RECEIVED

# ARENA LAW OFFICES, L.L.C

1110 NORTH OLD WORLD THIRD STREET RIVERFRONT PLAZA, SUITE 210 MILWAUKEE, WISCONSIN 53203 FEB 1,7 2015

OFFICE OF CITY ATTORNEY

ANDREW P. ARENA

(414) 645-6100 FAX (414) 645-3500

February 13, 2015

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

> Re: Appeal of decision denying the Claim For Injury For Victoria M C.I. File No. 1030-2014-2446

Dear City Clerk:

This letter shall serve as an appeal of the decision of the City of Milwaukee's denial of Clarm for Damages that was filed on behalf of Victoria Mulandi, as referenced above. The denial was received on January 29, 2015 and is attached hereto.

As for this appeal the first reason for denial brought up by the City of Milwaukee is the timeliness of the Notice of Claim. Attached hereto and incorporated by reference is a timely filed Notice of Claim filed on August 28, 2014 which clearly references Victoria Mulandi and makes claim for \$1,000.00 in Medical Pay, which clearly indicates that Ms. Mulandi was injured. This Notice of Claim clearly put the City on Notice that a serious accident took place and that a vehicle was totaled. At that time the City had every opportunity to investigate the claim and the fact that Victoria Mulandi filed an additional Notice of Claim did not cause any prejudice to the City of Milwaukee. The City of Milwaukee failed to take any action on either Notice of Claim and pursuant to the Statute does not have a valid argument that the City was prejudiced in this situation. To sum it up a Notice of Claim was filed. Secondly, Ms. Mulandi was removed by ambulance and had no knowledge that the vehicle that ran the red light was owned by the City. The Police Department then changed its policy and no longer issued police accident reports, and required the report to be ordered from the Department of Transportation. The DOT upon two requests claimed it did not have a report. Upon returning to the Police Department a report number was provided, and the DOT claimed that such reports are only made available for 30 days in the on-line ordering system. This resulted in the discovery that a City vehicle was involved after the 120 days. A situation caused by the change in policies of two government sponsored bureaucracies.

As for the second issue there is clearly an error made by the Police Officer that wrote the accident report, which is also attached hereto and incorporated by reference. The report on the first page indicates that vehicle 1 was operated by Erin Stoekl. Page Two indicates that vehicle 1 is a Ford Focus owned by the City of Milwaukee. The drawing and written description on Page 4 of 5 shows a vehicle 1 striking vehicle 2 in the middle of the intersection.

The report at page 4 states as follows, "Unit #1 was W/B on W Walnut St entering intersection with signals operating as red. Unit #1 disregarded the red light and crashed with unit #2 which was S/B on N

Page Two City Clerk 2/13/15 appeal of Mulandi

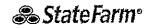
20th Street with the Green Light.

The report also indicates that there was an eye witness named Emerald Kidd. Any amendment or claim made to the contrary is false, not reliable, and is heresy. Victoria Mulandi is willing to pursue her claims in Circuit Court, however, at this time she is requesting that the City of Milwaukee reconsider its denial of her Notice of Claim and Injury.

Attorney Andrew P.

sbn 1019417

/apa hand delivered w/attachments



August 28, 2014

City of Milwaukee

City Clerk

200 E. Wells Street Milwaukee, WI 53202 State Farm Claims P.O. Box 2371

Bloomington IL 61702-2371

RECEIVED

FEB 17 2015

OFFICE OF CITY ATTORNEY

#### Certified Mail - Return Receipt Requested

RE:

Claim Number:

49-453X-954

Our Insured:

Victoria N Mulandi

Date of Loss: Your Insured: May 07, 2014 City Of Milwaukee

Your Insured Driver:

Erin Stoekl

Loss Location:

20th St N & Walnut St W, Milwaukee, WI

#### To Whom It May Concern:

#### Facts of Loss:

Your insured ran a red light and struck our insured vehicle causing damage.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm<sup>®</sup> paid by Cause of Loss:

041/045 - Uninsured Motorist Bl \$ 042 - Uninsured Motorist PD \$

300 series/400 - Comp/Collision \$6,666.30

501 - Rental/Loss of Use \$

600-050 - Med Pay/PIP \$1,000.00

Other \$

Salvage Recovery \$830.63
Amount State Farm Paid \$6,835.67
Insured Deductible \$1,000.00
Total Claim Amount \$7,835.67

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$7,835.67.

Our insured's vehicle was declared a total loss. Here is our total loss breakdown, showing how we arrived at the amount State Farm paid for our insured's vehicle:

#### Settlement:

- Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 PK2011

Number Number
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81 - Most Harmful Event: Collision With

37 - Endorsements

35 - Sex

**FEMALE** 

MOTOR VEHICLE IN TRANSPORT

23 - Dir Of Travel | 24 - Speed Limit

259 MiddleGulfa) 4/225 Suffi

WEST

Operating Commercial Motor Vehicle

Operator/Pedestrian

36 - Operating as Classified

Unit Status

D CLASS

32 - Date Of Birth

10/23/1977

	26 - Address Street & 7177 W APPLETOI							S - PO Box
•	27 - City MILWAUKEE	MILWAUKEE			27 - State WI	27 - Zip Code 53216	(414) 8	ephone Number 103-5173 EXT.
02	39 - Seat Position FRONT-SEAT-LEF					R-BELT-AND	-LAP-BELT-US	
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ESTR	43 - Trapped/Extricated 92 - Pedestria NOT-TRAPPED			•		strian Action		tou it to
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-	64 - 1st Statute No.	64 - 2nd	Statute No.	64 - 3rd Statu	64 - 3rd Statute No. 64 - 4th Statute No.		(64	- 5th Statute No.
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OPERATOR/PEDESTRIAN	122 - Driver Factors DISREGARDED-TF	AFFIC-C	ONTROL					
OPERATOR	122 - Driver Factors	AFFIC-C	ONTROL  89 - Substance  NEITHER-AL		-DRUGS-PR	91 - Drug Test		
OPERATOR	122 - Driver Factors DISREGARDED-TF  88 - Driver or Pedestris APPEARED NORM 90 - Alcohol Test TEST NOT GIVEN	AFFIC-C	ONTROL  89 - Substance  NEITHER-AL	Presence COHOL-NOR	-DRUGS-PR			
OPERATOR	122 - Driver Factors DISREGARDED-TF  68 - Driver or Pedestris APPEARED NORM 90 - Alcohol Test	AFFIC-C	ONTROL  89 - Substance  NEITHER-AL	Presence COHOL-NOR	-DRUGS-PR	91 - Drug Test		
OPERATOR	122 - Driver Factors DISREGARDED-TF  88 - Driver or Pedestris APPEARED NORM 90 - Alcohol Test TEST NOT GIVEN	RAFFIC-C	ONTROL  89 - Substance  NEITHER-AL	Presence COHOL-NOR	-DRUGS-PR	91 - Drug Test		
	122 - Driver Factors DISREGARDED-TF  88 - Driver or Pedestric APPEARED NORM 90 - Alcohol Test TEST NOT GIVEN 91 - Drugs Reported	RAFFIC-C	ONTROL  89 - Substance  NEITHER-AL	Presence COHOL-NOR	-DRUGS-PR	91 - Drug Test		

	21 - Unit Type AUTOMOBILE			Vehicle Type PASSENGER-CAR			22 - Total Occupants	
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~	50 - Year 2003	51 - Make JEEP	52 - Model LIBERTY LI		53 - Body Sty		54 - Color LGR	100 - Skidmarks to Impact (Ft)
VEHICLE 02	94 - Vehicle FRONT, F	e Damage RONT DRIVER	SIDE, TOP OF VEHIC	LE				
VE	95 - Extent MODERA	Of Damage TE	96 X Vehicle Towed	Due To	Damage	97 - Vehi	cle Removed By	
,	123 - Vehicle Factors NOT-APPLICABLE							
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#### Vehicle Owner

45    Vehicle Owner Same As Ope	rator			·	T
46 - Vehicle Owner Last Name MULANDI	46 - First Name VICTORIA		46 - Middle Initial N	46 - Suffix	Date Of Birth 10/23/1977
46 - Company Name .					
47- Address Street & Number 7177 W APPLETON AVE #3		47 - PO Box	,		
48 - City MILWAUKEE	48 - State WI	48 - Zip Code 53216	49	9 - Telephone I 114) 803-517	Number 3 EXT.

