

MICHAEL BEST

& FRIEDRICH LLP

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Milwaukee, WI 53202-4108
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Fax 414.277.0656

Joseph Louis Olson
Direct 414.277.3465
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RECEIVED

NOV 5 2013

OFFICE OF
CITY ATTORNEY

November 1, 2013

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

Re: C.I. File No. 1029-2013-2661; Mary Koceja

To Whom It May Concern:

The purpose of this letter is to inform you that the undersigned represents Ms. Koceja regarding this matter. Ms. Koceja is exercising her right to appeal your October 16, 2013 denial of her claim. It is my understanding that such an appeal also requires a hearing and, I am therefore, requesting a hearing.

My understanding from your letter of October 16, 2013 is that you have denied the claim based on the theory that 2011 Wisconsin Act 132 relieved the City of Milwaukee from any liability caused by a defect in a sidewalk. I believe that this interpretation of 2011 Wisconsin Act 132 is incorrect. Act 132 removed certain language from the Wisconsin Statutes that expressly made the City liable for damage caused by defects in a "highway." However, the definition of "highway" used by the Wisconsin legislature and Wisconsin courts, while broader than the actual paved surface of a road, is still limited to part of a road that is either designed for or capable of supporting traffic by a motor vehicle. A sidewalk, being above the curb and above the grade of the road, and also primarily designed for foot traffic, is not within the definition of a "highway." Accordingly, Act 132's removal of certain language related to liability for defects in a highway is not applicable when the defect is, as it is in this case, in the sidewalk. Accordingly, Ms. Koceja appeals your denial of her claim and request that you reconsider the denial and approve the claim.

Sincerely,

MICHAEL BEST & FRIEDRICH LLP

Joseph Louis Olson

JLO:kjb

cc: Mary Koceja

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CITY OF MILWAUKEE
2013 NOV -4 AM 10:15
CITY CLERK'S OFFICE

October 11, 2013

To City Clerk
Attn: Claims
200 E. Wells St., Rm. 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
2013 OCT 11 PM 3:12
CITY CLERK'S OFFICE

RECEIVED

OCT 14 2013

OFFICE OF
CITY ATTORNEY

To City Clerk:

I am submitting a claim to cover the expenses that were incurred due to an accident that I had.

On June 19, 2013 at approximately 12:00 Noon on the Southwest corner on Wells and Water (about one sidewalk block from corner), I tripped and fell and broke my wrist due to the unevenness of the sidewalk. I was walking with 3 other women, Kelly Roberts, Isabel Marsh and Mary Crimmins who witnessed the fall.

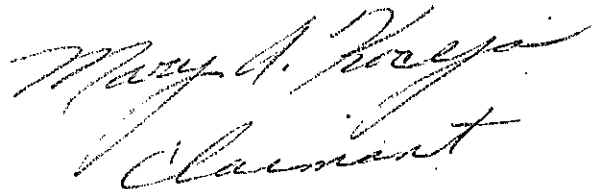
I noticed since my accident that the sidewalk has been repaired.

I have enclosed several bills that I received for surgical expenses and other related expenses. I also missed several days of work due to this injury. There may be some ongoing expenses due to follow ups with the doctor. I am requesting that if I receive further bills due to the injury, that I will be able to submit these also.

Expenses submitted:

Hand Surgery Limited	\$ 446.69
Glendale Anesthesia Services	\$ 103.50
Wauwatosa Surgery Center	\$2273.90
ErMed SC	<u>\$1528.00</u>
Total	\$4352.09

Mary A. Kocaja
8741 W. Coldspring Rd.
Greenfield, WI 53228
Cell 414-852-4426
Business 414-271-6560 ext. 15252
Email marykocaja@yahoo.com



