

January 24, 2012

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

CITY OF MILWAUKEE

2012 FEB -2 PM 2: 33

RONALD D. LEONHARDT  
CITY CLERK

CITY OF MILWAUKEE  
RECEIVED  
2012 FEB -3 PM 12: 59  
OFFICE OF  
CITY ATTORNEY

To whom it may concern:

I received your letter of denial for \$131.28 for services I received on October 12, 2011 from Bell Ambulance. (C.I. file NO.: 11-5-325 in my claim #) I received your letter on 1-24-2012 and I wish to appeal your decision and I am requesting a hearing. <sup>Final</sup> Payment is being requested by Bell Ambulance for account is delinquent to going against my credit when it goes to collection. your letter states "you allegedly fell over a ruffled rug on October 12, 2011 at 841 Broadway." I did fall where you pay your water bill and it is indeed a fact.

Please notify me of the date and time and place where the hearing will be. <sup>Final</sup> payment bill from Bell Ambulance is attached to this letter.  
Very truly yours,

Viletta Redmond  
3701 West Dora Avenue / Milwaukee, WI 53224  
my cell number - 414 640-3056

PLEASE RETURN THIS STUB WITH YOUR PAYMENT



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

549 E WILSON ST  
MILWAUKEE, WI,  
53207-1635

#BWNSFD  
#26 11 0285 0054 0 8#  
VILETTA REDMOND  
9701 W VERA AVE  
MILWAUKEE, WI 53224-4661

Client Name: **REDMOND, VILETTA**

Trip Number:

**11-2850054**

Service Date: **10/12/2011**

Amount Due: **\$ 131.28**

Billing Date: **12/30/2011**

Toll-Free Number: **(800) 896-6200**

Se Habla Español: **(414) 486-4016**

## FINAL DEMAND FOR PAYMENT

Payment in full must be received immediately or this account will be sent to a collection agency. To pay by phone using your major credit card call (414) 486-2000

Client Name: **REDMOND, VILETTA**

Trip Number:

Service Date: **10/12/2011**

**11-2850054**

Billing Date: **12/30/2011**

**Amount Due: \$ 131.28**

This charge can be put on your major credit card account. Simply fill out the following blanks, sign and return in the enclosed envelope



**11-2850054**

**\$ 131.28**

Trip Number

Amount of Billing

Name on Card

Card Number

Card Billing Address

Expiration Date

City, State, Zip

Signature

November 9, 2011

City Clerk

Att: Claire

200 E. Wells Street, Rm 205

Milwaukee, WI 53202

CITY OF MILWAUKEE

2011 NOV 11 AM 8:45

RONALD D. LEONHARDT  
CITY CLERK

To whom it may concern:

On October 12, 2011, I was at the Milwaukee Water Works at 841 N. Broadway and fell on a ruffled rug by the window when you pay your water bill. Bell Ambulance was called to triage me. I feel this bill should not be my responsibility since I fell over a ruffled rug on your property. I have enclosed the bill for \$131.28 from Bell Ambulance from date of service 10/12/11; trip number 11-2850054. If further discussion is needed, you can reach me on my cell number of 414 640-3056.

Respectfully,

Viletta Redmond

OFFICE OF  
CITY ATTORNEY

2011 NOV 11 PM 3:15

CITY OF MILWAUKEE  
RECEIVED



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549 E WILSON ST  
MILWAUKEE, WI,  
53207-1635

#BWNSFD  
#26 11 0285 0054 0 8#

VILETTA REDMOND  
5201 W VERA AVE  
MILWAUKEE, WI 53224-4661

Client Name: **REDMOND, VILETTA**

Trip Number:

**11-2850054**

Service Date: **10/12/2011**

Amount Due: **\$ 131.28**

Billing Date: **10/27/2011**

Billing Department: **(414) 486-2000**

Toll-Free Number: **(800) 896-6200**

Se Habla Español: **(414) 486-4016**



"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Billing Department: **(414) 486-2000**

Toll-Free: **(800) 896-6200**

549 E WILSON ST  
MILWAUKEE, WI, 53207-1635

Service Date:

Trip Number: **11-2850054**

Client Name: **REDMOND, VILETTA**

Caller:

From Location: **841 N BROADWAY 412,**

To Location: **<NO TRANSPORT>**

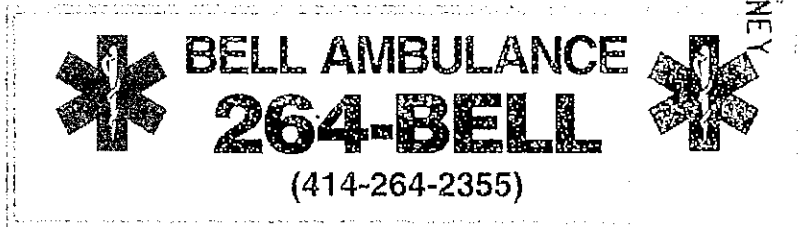
Insurance Information

**UNITED HEALTHCARE**

**Patient SSN**

DATE	DESCRIPTION OF TRANSACTION	HCPC	QUANTITY	UNIT PRICE	AMOUNT
10/12/11	BLS Emerg First Response - F	A0429	1	\$120.00	\$120.00
10/12/11	BLS Disposables	A0382	1	\$11.28	\$11.28

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"IF IT DOESN'T SAY BELL ON THE SIDE,  
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"  
**PLEASE PAY THIS AMOUNT => \$131.28**

Your insurance company has **REJECTED** the claim for your ambulance service.  
Payment of this account is now your responsibility. Your insurance should  
notify you regarding the rejection reason.