111 - Telephone Number (414) 213-4480 EXT.

110 - Zip Code

53224

State

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#### QQ0K2R2

63 - Liability Insurance Company		<u> </u>		60	
" NNKNOMN	<u> </u>			Policy-Holder S	ame As Owner
61 - Policy Holder Last Name		61 - Polic	y Holder First Nan	ne	
61 • Policy Holder Company		_!			
School Bus					
Bus Travelling to/from School	Name		Bo	dy Make	Seating Capacity
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Diagram and Narrative					
105 - PHOTOS BY					,
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UNIT#1 WAS W/B ON W WALNU	IT OT CHITCOMO MITCOCO		SIGNALS OPER	ATING AS RED.	<u>.</u>
UNIT #1 WAS WE ON W WALNU	ED LIGHT AND CRASHED	WITH UNIT#	2 WHICH WAS S	/B ON N 20TH ST WITH	THE GREEN LIGHT.
Witness					
107 - Witness Last Name		- First Name IERALD		107 - Middl M	e Initial
108 - Address Street & Number			108 - PO Box		109 - Date of Birth 4/9/1985

Officer Information

4355 N 104TH ST

110 - City MILWAUKEE Wisconsin Motor Vehicle Accident Report MV4000e 01/2005 PK2011

QQ0K2R2

	125 - Officer Lest Name REYES			First Name VIN			Initial	131 - Officer ID 05326	
NOI	129 - Law Enforcement Agence	130 - Law Enforcement Age VIILWAUKEE POLICE I	ement Agency Name POLICE DEPARTMENT						
INFORMATIO	126 - Law Enforcement Agence 749 WEST STATE STREE		s Street & Number						
5	127 - City MILWAUKEE		127 - State WI		127 - Zip Code 53233		128 - Telephone Number (414) 933-4444 EXT.		
	132 - Date Notified 05/07/2014	133 - 085	Time Notified (Military Tim	135 - Date Of   05/07/2014			•		
OFFICER	Agency Accident Number - 141270768	Poli	ce Number	19 - S	19 - Special Study				
)	16 - Agency Space								

#### NOTICE OF INJURY OR CIRCUMSTANCES

TO: The City of Milwaukee Attn: City Clerk

The following notice of claim is being served upon the City of Milwaukee, as a result of discovering that the vehicle involved in a very serious high speed collision was owned by the City of Milwaukee and driven by a City of Milwaukee employee. The notice of injury is being served upon the city pursuant to Wis. Stat. 801.11 and is made pursuant to Wis. Stat. 893.80(1d)(a).

The notice is hereby providing the following required information, as follows:

Claimant Name and Address: Victoria N. Mulandi, 7177 W. Appleton Ave. Appleton Ave. 42p Claimant Phone Number: 414-803-5173

Claimant's Attorney: Attorney Andrew P. Arena, Arena Law Offices, LLC 1110 Old World Third St., Ste. 210
Milwaukee, WI 53203 414-645-6100

Negligent City Employee: Erin Stoekl, 3266 N. 97<sup>th</sup> Street, Milwaukee, WI 53222 Tel. No. 414-405-2000

City Vehicle: 2000 Ford Focus with license plate no. 56886

#### Accident Circumstances:

The City employee Erin Stoekl was driving at a high rate of speed through an intersection at W. Walnut Street and N. 20<sup>th</sup> Street. The city employee was negligent by driving the vehicle through a red light. The claimant had a green light and was driving her Jeep Liberty. The collision was with enough force to cause the Jeep Liberty to roll over. The Jeep Liberty was totaled and the personal injuries to the claimant were severe. The claimant is still undergoing treatment for neck and back injuries. She also had treatment for anxiety caused by the stress of the accident that has affected her ability to drive. The treatment is not yet complete, as the claimant has not been released by her Doctor. The accident report is attached hereto and incorporated by reference.

Date of the incident: 5/7/14 and was witnessed by Emerald Kidd of 4355 N. 104th Street. Tel no. 414-213-4480

Claimants vehicle was totaled by her/insurance company State Farm Insurance.

Submitted by:

This 12th Day of September, 2012

Attorney Andrew P. Arena

Wisconsin Motor Vehicle

QQ0K2R2

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Accident Report	MV4000e	01/200
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	4 - Accident Date 05/07/2014	0855	gent (mint	() Inite/	02		02		00		
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# Wisconsin Motor Vehicle QQ0K2R2

Acci	dent	Report	MV4000e	01/200
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	91 - Drugs Reported								
	124 - Highway Factors NOT-APPLICABLE								
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VEHICLE 01	94 - Vehicle Damage FRONT, FRONT DRIVER SI	IDE							
<u>"</u>	95 - Extent Of Damage MODERATE	96 Vehicle	Towed D	ue To Dama		97 - Veh	icle Removed B	<b>y</b>	
	123 - Vehicle Factors NOT-APPLICABLE								
	Vehicle Owner								
2	45 Vehicle Owner Same A: 46 - Vehicle Owner Last Name	s Operator	46 - First	Name		4	6 - Middle Initial	46 - Suffix	Date Of Birth
NER.	46 - Company Name CITY OF MILWAUKEE	<del> </del>					<u> </u>		
VEH OWNER	47- Address Street & Number 2142 W CANAL ST				47 - PC	Box			
>	48 - City MILWAUKEE			48 - State WI	48 - Zip 53233	Code	4	9 - Telephone N 114) 286-6666	
	Insurance								
2	63 - Liability Insurance Company GOVERNMENT							Holder Same	As Owner
S S	61 - Policy Holder Last Name 61 - Policy Holder First Name 61 - Policy Holder Company								
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Wisconsin Motor Vehicle

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	26 - Address Street & I 7177 W APPLETON				_					26 - PO Box
	27 - City MILWAUKEE					27 - State Wi	27 - 532	Zip Code 16		Telephone Number 4) 803-5173 EXT.
02	39 - Seat Position FRONT-SEAT-LEFT	r-side-(Mo	:/BIKE DRIV	ER, TRA	IN CON	DUCTOR	_ <del></del> )	40 - Safety Equip SHOULDER-B		ND-LAP-BELT-USED
NYI	38 - Injury Severity C - POSSIBLE INJU		41 - Airbag DEPLOYED				jected EJECTED		44 Medical Transport	
OPERATOR/PEDESTRIAN	43 - Trapped/Extricated NOT-TRAPPED		92 - Pedes			92 - Ped	estrian /	Action		
PED	119 - What Driver Was GOING-STRAIGHT	Doing		, , _ •	- Traffic ( AFFIC-S	Control IGNAL-O	PERAT	ING	62	- No. of Citations Issued
TOR/	64 - 1st Statute No.	64 - 2nd S	Statute No.	64 - 3	rd Statute	No.	64 -	4th Statute No.		64 - 5th Statute No.
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70	50 - Year 2003	51 - Make JEEP	52 - Model LIBERTY LI	53 - Body Sty	rle 54 - Color LGR	100 - Skidmarks to Impact (Ft)
VEHICLE 0	94 - Vehicle FRONT, F	•	R SIDE, TOP OF VEHICL	E		
VE	95 - Extent MODERA	Of Damage TE	96   Vehicle Towed D	ue To Damage	97 - Vehicle Removed By	1
	123 - Vehic NOT-APP	le Factors LICABLE			<u> </u>	
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#### Vehicle Owner