Mary A. Kocaja
Claimant

WAUWATOSA SURGERY CENTER
10900 W POTTER ROAD
WAUWATOSA, WI 53226-3424



3595 0101

Phone: 414-774-9227

31684-UJ87

IF PAYING BY MASTERCARD, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT



☐ MASTERCARD



☐ VISA



☐ AMERICAN EXPRESS

CARD NUMBER

SIGNATURE CODE

SIGNATURE

EXP. DATE

STATEMENT DATE

09-16-2013

DUE FROM PAYER

0.00

DUE FROM PATIENT

\$2273.90

ACCT.#

13418

PAGE: 1 of 1

SHOW AMOUNT
PAID HERE \$

MARY KOCEJA
8741 W COLD SPRING RD
GREENFIELD, WI 53228-2853

WAUWATOSA SURGERY CENTER
10900 W POTTER ROAD
WAUWATOSA, WI 53226-3424

31684-UJ87*TVR0L5VFQ000003

PAYMENT DUE UPON RECEIPT



100067

TRX DATE	DESCRIPTION	AMOUNT
	Balance Forward	2273.90
This balance is due now. If insurance has not paid, contact your carrier. You are ultimately responsible for these charges.		
DUE UPON RECEIPT		\$2273.90

RECEIVED
OCT 14 2013
OFFICE OF
CITY ATTORNEY

ACCT #	STMT DATE
13418	09-16-2013

DUE FROM PAYER
0.00

DUE FROM PATIENT
\$2273.90

ACCOUNT NUMBER 002825 DATE OF STATEMENT PAYMENTS AFTER THIS BALANCE AMOUNT DUE
838*0036049049 09/10/2013 DATE WILL APPEAR ON \$1,528.00
YOUR NEXT STATEMENT

PATIENT NAME

MARY A KOCEJA

BILLING QUESTIONS

OUT OF AREA: 1(866)-898-7139 CUSTOMER SERVICE
MON-FRI 8:30 AM - 5:00 PM EST

Para asistencia en español llame al numero de arriba.

Tax Id 391499986

Place of Service: WEST ALLIS MEMORIAL HOSPITAL

WE HAVE BEEN INFORMED THAT
THIS IS NOT WORK RELATED. THIS
BILL IS NOW DUE AND PAYABLE BY
YOU. WE ASK FOR YOUR PROMPT
PAYMENT AT THIS TIME.

MAKE CHECKS PAYABLE TO:

ERMED SC

PO BOX 78012

MILWAUKEE WI 53278-0012

(866)-898-7139

RECEIVED

OCT 14 2013

OFFICE OF
CITY ATTORNEY

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 1 of 1

Date	Doctor	Code	Description	Amount
06/19/2013	SARAH YARBROUGH, PA	9928425	EMERGENCY DEPARTMENT VISIT	443.00
06/19/2013	SARAH YARBROUGH PA	2560054	TREATMENT OF CLOSED RADIAL FRA	1085.00
08/20/2013		0083000	DENIAL-NOT WORK COMP	

KELLY SMITH DO

YOU CAN ACCESS YOUR ACCOUNT TO MAKE A PAYMENT OR CHANGES VIA THE INTERNET ANYTIME!!!

Visit us at <http://www.peryourhealth.com> and enter your account
number of 838-36049049 and password 9E3237

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

838*0036049049

ERMED SC

P.O. BOX 808

GRAND RAPIDS MI 49518-0808

ACCOUNT NUMBER

838*0036049049

STATEMENT DATE

09/10/2013

PATIENT NAME

MARY A KOCEJA

AMOUNT DUE

\$1,528.00

AMOUNT ENCLOSED

Return Service Requested



To make credit card payments:

www.peryourhealth.com (see statement detail for account
number and password) or call (866)-898-7139

GOT501.A4FGXW001409.J0F0QH.002825 002820

MAKE CHECKS PAYABLE AND REMIT TO:

