAUKEE, WI 53217

7077043

**ADMITTING DOCTOR**

SWENSON, TODD M

PATIENT'S NAME	WEINDLING, PAMELA	CLOSING DATE	4/18/02	PAGE NUMBER	1	NEW BALANCE	\$41.00
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NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

SHOW AMOUNT PAID HERE \$

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

DATE	EXPLANATION OF ACTIVITY	PROC. CODE	DIAG. CODE	CHARGES & DEBITS	PAYMENTS & CREDITS		
3/26/02	EKG STANDARD	93010	B24.8	\$41.00			
<p><b>TOTAL PAYMENT DUE: \$ 41.00</b> By Client at this time. <i>Thank You.</i></p>							
STATEMENT CLOSING DATE	DATE OF LAST PAYMENT	AMT. OF LAST PAYMENT	BALANCE OVER 30 DAYS	BALANCE OVER 60 DAYS	BALANCE OVER 90 DAYS	NEW CHARGES	PAYMENTS & CREDITS
4/18/02		\$0.00	\$0.00	\$0.00	\$0.00	\$41.00	\$0.00
CURRENT BALANCE							\$41.00

\*\*THIS IS THE PHYSICIAN'S FEE FOR CARDIOLOGY SERVICES AT COLUMBIA HOSPITAL.

**Make Check Payable To:**

WISCONSIN RADIOLOGY SPEC. S.C.  
 PO BOX 2350  
 BROOKFIELD WI 53008-2350

**CHARGES APPEARING ON THIS INVOICE ARE NOT  
 INCLUDED ON ANY HOSPITAL BILL OR INVOICE**

**PATIENT**

PAMELA WEINDLING

INVOICE DATE	ACCOUNT NUMBER	AMOUNT PAID
04/15/02	111207	

PAMELA WEINDLING                      WRS  
 8205 N LAKE DR  
 MILWAUKEE WI 53217

Primary Insurance:

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

**INVOICE**

Please detach and return top portion with payment.

DATE	PLACE OF SERVICE	DESCRIPTION	CHARGE	PAYMENTS/ ADJUSTMENTS	AMOUNT DUE
3/21/02	COLUMBIA H	X-RAY EXAM OF ANKLE PLEASE SEND INSURANCE INFORMATION	39.00		39.00

39.00	.00	.00	.00	.00
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS

**PLEASE PAY  
THIS AMOUNT**

39.00

**MAKE CHECKS  
PAYABLE TO:**

WISCONSIN RADIOLOGY SPEC. S.C.

INVOICE DATE

ACCOUNT NUMBER

200090 009001

004709L

INFINITY HEALTHCARE PHYSICIANS, S.C.  
1251 W GLEN OAKS LANE  
MEQUON, WI 53092-3378

1537K

04/14/2002

2-2190304

PROFESSIONAL SERVICES  
FOR PAMELA WEINDLING  
BY HARRY KERR M.D.  
AT COLUMBIA HOSPITAL

QUESTIONS REGARDING THIS STATEMENT?  
PLEASE CALL 414-290-6720 OR TOLL FREE  
888-290-6720, MONDAY THROUGH FRIDAY  
8 AM to 4 PM.

PAMELA WEINDLING  
8205 N LAKE DR  
MILWAUKEE, WI 53217



- CHANGE OF ADDRESS INFORMATION ON REVERSE SIDE

- MASTERCARD / VISA PAYMENTS - SEE REVERSE SIDE

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

DATE	DESCRIPTION	AMOUNT
03/21/2002	LEVEL 3: EVALUATION (CPT:99283)	\$149.00
	PAYMENT DUE by 04/24/2002----->	\$149.00
<p>WE HAVE NO INSURANCE COVERAGE LISTED FOR THIS VISIT. PLEASE CONTACT US WITH YOUR HEALTH, AUTO, OR WORKERS COMPENSATION INSURANCE AS IT RELATES TO THE ABOVE CHARGES.</p>		
<p>THESE CHARGES ARE FOR EMERGENCY PHYSICIAN SERVICES ONLY. THEY ARE NOT INCLUDED IN YOUR HOSPITAL BILL.</p>		
<p>INFINITY HEALTHCARE PHYSICIANS, S.C. 1251 W GLEN OAKS LANE MEQUON, WI 53092-3378</p>		<p>2-2190304 TAX ID# 39-1861457</p>



GLENDALE ANESTHESIA ASSOCIATES  
 4555 W SCHRÖEDER DR #170  
 MILWAUKEE WI 53223-1496  
 PHONE NO.: (414) 365-3210      FED. I.D.# 39-1733661