02	45 ⊠ Vehicle Owner Same As Opera	itor	•			
	46 - Vehicle Owner Last Name MULANDI	46 - First Name VICTORIA		46 - Middle Initial N	46 - Suffix	Date Of Birth 10/23/1977
OWNER	46 - Company Name		<u></u>		<b>'</b>	
_	47- Address Street & Number 7177 W APPLETON AVE #3		47 - PO Box			
五	48 - City MILWAUKEE	48 - State Wi	48 - Zip Code 53216	i i	- Telephone I	

#### Insurance

## Wisconsin Motor Vehicle

Accident Report PK2011

١	rl	٠	MV4000e 01/2005

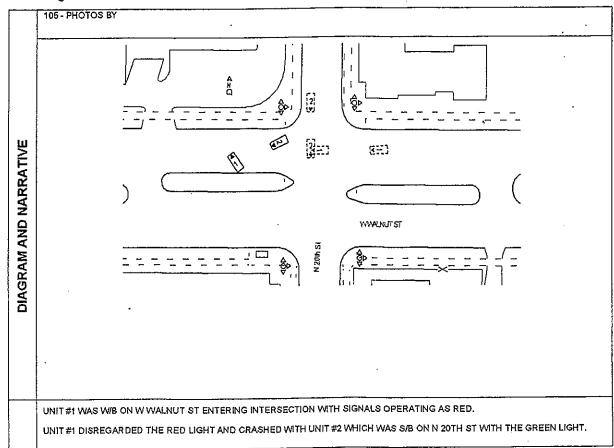
63 - Liability Insurance Company UNKNOWN	Policy Holder Same As Owner
61 - Policy Holder Last Name	61 - Policy Holder First Name
61 - Policy Holder Company	

QQ0K2R2

#### **School Bus**

- [ '	To O From	School Name	Body Make	Seating Capacity
	2 School District Contract	d With		

#### Diagram and Narrative



#### Witness

9	107 - Witness Last Name KIDD	107 - First Name EMERALD			107 - Middle Initial M		
ESS	108 - Address Streeet & Number 4355 N 104TH ST		108 - P	O Bex		109 - Date of Birth 4/9/1985	
WITN	110 - City MILWAUKEE		State WI	110 - Zip Code 53224		1 - Telephone Number 14) 213-4480 EXT.	

Officer Information



August 28, 2014

City of Milwaukee -City Clerk

200 E. Wells Street Milwaukee, WI 53202 RECEIVED

P.O. Box 2371

State Farm Claims

Bloomington IL 61702-2371

#### Certified Mail - Return Receipt Requested

RE:

Claim Number.

49-453X-954

Our Insured:

Victoria N Mulandi

Date of Loss:

May 07, 2014 City Of Milwaukee

Your Insured: Your Insured Driver:

Erin Stoekl

Loss Location:

20th St N & Walnut St W, Milwaukee, WI

To Whom It May Concern:

#### Facts of Loss:

Your insured ran a red light and struck our insured vehicle causing damage.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm® paid by Cause of Loss:

041/045 - Uninsured Motorist BI 042 - Uninsured Motorist PD

300 series/400 - Comp/Collision

\$6,666.30

501 - Rental/Loss of Use

600-050 - Med Pav/PIP \$1,000.00

Other

\$830.63 Salvage Recovery Amount State Farm Paid \$6,835.67 Insured Deductible \$1.000.00 Total Claim Amount \$7,835.67

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$7,835.67.

Our insured's vehicle was declared a total loss. Here is our total loss breakdown, showing how we arrived at the amount State Farm paid for our insured's vehicle:

Settlement:

Wisconsin Motor Vehicle Page 1 of 5 QQ0K2R2 Accident Report MV4000e 01/2005 PK2011 **DOT Document Number** Document Override Number Reportable Accident On Emergency Amended QQ0K2R2 Agency Accident Number Police Number 141270768 4 - Accident Date 7 - Total Injured | 8 - Total Killed 5 - Time of Accident (Military Time) 6 - Total Linds 05/07/2014 0855 02 02 00 2. Coudly 3. Municipality ... MILWAUKEE . 57, CITY ... 11 - Accident Location INTERSECTION ' 14 - On Street Name 14 - On Hwy No 14 - Bus/Frnt/Rmp 15 - Est. Dist | Ft/Mi 15 - Hwy Dir 20TH ST N 16 - Fr/At Hwy No. 16 - From/At Street Name INFORMATION 16 - Business/Frontage/Ramp POLICE# WALNUT ST W 17 - Structure Type 17 - Structure Number 12 - Latitude 13 - Longitude 80 - First Harmful Event 93 - Manner of Collision **MOTOR VEHICLE IN TRANSPORT** ANGLE 112 - Access Control 113 - Road Curvature Surface Type 113 - Road Terrain GENERAL NO CONTROL STRAIGHT LEVEL/FLAT CONCRETE - 1 115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC) 117 - Relation To Roadway ON-ROADWAY ACCIDENT# 141270768 114 - Light Condition 116 - Road Surface Condition 118 - Weather DAYLIGHT DRY CLEAR Hit and Run **Government Property** Fire Photos Taken Trailer or Towed Truck, Bus, or Hazardous Materials Load Spillage **Construction Zone** Names Exchanged 101 103 79 - EM S Number Supplemental Reports Witness Statements Measurements Taken Operator/Pedestrian Unit Status 81 - Most Harmful Event Collision With 23 - Dir Of Travel 24 - Speed Limit MOTOR VEHICLE IN TRANSPORT SOUTH 36 - Operating as Classified 37 - Endorsements **DCLASS** Operating Commercial Motor Vehicle 29 Oriver's License Number 30 State 31: Expiration Year 34: On Duty Accident.
53242138552203 W 2020 725 Operatou/Pedestran Last Name STOEKI R25 First Name

ERIN 25 Suffix W 32 - Date Of Birth 33 - Sex 04/02/1985 FEMALE 26 - Address Street & Number 26 - PO Box 3266 N 97TH ST 27 - CIV 27 - State 27 - Zip Code 28 - Telephone Number MILWAUKEE w 53222 (414) 405-2000 EXT. 39 - Seat Position 40 - Safety Equipment FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR) SHOULDER-BELT-AND-LAP-BELT-USED 38 - Injury Severity 41 - Airbag 42 - Ejected **ERATOR/PEDESTRIAN** C - POSSIBLE INJURY NON-DEPLOYED NOT-EJECTED Medical Transport 43 - Trapped/Extricated 92 - Pedestrian Location 92 - Pedestrian Action **NOT-TRAPPED** 119 - What Driver Was Doing 120 - Traffic Control 82 - No of Citations Issued GOING-STRAIGHT TRAFFIC-SIGNAL-OPERATING 84 - 1st Statute No 64 - 2nd Statute No. 64 - 3rd Statute No 64 - 4th Statute No 84 - 5th Statute No 122 - Driver Factors NOT-APPLICABLE

88 - Driver or Pedestrian Cond

APPEARED NORMAL

**TEST NOT GIVEN** 

90 - Alcohol Test

89 - Substance Presence

NEITHER-ALCOHOL-NOR-DRUGS-PRESENT

91 - Drug Test

TEST-NOT-GIVEN

90 - Alcohol Content

PK2011

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Page 3 of 5

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	MILWAUKEE			wı	53224		4) 213-4480 EXT.