003541
MICHAEL BEST AND F
ATTN WORK COMP
100 E WISCONSIN AVE
MILWAUKEE WI 53202-4108

ERMED SC
PO BOX 78012
MILWAUKEE WI 53278-0012

Please see back of form

GLENDAL ANESTH PROV
4555 W SCHROEDER DR
MILWAUKEE, WI 53223
PHONE (414)365-3210

PLEASE ENTER THIS ACCOUNT
NUMBER ON YOUR CHECK AND
ALL CORRESPONDENCE

MARY KOCEJA
8741 W COLD SPRING RD
GREENFIELD WI 53228

ACCOUNT NO. GAP24958
STATEMENT DATE 08/12/13

INS: UNITED HEALTHCARE

AMOUNT
ENCLOSED

\$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IAG. ODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	L O C	DESCRIPTION	CHARGES/PAYMENT/ADJ.	
						PATIENT	INSURANCE
3.52	06/21/13	25608	MARY		SUDISTAL RADIAL FRACTURE OPEN TR	1160.00	
	07/15/13	UHC			TIME:10:50-11:57 UNITS: 8	-414.00	
	07/15/13				INSURANCE CHECK	-642.50	
	07/15/13	\$103.50			CONTRACTUAL WRITEOFF	.00	
					BALANC IS COINSURANC		
OR ANESTHESIA SERVICES RENDERED DURING SURGERY. PLEASE SEND MENT. THANK YOU. CALL (414) 365-3210 IF QUESTIONS.							
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PLEASE PAY THIS AMOUNT	PATIENT	
103.50	.00	.00	.00	.00		103.50	

ANALYSIS OF PATIENT NEW BALANCE

PATIENT IS RESPONSIBLE FOR
"PATIENT BALANCE" SHOWN.

08/12/13 .00 GAP24958
STATEMENT DATE PATIENT PAY Y.T.D. ACCOUNT NUMBER
MAKE CHECKS
PAYABLE TO

JOAN L STETZER MD SC

RECEIVED
OCT 14 2013
OFFICE OF
CITY ATTORNEY

HAND SURGERY LIMITED
PO BOX 88746
MILWAUKEE WI 53288-0746



RETURN SERVICE REQUESTED

14163 0202

37 01

MARY A KOCEJA
8741 W COLDSRING RD
GREENFIELD, WI 53228-2853



IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
10/03/13	446.69	77988
PLEASE PUT ACCOUNT # ON YOUR CHECK AND REMIT TO THE ADDRESS BELOW.		SHOW AMOUNT PAID HERE \$

210189A

HAND SURGERY LIMITED
PO BOX 88746
MILWAUKEE, WI 53288-0746



☐ Please check box if address or insurance information is incorrect. Indicate changes on the reverse side, then detach and return this top portion with your payment.

DATE OF SERVICE	PATIENT	DESCRIPTION OF SERVICES	SERVICE PROVIDED BY	*	AMOUNT
07/16/13	KOCEJA	EXPANDED ESTABLISHED VISIT	GRIMMINS	*	170.00
08/09/13		UHC PYMT		.00	
08/09/13		PYMT INCL IN THE ALLOW FOR ANOT			
08/09/13		UHC ADJ		-170.00	.00
06/21/13	KOCEJA	OPEN TREATMENT DISTAL RAD	GRIMMINS		2105.00
07/19/13		UHC PYMT		1303.14	
07/19/13		COINSURANCE AMOUNT			
07/19/13		UHC ADJ		-476.08	325.78
06/25/13	KOCEJA	STATIC SHORT ARM SPLINT	JAUCH		189.00
07/19/13		UHC PYMT		-84.42	
07/19/13		COINSURANCE AMOUNT			
07/19/13		UHC ADJ		-83.48	21.10
06/25/13	KOCEJA	SUPPLIES THERAPY SPLINT	JAUCH		25.00
07/19/13		UHC PYMT		-12.00	
07/19/13		COINSURANCE AMOUNT			
07/19/13		UHC ADJ		-10.00	3.00
07/08/13	KOCEJA	OT EVALUATION	BROWN SP		164.00
08/09/13		UHC PYMT		-72.29	
08/09/13		COINSURANCE AMOUNT			
08/09/13		UHC ADJ		-73.64	18.07
07/08/13	KOCEJA	THERAPEUTIC PROCEDURE	BROWN SP		108.00
08/09/13		UHC PYMT		-23.82	
08/09/13		COINSURANCE AMOUNT			
08/09/13		UHC ADJ		-78.23	5.95
07/08/13	KOCEJA	FLUIDOTHERAPY	BROWN SP		63.00
08/09/13		UHC PYMT		-13.46	
08/09/13		COINSURANCE AMOUNT			
08/09/13		UHC ADJ		-46.17	3.37
07/10/13	KOCEJA	THERAPEUTIC PROCEDURE	ALBA-SP		216.00
08/09/13		UHC PYMT		-23.82	
08/09/13		UHC ADJ		-78.23	
* Charges pending insurance.					
YOUR BILL IS NOW PAST DUE					
AMOUNT NOW DUE FROM PATIENT:					
CURRENT	30 DAYS	60 DAYS	OVER 90 DAYS	TOTAL NOW DUE	INSURANCE * PENDING
					TOTAL ACCOUNT BALANCE
					NEXT PAGE
PATIENT NAME:					
FOR BILLING QUESTIONS PLEASE CALL:					