Pd  
 4/30/02  
 \$800

PLEASE ENTER THIS ACCOUNT NUMBER ON YOUR CHECK AND ALL CORRESPONDENCE

PAMELA WEINDLING  
 8205 N LAKE DR  
 MILWAUKEE WI 53217

ACCOUNT NO.      GA102005

STATEMENT DATE      04/25/02

AMOUNT ENCLOSED

\$

EASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IAG CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	LOC	DESCRIPTION	CHARGES/PAYMENT/ADJ.	
						PATIENT	INSURANCE
4.1	03/27/02	27766	PAMELA		PHANES OPEN TREAT MALL FRAC TIME:08:15-09:55 UNITS: 10	800.00	

ALL PAYMENTS AND BILLING QUESTIONS SHOULD BE DIRECTED TO OUR BILLING SERVICE. (SEE TOP OF STATEMENT). THANK YOU.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS
800.00	.00	.00	.00	.00

**PLEASE PAY THIS AMOUNT**

PATIENT	INSURANCE
800.00	

ANALYSIS OF PATIENT NEW BALANCE

**PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.**

04/25/02	.00	GA102005
STATEMENT DATE	PATIENT PAY Y.T.D.	ACCOUNT NUMBER



MAKE CHECKS PAYABLE TO

GLENDALE ANESTHESIA ASSOCIATES

PLEASE RETURN CHECKS PAYABLE TO:

BLOUNT ORTHOPAEDIC CLINIC  
625 E ST PAUL AVE  
Milwaukee, WI 53202-5907

If paying by credit card please check below.

<input type="checkbox"/> CHECK CARD USING FOR PAYMENT  MASTERCARD <input type="checkbox"/>  VISA		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE 05 03 02	PAY THIS AMOUNT 2070.00	ACCT. # 98823

ADDRESSEE

PAMELA A WEINDLING  
8205 N Lake Dr  
Milwaukee, WI 53217

REMIT TO:

BLOUNT ORTHOPAEDIC CLINIC  
625 E ST PAUL AVE  
Milwaukee, WI 53202-5907

Please check if above address is incorrect or insurance information has changed, and indicate changes on reverse side.

**Billing Questions Only 414-223-2737**  
**Appointments 414-223-2727**

SHOW AMOUNT PAID HERE	\$
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**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DESCRIPTION	CHGS PYMNT ADJUST	INS. PAID	OTHER ADJUST/ PYMNT	PATIENT BALANCE DUE
3 25 02	PAMELA	*OFFICE VISIT	122.00	0.00		122.00
3 27 02	PAMELA	*OPEN TX DIST FIB FX	1665.00	0.00		1665.00
4 08 02	PAMELA	POST-OP EXAM	0.00	0.00		0.00
4 08 02	PAMELA	*XRAY ANKLE-THREE VIE	111.00	0.00		111.00
4 08 02	PAMELA	*CAM WALKER	61.00	0.00		61.00
4 29 02	PAMELA	POST-OP EXAM.	0.00	0.00		0.00
4 29 02	PAMELA	XRAY ANKLE-THREE VIE	111.00	0.00		111.00
5 03 02	PAMELA	NO PAYMENT/NOT PROCE			0.00	
5 03 02	PAMELA	NO PAYMENT/NOT PROCE			0.00	

*pd  
5/8/02*

Blount Orthopaedic Clinic Ltd., 625 E. St. Paul Avenue, Milwaukee, WI 53202

ACCT. # 98823	** - indicates that this has been billed to your insurance company.				FOR BILLING QUESTIONS, PLEASE CALL: PATIENT ACCOUNTS 223-2737		PATIENT DUE 2070.00
CURRENT	30 - 60 DAYS	60 - 90 DAYS	90 - 120 DAYS	OVER 120 DAYS	ACCT. BAL.	INS BILLED	
2070.00	0.00	0.00	0.00	0.00		0.00	



Service Date: 5/ 6/ 2002  
Patient Name: Pamela Weindling  
Account Number: 80110018

Total Charges: \$ 1178.00  
Balance Due:\$ 1178.00

**Private Pay Account**

Thank you for using The Orthopaedic Hospital. We do not have insurance information on file for this account and date of service. If you have insurance, please call us at (262) 446-0240.

If you do not have coverage at this time, please contact us so that we may assist you in establishing payment arrangements. Payment for the services provided is ultimately the responsibility of the patient (or the guarantor). A payment envelope has been enclosed for your convenience.

*For physical therapy sessions on  
May 6, 9, 13, 16, 21, 23, 29*

**IMPORTANT**

PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT

The Orthopaedic Hospital, LLC  
Box 88878  
Milwaukee, WI 53288-0878

June 14, 2002  
Acct#: 80110018  
Amount Due:\$ 1178.00

The Orthopaedic Hospital, LLC  
Box 88878  
Milwaukee, WI 53288-0878

Pamela Weindling  
8205 N Lake Drive  
Fox Point, Wi 53217

*PL*  
*6/21/02*