Officer Information

	126 - Officer Last Name		(	First Name	•	125 - Middle	Initial	131 - Officer II
	REYES		EDV			J		05326
일	129 - Law Enforcement Agency N 31		) - Lew Enforcement Age LWAUKEE POLICE D		IENT		-	
RMATIO	126 - Lew Enforcement Agency A 749 WEST STATE STREET	ddress S	Street & Number					
NFO	127 - City MILWAUKEE		127 - State WI		127 - Zip 0 53233	Code	128 - Telephone (414) 933-444	
品	132 - Date Notified 05/07/2014	133 - Ti 0855	133 - Time Notified (Military Ti 0855		Time Arrived	(Military Time)	135 - Date O 05/07/2014	•
FFIC	Agency Accident Number 141270768	Number	19 - Special Study					

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### Market-Driven Valuation™

State Farm Insurance is dedicated to delivering exceptional service to you in reference to your claim 49-453X-95401 on a 2003 Jeep Liberty Limited 4WD 4D Wagon. State Farm Insurance has selected Audatex, an independent vehicle valuation company, to prepare a comprehensive vehicle valuation for your vehicle. This valuation report was prepared specifically for your vehicle and represents a fair and accurate value driven by the retail used vehicle market.

# **Market Value** \$7,175



#### N.A.D.A. Value\*\*

\*\*N.A.D.A. Vehicle Description: 2003 JEEP Liberty-V6 Utility 4D Limited 4WD

N.A.D.A. values are as of May, 2014 from the Official Older Used Car Guide, National Edition.

Adjusted Total	\$7,175
Mileage: 112,290 Mi	\$425
Equipment Subtotal	\$525
Power Sunroof	300
Leather Seats	225
Aluminum/Alloy Wheels	Included
Equipment	
Transmission	\$0
Engine	\$0
Mechanical	
Base Value	\$6,225

These current N.A.D.A. values are furnished under license from NADASC. All values Copyright @ NADASC 2014.

The values in the N.A.D.A. guide assume a vehicle in clean condition. Appropriate deductions should be made to put a vehicle in salable condition.

**Special Note on Older Vehicles:** N.A.D.A.'s editors believe that most optional equipment has little or no value on older vehicles. This is especially true of options that cost relatively little to begin with and which deteriorate with age or use.

#### **Administrative Data**

Tony Sardina

State Farm Insurance

Claimant

Insured Mulandi, Victoria

Milwaukee Operations Cent Branch PO 1619 Waukesha WI 53186-1619 Claim 49-453X-95401 Loss Date 05/07/2014 Loss Type Collision Policy Other

Estimator Name .

Estimator Phone .

Vehicle Location .

License Number .

License State .

License Expiration .

Specialty Plate Type .

Prior Damage Amount\$ .

Prior Damage Desc .

Supplement Amount \$ .

pionioner anoune y .

Supplement Desc .

Tow / Other Charges .

Other Remarks .

#### **VINSOURCE Analysis**

VIN 1J4GL58K83W629879

Decodes as 2003 Jeep Liberty Limited 4WD 4D Wagon

Accuracy Decodes Correctly

History No activity was reported

#### **About Your Valuation**

This report contains proprietary information of Audatex and shall not be disclosed to any third party (other than the insured or claimant) without Audatex's prior written consent. If you are the insured or claimant and have questions regarding the description of your vehicle, please contact the insurance company that is handling your claim. Information within VINsource/NICB is provided solely to identify potential duplicative claims activity. User agrees to use such information solely for lawful purposes.

Tax rates contained herein are based on general sales tax data provided by Vertex Inc. Excise, use, registration, licensing and other taxes and fees that may be applicable are not included. Audatex makes no representations or warranties concerning the applicability or accuracy of such tax data.

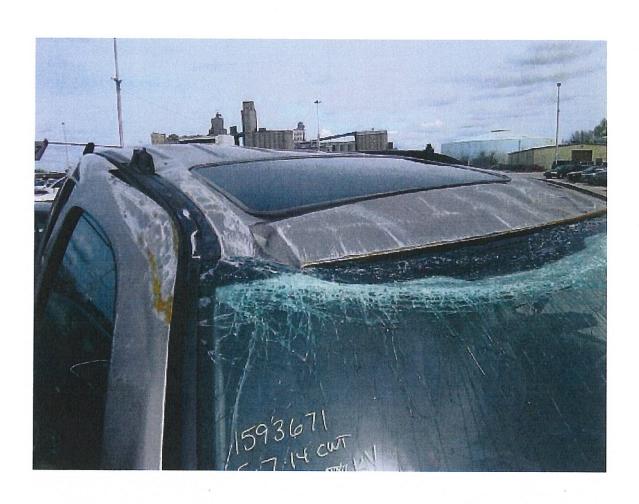
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US Pat. No 7912740B2

US Pat. No 8200513B2

US Pat. No 8468038B2

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#### **HEALTH INSURANCE CLAIM FORM**