MESSAGE

MAKE CHECKS PAYABLE TO:

HAND SURGERY LIMITED
PO BOX 88746
MILWAUKEE WI 53288-0746



RETURN SERVICE REQUESTED

34163 0102

37 02

MARY A KOCEJA
8741 W COLDSPRING RD
GREENFIELD, WI 53228-2853



IF PAYING BY MASTERCARD OR VISA, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
10/03/13	446.69	77988

PLEASE PUT ACCOUNT # ON YOUR CHECK
AND REMIT TO THE ADDRESS BELOW.

SHOW AMOUNT
PAID HERE \$

210189A

HAND SURGERY LIMITED
PO BOX 88746
MILWAUKEE, WI 53288-0746



☐ Please check box if address or insurance information is incorrect. Indicate changes on the reverse side, then detach and return this top portion with your payment.

DATE OF SERVICE	PATIENT	DESCRIPTION OF SERVICES	SERVICE PROVIDED BY	AMOUNT
08/09/13		UHC PYMT		23.82
08/09/13		COINSURANCE AMOUNT		
07/10/13	KOCEJA	UHC ADJ		78.23
08/09/13		FLUIDOTHERAPY	ALBA-SP	63.00
08/09/13		UHC PYMT		15.80
08/09/13		COINSURANCE AMOUNT		
08/09/13		UHC ADJ		43.25
07/10/13	KOCEJA	PUTTY/DIGITIFLEX GRIPPER/VE	ALBA-SP	3.95
08/09/13		UHC PYMT		00
08/09/13		NON COVERED PERSONAL CONVENIEN		
07/15/13	KOCEJA	THERAPEUTIC PROCEDURE	JAUCH	216.00
08/09/13		UHC PYMT		23.82
08/09/13		UHC ADJ		78.23
08/09/13		UHC PYMT		23.82
08/09/13		COINSURANCE AMOUNT		
08/09/13		UHC ADJ		78.23
07/15/13	KOCEJA	FLUIDOTHERAPY	JAUCH	63.00
08/09/13		UHC PYMT		15.80
08/09/13		COINSURANCE AMOUNT		
08/09/13		UHC ADJ		43.25
06/20/13	KOCEJA	DETAILED INITIAL VISIT	CRIMMINS	210.00
09/06/13		UHC PYMT		106.90
09/06/13		COINSURANCE AMOUNT		
09/06/13		UHC ADJ		76.38
* Charges pending insurance: YOUR BILL IS NOW PAST DUE.				
AMOUNT NOW DUE FROM PATIENT				
CURRENT	30 DAYS	60 DAYS	OVER 90 DAYS	TOTAL NOW DUE
37.72	59.09	349.88	.00	446.69
INSURANCE * PENDING				TOTAL ACCOUNT BALANCE
.00				446.69
PATIENT NAME: MARY A KOCEJA				
FOR BILLING QUESTIONS PLEASE CALL: (414) 453-7418				

MESSAGE

1097-HSLSTM-1862957-1521099657-P; 7895635-1-37; 33726450-2; 2

1097-HSLSTM-1862957-1521099657-P; 7895635-1-37; 33726450-2; 2