STATE FARM INS PO BOX 52273 PHEONIX AZ 85072

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA					PICA [1]
MEDICARE MEDICAID TRICARE  (Medicare#) (Medicaid#) (ID#/DoD#)	CHAMPVA GROUP FECA HEALTH PLAN BUK LUN	KGr—⊸ I	IA. INSURED'S I.D. NUMBER		(For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	<u> </u>	X ((D4)) SEX 4	49-453X-954 4. INSURED'S NAME (Last Naz	Cl-+V	141.4.01 b.40 B
MULANDI, VICTORIA, N	3. PATIENT'S BIRTH DATE	F	_	-	•
, PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INS		MULANDI, VICT	Street)	<u>N</u>
7177 W APPLETON AVE 3	Self Spouse Child	Other	7177 W APPLET	ON AVE	3
YTK	STATE 8. RESERVED FOR NUCC USE		CITY	ON MYD	STATE
MILWAUKEE	WI	L	MILWAUKEE		WI
TELEPHONE (Include Area	Coda)	Ž	ZIP CODE	TELEPHON	(E (Include Area Code)
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MULANDI, VICTORIA, N OTHER INSURED'S POLICY OR GROUP NUMBER	e, EMPLOYMENT? (Current or Previ	KIR)	, INSURED'S DATE OF BIATE	<u> </u>	SEX
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	YES NO		Y4 49453X954	,	
RESERVED FOR NUCC USE	c OTHER ACCIDENT?		INSURANCE PLAN NAME O	R PROGRAM	NAME
	YES X		STATE FARM IN	3	
INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by I	1UCC) 6	I. IS THERE ANOTHER HEALT	TH BENEFIT P	LAN?
BLUE CROSS BLUE SHIELD			X YES NO		ate Items 9, 9a, and 9d.
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to process this claim. I also request payment of government be below.	nefits either to myself or to the party who accepts as:	ignment	services described below.		,
SIGNATURE ON FILE	DATE 05/27/14		SIGNED SIGNAT	URE ON	FILE
DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (	MP) 15. OTHER DATE		16. DATES PATIENT UNABLE		
205 :07 2014 : QUAL	00CT-077 27 27 200	<b>YY</b> .	EBOW AN LOO AL	77.200AC	MM DD YY
NAME OF REFERRING PROVIDER OR OTHER SOURCE	. 17a,	í	B HOSPITALIZATION DATES	RELATED TO	CURRENT SERVICES
1	17b. NPI		FROM	TC	
). ADDITIONAL CLAIM INFORMATION (Designated by NUCC	ZZ2084N0400X	2	20. OUTSIDE LAB?	\$ 0	HARGES ;
DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate	A.J. to render line hetery (24E)		YES X NO		
8479 B 72885	c   30000	{2	2. RESUBMISSION CODE	ORIGINAL P	REF NO.
8. <u>72003</u>			23. PRIOR AUTHORIZATION N	UMBER	<del></del>
1	G. L. H. L.				
	D. PROCEDURES, SERVICES, OR SUPPLIES	E	F G.	H. I.	J.
M DD YY MM OD YY SERMCE EMG	(Explain Unusual Circumstances) CPT/HCPCS   MODIFIER	POINTER	F G. DAYS OR S CHARGES UNITS	H. I. EPSUT ID. Family Plant QUAL.	RENDERING PROVIDER ID. #
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05 22 14 05 22 14 11	98926	[A	105 00   1	1	1497833719
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20.00	TIENT'S ACCOUNT NO. 27 ACCEPT ASS	7	\$ 33000 4		ID 30. Ravd for NUCC I
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591257949 X MUI SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I) certify that the statements on the reverse	RVICE FACILITY LOCATION INFORMATION ENIC OF NEUROLOGY	33	CLINIC OF NEU	H L	4 4537780
SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  26				JROLOGY	
SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  2 6	ENIC OF NEUROLOGY		CLINIC OF NEU	IROLOGY IR RD S	TE 1120



This is not a bill

Claim Number: 49-453X-954

Date of Loss: 05-07-2014

Office Name: State Farm Mutual Automobile

Insurance Company HTLDZ MPC WI

Patient: Victoria N Mulandi

7177 W APPLETON AVE APT 3 MILWAUKEE, WI 53216-1951 Provider: Clinic Of Neurology

2600 N MAYFAIR RD STE 1120 MILWAUKEE, WI 53226-1308

Named Insured: MULANDI, VICTORIA N

Claim Handler: Kelley Pietraszewski

Address: P O Box 52273

Phoenix, AZ 85072-2273

Phone: (866) 610-3924 Ext: 2627987172

Date Received: 07-17-2014

Jurisdiction: Wisconsin

**Bill Reference** 

Number: MULVI00019205

TIN: 391257949

Payment Number: 105235268J

Zip of Service: 53226-1308

Policy Number: 1418-964-49A

Diagnosis Codes: 300.00 - Anxiety state, unspecified

728.85 - Spasm of muscle

847.9 - Sprain and strain of unspecified site of back

			CPT/			Submitted	Approved
<u>Ln</u>	Date of Service	<u>POS</u>	<u>HCPC</u>	MOD/TS	<u>Units</u>	<u>Amount</u>	Amount Reason Codes
1	06-20-2014	11	99214		1.00	\$175.00	\$135.36 615

Total Submitted Charges: \$175.00
Total Approved Amount: \$135.36
Amount Not Payable: \$0.00
Deductible: \$0.00
CoPay: \$0.00
Apportionment / Pro Rata: \$0.00

Apportionment / Pro Rata: \$0.00
Offset: \$0.00

Paid Amount: \$135.36

#### **Explanations**

615 - The charges have been priced in accordance with the auto provision of your Healtheos contract. For questions, please call 1-800-793-6074. For a Voluntary Provider Network option please call 1-800-793-6074.

#### Procedure Guide

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.



This is not a bill

Claim Number: 49-453X-954

Date of Loss: 05-07-2014

Office Name: State Farm Mutual Automobile

Insurance Company HTLDZ MPC WI

Patient:

Victoria N Mulandi

7177 W APPLETON AVE APT 3 MILWAUKEE, WI 53216-1951

Provider:

Clinic Of Neurology

2600 N MAYFAIR RD STE 1120 MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski

Address: P O Box 52273

Phoenix, AZ 85072-2273

Phone: (866) 610-3924

Named Insured: MULANDI, VICTORIA N

Policy Number: 1418-964-49A

Date Received: 07-17-2014

TIN: 391257949

Jurisdiction: Wisconsin

Bill Reference

Payment Number:

Number: MULVi00019289

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified

728.85 - Spasm of muscle

847.9 - Sprain and strain of unspecified site of back

Ext: 2627987172

			CPT/			Submitted	Approved	
<u>Ln</u>	<u>Date of Service</u>	<u>POS</u>	HCPC	MOD/TS	<u>Units</u>	<u>Amount</u>	<u>Amount</u>	Reason Codes
1	07-10-2014	11	99215		1.00	\$220.00	\$0.00	98,5

**Total Submitted Charges:** \$220.00 **Total Approved Amount:** \$0.00 Amount Not Payable: \$0.00 Deductible: \$0.00 CoPay: \$0.00 Apportionment / Pro Rata: \$0.00 Offset: \$0.00

Paid Amount: \$0.00

#### **Explanations**

5 - The evaluation and management code used was repeated during the course of care. This high level of code is not usually performed more than once during the course of treatment.

98 - The procedure code(s) reference by the provider's office was used more than what is normally expected within the scope of a provider per claim.

#### Procedure Guide

99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agenciestent with the nature of the problem(s) and the patients and/or familys needs. Usually, the problem(s) requiring admisting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.



This is not a bill

Claim Number: 49-453X-954 Date of Loss: 05-07-2014 Office Name: State Farm Mutual Automobile

Insurance Company HTLDZ MPC WI

Patient: Victoria N Mulandi

7177 W APPLETON AVE APT 3 MILWAUKEE, WI 53216-1951 Provider: Clinic Of Neurology

2600 N MAYFAIR RD STE 1120 MILWAUKEE, WI 53226-1308

Policy Number: 1418-964-49A

Named Insured: MULANDI, VICTORIA N

TIN: 391257949

Claim Handler: Kelley Pietraszewski

Address: P O Box 52273

Phoenix, AZ 85072-2273

Phone: (866) 610-3924 Ext; 2627987172

Jurisdiction: Wisconsin Payment Number:

**Bill Reference** 

Date Received: 07-17-2014

Number: MULVI00019016 Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified

728.85 - Spasm of muscle

847.9 - Sprain and strain of unspecified site of back

			CPT/			Submitted	Approved
<u>Ln</u>	Date of Service	<u>POS</u>	<u>HCPC</u>	MOD/TS	<u>Units</u>	<u>Amount</u>	Amount Reason Codes
1	05-22-2014	11	99204	25	1.00	\$225.00	\$0.00 4,166
2	05-22-2014	11	98926		1.00	\$105.00	\$0.00 71

 Total Submitted Charges:
 \$330.00

 Total Approved Amount:
 \$0.00

 Amount Not Payable:
 \$0.00

 Deductible:
 \$0.00

 CoPay:
 \$0.00

 Apportionment / Pro Rata:
 \$0.00

 Offset:
 \$0.00

Paid Amount:

#### **Explanations**

4 - The CPT/HCPCS procedure code billed is a duplicate of a procedure billed previously.

71 - Number of spinal/body regions within the diagnoses submitted by the provider does not correlate to the number of regions as described in the procedure code(s) reported. Additional supporting clinical documentation is required to re-evaluate appropriate level of manipulation for the reconsideration of payment.

\$0.00

166 - The provider has used modifier -25 to identify that on this date of service, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service were provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. Documentation should be submitted by the provider verifying the usage of this modifier.

#### **Procedure Guide**

98926 - Osteopathic manipulative treatment (OMT); 3-4 body regions involved

99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided conswith the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problem(s) are of low of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.



#### **HEALTH INSURANCE CLAIM FORM**

STATE FARM INS PO BOX 52273 PHEONIX AZ 85072

PICA	JOHN CLAIM COMMI	TEC (NUCC) 02/12					
1. MEDICARE MEDICAIE	TRICARE	CHAMPV	A CROVE	CECA	14 OFFICE ASSESSED		PICA
(Medicare#) (Medicald#	_	(Member ti	HEALTH PLAN	FECA OTHER BLK LUNG (ID#)	1a. INSURED'S 1,D. NUME	er Er	(For Program in Item 1)
2. PATIENT'S NAME (Last Name	First Name, Middle I	nidai)	3. PATIENT'S BIRTH DAT	<del></del>	49-453X-954 4. INSURED'S NAME (Las		Africal auton
MULANDI, VICT	•		MM DD YY 10 23 1977			•	
5. PATIENTS ADDRESS (No., SI			6. PATIENT RELATIONS		MULANDI, V		N
7177 W APPLET	ON AVE 3		Self Spouse	Child Other			
CITY	<u></u>	STATE	8. RESERVED FOR NUC	CUSE	7177 W APP)	JETON AVE	STATE
MILWAUKEE		WI			MILWAUKEE		WI
ZIP CODE	TELEPHONE (Inclu	le Area Code)			ZIP CODE	TELEPHON	NE (Include Area Code)
53216	( )				53216	(	)
9, OTHER INSURED'S NAME (L	st Name, First Name	Middle Initial)	10. IS PATIENT'S CONDI	TION RELATED TO:	11. INSURED'S POLICY G	ROUP OR FECA N	IUMBER
MULANDI, VICT	DRIA, N						
& OTHER INSURED'S POLICY O	A GROUP NUMBER		a. EMPLOYMENT? (Curre	int or Previous)	a, INSURED'S DATE OF B	нтн	SEX
922552504			YES	NO NO	MM DD	YY	√ F
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT?	PLACE (State)	b. OTHER CLAIM ID (Desi	gnated by NUCC)	<u> </u>
			YES	□ NO FMI¬	Y4 49453X954	1	
o. RESERVED FOR NUCC USE			c. OTHER ACCIDENT?		c. INSURANCE PLAN NAM		NAME
··· <u>···</u> ·			YES	No	STATE FARM	INS	
d. INSURANCE PLAN NAME OR	PROGRAM NAME		10d, CLAIM CODES (Desi	gnated by NUCC)	d. IS THERE ANOTHER H	EALTH BENEFIT P	LAN?
BLUE CROSS BL					X YES NO	If yes, comple	ete itema 9, 9a, and 9d,
READ   12. PATIENT'S OR AUTHORIZED	BACK OF FORM BEI PERSON'S SIGNAT	ORE COMPLETING	A SIGNING THIS FORM.	er information macassans	13. INSURED'S OR AUTHO	ORIZED PERSON'S	S SIGNATURE I authorize
to process this claim. I also required	rest payment of govern	meni benefits either	to myself or to the party who	accepts essignment	services described being	ar. Ar. no mo nucesa	gned physician or supplier for
CTONAMIA	E ON FILE		0.7				
SIGNED				14/14	SIGNED SIGN	ATURE ON	FILE
14. DATE OF CURRENT ILLNES:		IANCY (LMP) 15. (	OTHER DATE	אין מס	15. DATES PATIENT UNA	SLE TO WORK IN O	CURRENT OCCUPATION
05' 07' 2014 QU			<u>, i . , </u>		FROM	τα	1 1
7.	i /:		<del></del>		18. HOSPITALIZATION DA		
19. ADDITIONAL CLAIM INFORM			NPI		FROM	TC	<del></del>
W. MONTONING COMMING CITE	ATTOM (Designation D	, 11000, ZZ20	84N0400X	•	20. OUTSIDE LAB?		CHARGÉS
21. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY	/ Relate A-L to sorve	ce line below (24F)		YES X NO		
*8479.	72885		30000 ich	Ind.	22. RESUBMISSION	ORIGINAL F	REF, NO.
/ =	В	_	30000	D,	23. PRIOR AUTHORIZATION	N NITURED	
E. L	F. L.	G. L.		н. Ц	Last the track to the track to	JA NORIDET	
1- L	J. [	C. D. PROCEI	OURES, SERVICES, OR SU	JPPLIES E.	F. T.	G. H. I.	J.
From T MM DD YY MM DI		(Explai	n Unusual Circumstances)	DIAGNOSIS	1 1 0	AYS EPSOT ID.	RENDERING
11 DO 11 HAID OF	/ II denice	ZING OF INTOPA	73 MODIFIE	A POINTER	\$ CHARGES U	NITS Plan CUAL	PROVIDER ID. #
07 10 14 07 1	0  14   11	99214		I ABC	175 00 1	NO.	1497833719
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5. FEDERAL TAX J.D. NUMBER 391257949	SSN EIN	26. PATIENT'S A	<u>  (F</u> 0	CEPT ASSIGNMENT?	28. TOTAL CHARGE	29. AMOUNT P	AID 30, Revel for NUCC U
J714J1343		MOTA1000	-7 19289 X	/ES NO	<b>\$</b> 17500	\$	
S. SIGNATURE OF PHYSICIAN COINCLUDING DEGREES OR COINCLUDING DEGREES OR COINCLUDING DEGREES OR CORPORATION OF THE STATE OF		1	CILITY LOCATION INFORM OF NEUROLOGY	ATION	33. BILLING PROVIDER IN	FO&PH# 41	4 4537780
(i certify that the statements on apply to this bill and are made of	the roverse		IAYFAIR RD ST	ID 1100	CLINIC OF N		
MEAT U DATTE	•	1			2600 N MAYI		
NEAL H. POLLAC	χ μ.υ.		A WI 53226-1	.308	WAUWATOSA V		1308
IGNED 07/14/14	DATE	a 1982803	3102 h		<b>≈</b> 1982803102	b.	



### **HEALTH INSURANCE CLAIM FORM**

STATE FARM INS PO BOX 52273 PHEONIX AZ 85072

PPICA	, , , , , , , , , , , , , , , , , , ,	<u></u> .	 1
	CHAMPVA GROUP FECA OTHER	PICA   1a. INSURED'S I.D. NUMBER (For Program in Item 1)	777
	CHAMPVA GROUP FECA OTHER (MemberiD#) (ID#) (ID#) (ID#)	V = 1 1 = 1 = 1 = 1 = 1 = 1	1
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 (nitlal)	
MULANDI, VICTORIA, N	10 23 1977 MD F	MULANDI, VICTORIA, N	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	ᅱ
7177 W APPLETON AVE 3	Self Spouse Child Other	7177 W APPLETON AVE 3	
СПУ	STATE 8. RESERVED FOR NUCC USE	CITY STATE	—  <sub>3</sub>
MILWAUKEE	<u>  wi  </u>	MILWAUKEE WI	달
ZIP CODE TELEPHONE (Include Area Co	ode)	ZIP CODE TELEPHONE (Include Area Gode)	PATIENT AND INSCIDED INFORMATION
53216 ( )		53216	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Ini	ttal) 10. IS PATIENT'S CONDITION RELATED TO:	11, INSURED'S POLICY GROUP OR FECA NUMBER	
MULANDI, VICTORIA, N a. OTHER INSURED'S POLICY OR GROUP NUMBER	a SMOLOVICTITO (August Province)		<u>_</u>
	a. EMPLOYMENT? (Current or Previous)	a, INSURED'S DATE OF BIRTH SEX	2
922552504 b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT?	b. OTHER CLAIM ID (Designated by NUCC)	
	l live live		
o. RESERVED FOR NUCC USE	COTHER ACCIDENTS	E. INSURANCE PLAN NAME OR PROGRAM NAME	<b>—¦</b> 5
1	YES , NO	STATE FARM INS	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	- :
BLUE CROSS BLUE SHIELD		YES NO If yes, complete items 9, 9a, and 8d.	7
READ BACK OF FORM BEFORE COA 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I suil	MPLETING & SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize	$\dashv$
to process this claim. I also request payment of government bens below.	efits either to myself or to the party who accepts assignment	payment of medical benefits to the undersigned physician or supplier for services described below.	
signed SIGNATURE ON FILE	DATE <u>07/29/14</u>	signed SIGNATURE ON FILE	`
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LA	MP) 15. OTHER DATE QUAL!   MM   DD   YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM   DD   YY	$\neg$
05 07 2014 QUAL.		FROM TO	
	17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	1 1 1	20. OUTSIDE LAB? \$ CHARGES	-11
•	222004NU4UUX	YES X NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A	A-L to service line below (24E) tCD ind.	22, RESUBMISSION	-
A. 8479 B. 72885	c. <u>  30000</u> p.	CODE ORIGINAL REF. NO.	
E F	G. L	23, PRIOR AUTHORIZATION NUMBER	7
l	K, [		
24. A. DATE(S) OF SERVICE B. C. D	D. PROCEDURES, SERVICES, OR SUPPLIES E. (Explain Unusual Circumstances) DIAGNOSIS	F. G. H. I. J. J. PSUI ID. RENDERING	7
	CPT/HCPCS   MODIFIER POINTER	\$ CHARGES UNITS Part CUAL PROVIDER ID, #	}
07 25 14 07 25 14 11	2004   2-1   1   1	,	
07 25 14 07 25 14 11	99214 25 BC	. 175 00 1 NP: 1497833719	}
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0, 20, 14, 0, 20,14, 11	98925     A	85  00   1   NPI   1497833719	!
		NPI	SUBDITED INCOME.
		l NPI	- 2
			PHYSICIAN OR
		NPI NPI	-   [
		NPI	
		28. TOTAL CHARGE 29. AMOUNT PAID 30. Ravd for NUCC L	Jsa
	VIOOO 19357 X YES NO	\$ 26000 \$	_
INCLUDING DEGREES OF CREDENTIALS	RVICE FACILITY LOCATION INFORMATION  NIC OF NEUROLOGY	33. BILLING PROVIDER INFO & PH # 414 \$537780  CLINIC OF NEUROLOGY	
free in his arm in the design of the leading	0 N MAYFAIR RD STE 1120	2600 N MAYFAIR RD. STE 1120	
t t	WATOSA WI 53226-1308		
		WAUWATOSA WI 53226-1308	<u> </u>
SIGNED 07/29/14 DATE 4.19	7828U31U2   **	* 1982803102	

5

This is not a bill

Claim Number: 49-453X-954

Date of Loss: 05-07-2014

Office Name: State Farm Mutual Automobile

Insurance Company HTLDZ MPC IA NE SD

Patient:

Victoria N Mulandi

7177 W APPLETON AVE APT 3 MILWAUKEE, WI 53216-1951

Provider:

Clinic Of Neurology

2600 N MAYFAIR RD STE 1120 MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski

Address: PO Box 52273

Phoenix, AZ 85072-2273

Phone: (800) 889-7144

Ext: 9703954386

Date Received: 08-04-2014

Jurisdiction: Wisconsin

Bill Reference

Number: MULVI00019357

Named Insured: MULANDI, VICTORIA N

Policy Number: 1418-964-49A

TIN: 391257949

Payment Number: 105264238J

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified

728.85 - Spasm of muscle

847.9 - Sprain and strain of unspecified site of back

			CPT/			Submitted	Approved	
<u>Ln</u>	Date of Service	POS	<u>HCPC</u>	MOD/TS	<u>Units</u>	<u>Amount</u>	<u>Amount</u> Reas	on Codes
1	07-25-2014	11	99214	25	1.00	\$175.00	\$24.40 SF14	9
2	07-25-2014	11	98925		1.00	\$85.00	\$0.00 SF14	9

**Total Submitted Charges:** \$260.00 **Total Approved Amount:** \$24.40 Amount Not Payable: \$0.00 Deductible: \$0.00

CoPay: \$0.00

Apportionment / Pro Rata: \$0.00

Offset: \$0.00

Paid Amount: \$24.40

#### **Explanations**

SF149 - Policy benefits have been exhausted

#### **Procedure Guide**

98925 - Osteopathic manipulative treatment (OMT); 1-2 body regions involved

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.



This is not a bill

Claim Number: 49-453X-954

Date of Loss: 05-07-2014

Office Name: State Farm Mutual Automobile

Insurance Company HTLDZ MPC IA NE SD

Patient:

Victoria N Mulandi

7177 W APPLETON AVE APT 3 MILWAUKEE, WI 53216-1951

Provider:

Clinic Of Neurology

2600 N MAYFAIR RD STE 1120 MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski

Address: PO Box 52273

Phoenix, AZ 85072-2273

Phone: (800) 889-7144

Ext: 9703954386

Date Received: 08-04-2014

Jurisdiction: Wisconsin

Bill Reference

Number: MULVI00019289

Named Insured: MULANDI, VICTORIA N

Policy Number: 1418-964-49A

TIN: 391257949 Payment Number: 105264229J

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified

728.85 - Spasm of muscle

847.9 - Sprain and strain of unspecified site of back

CPT/ Submitted Approved

**Date of Service** POS **HCPC** MOD/TS <u>Units</u> Amount Amount Reason Codes 07-10-2014 11 99214 1.00 \$175.00 \$135.36 615

> **Total Submitted Charges:** \$175.00 **Total Approved Amount:** \$135.36 Amount Not Payable: \$0.00

Deductible: \$0.00

CoPay: \$0.00 Apportionment / Pro Rata: \$0.00

> Offset: \$0.00

Paid Amount: \$135.36

#### **Explanations**

615 - The charges have been priced in accordance with the auto provision of your Healtheos contract. For questions, please call 1-800-793-6074. For a Voluntary Provider Network option please call 1-800-793-6074.

#### **Procedure Guide**

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

This is not a bill

Claim Number: 49-453X-954

Date of Loss: 05-07-2014

Office Name: State Farm Mutual Automobile

Insurance Company HTLDZ MPC IA NE SD

Patient:

Victoria N Mulandi

7177 W APPLETON AVE APT 3 MILWAUKEE, WI 53216-1951

Provider:

Clinic Of Neurology

2600 N MAYFAIR RD STE 1120 MILWAUKEE, WI 53226-1308

Claim Handler: Kelley Pietraszewski

Address: PO Box 52273

Phoenix, AZ 85072-2273

Phone: (800) 889-7144

Ext: 9703954386

Date Received: 08-21-2014

Jurisdiction: Wisconsin

Bill Reference

Number: MULVI00019431

Named Insured: MULANDI, VICTORIA N

Policy Number: 1418-964-49A

TIN: 391257949

**Payment Number:** 

Zip of Service: 53226-1308

Diagnosis Codes: 300.00 - Anxiety state, unspecified

728.85 - Spasm of muscle

847.9 - Sprain and strain of unspecified site of back

			CPT/			Submitted	Approved	•
<u>Ln</u>	Date of Service	<u>POS</u>	<u>HCPC</u>	MOD/TS	<u>Units</u>	<u>Amount</u>	<u>Amount</u>	Reason Codes
1	08-08-2014	11	99214		1.00	\$175.00	\$0.00	C524

**Total Submitted Charges:** \$175.00 **Total Approved Amount:** \$0.00 Amount Not Payable: \$0.00 Deductible: \$0.00 CoPay: \$0.00. Apportionment / Pro Rata: \$0.00 Offset: \$0.00 Paid Amount: \$0.00

#### **Explanations**

C524 - Policy Benefits have been exhausted.

#### **Procedure Guide**

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are ed consistent with the nature of the problem(s) and the patients and/or familys needs. Usually, the presenting problemroblem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.



STATE FARM INS
PO BOX 52273
PHEONIX AZ 85072

#### HEALTH-INSURANCE-CLAIM-FORM-

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA			, 010 - 1
MEDICARE MEDICAID TRICARE CHAMPY	A GROUP FECA OTHER	1a. INSURED'S I.D. NUMBER	(For Program in Item 1)
(Madicare#) (Modicald#) (ID#/DoD#) (Member I	D#) (ID#) (ID#) (ID#)	49-453X-954	
, PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE SEX	4. INSURED'S NAME (Last Name, First Name, M	liddie Initial)
MULANDI, VICTORIA, N PATIENT'S ADDRESS (No., Street)	10 23 1977 M F x	MULANDI, VICTORIA, N	
	8. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)	
7177 W APPLETON AVE 3	Self Spouse Child Other  8. RESERVED FOR NUCC USE	7177 W APPLETON AVE	
	6. RESERVED FOR NOCC USE	CITY	STATE
MILWAUKEE WI P CODE TELEPHONE (Include Area Code)	1	MILWAUKEE	(Include Area Code)
52216		1	)
5.3.2.1.6 // COTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	53216 \ 11. INSURED'S FOLICY GROUP OR FECA NUM	/ /BER
MULANDI, VICTORIA, N			•
OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a, INSURED'S DATE OF BIRTH	SEX
922552504	YES X NO	MM   DD   YY 10 23 11977 M	_ F €
RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)	
	XYES NO WI	Y4 49453X954	
RESERVED FOR NUCC USE	c, OTHER ACCIDENTY	c. INSURANCE PLAN NAME OR PROGRAM NA	ME
INSURANCE PLAN NAME OR PROGRAM NAME	YES XNO	STATE FARM INS	
	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLA	
BLUE CROSS BLUE SHIELD READ BACK OF FORM BEFORE COMPLETING	A SIGNING THIS FORM	X YES NO If yes, complete 13. INSURED'S OR AUTHORIZED PERSON'S S	items 9, 9a, and 9d.
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: Lauthorize the to process this claim. Laiso request payment of government benefits either below,</li> </ol>	release of any medical or other information necessary	payment of medical benefits to the undersigne services described below.	ed physician or supplier for
SIGNATURE ON FILE	DATE 08/14/14	SIGNED SIGNATURE ON F	FILE
MM DD YY	OTHER DATE MM   DD   YY	16. DATES PATIENT UNABLE TO WORK IN CUI	RRENT OCCUPATION
05 07 2014 QUAL.	ALI IVIIII	FROM TO	i i
7. NAME OF REFERRING PROVIDER OR OTHER SOURCE 178	, <del></del>	18. HOSPITALIZATION DATES RELATED TO CL	JARENT SERVICES
ADDITIONAL CLAIM INFORMATION (Designated by MICO)	NPI	FROM TO	
ZZ20	84N0400X	l — · — ·	ARGES
. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to serv	ce lina below (24E)	YES X NO	
1 8479 B1 72885 CL	30000	22. RESUBMISSION CODE ORIGINAL REF	=, NO,
5. L. G.L. G.L	0.	23. PRIOR AUTHORIZATION NUMBER	
J K	н		
	DURES, SERVICES, OR SUPPLIES E. In Unusual Circumstances) DIAGNOSIS	F. G. H. I.	J,
M DD YY MM DD YY SERVICE EMG CPT/HCP	CS   MODIFIER POINTER	F. G. H. I. DAYS PSOT ID. OR Fatty ID. S CHARGES UNITS PRO CUAL	RENDERING PROVIDER ID. #
08 08 14 08 08 14 11 99214	ABC	175 00 1 NFI 1	1497833719
		NPI NPI	······································
		, , , <del>, , , , , , , , , , , , , , , , </del>	
<u>, i i i l l l </u>		NP)	
		NPI NPI	
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		NP!	
			·~
FEDERAL TAX I,D. NUMBER SSN EIN 28. PATIENT'S A	CCOUNT NO. 27. ACCEPT ASSIGNMENT?	28. TOTAL CHARGE 29. AMOUNT PAID	30. Rave for NUCC Us
391257949		\$ 17500 \$	1
SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FA	CILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH# (414	\$537780
(I certify that the statements on the reverse	OF NEUROLOGY	CLINIC OF NEUROLOGY	•
!	MAYFAIR RD STE 1120	2600 N MAYFAIR RD ST	
NEAL H. POLLACK D.O. WAUWATO	SA WI 53226-1308	WAUWATOSA WI 53226-1	308
NED 08/14/14 DATE 1 198280	3102 🗅	a 1982803102 b	

\*\*TRAILER PAGE\*\* Claim Number: 49-453X-954



#### RBZ0006Z

State Farm Mutual Automobile Insurance Company

## **Auto Payments by COL**

Route To: Brian Spencer

#### BASIC CLAIM INFORMATION

Claim Number: 49-453X-954

Date of Loss: 05-07-2014

Policy Number: 1418-964-49A

Named Insured: MULANDI, VICTORIA N

#### 400 - COLL

C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment			Payable	Pay				Rsn
<u>Number</u>	Issued Date	<u>Participant</u>	COL.	<u>Cd</u>	<u>Status</u>		Amount Auth ID	<u>Cd</u>
105155446J	05-23-2014	Named Insured(s)	400	2	Paid		\$2,792.28 MIK5	
105155448J	05-23-2014	Named Insured(s)	400	1	Paid		\$3,874.02 MIK5	
						Total:	\$6,666.30	

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C denotes consolidated payment

E denotes EFT payment

P previously converted payment from CAT/CMR

Payment			Payable	Pay			Rsn
<u>Number</u>	<u>Issued Date</u>	<u>Participant</u>	COL	<u>Cd</u>	<u>Status</u>	Amount Auth ID	<u>Cd</u>
105264229J	08-14-2014	VICTORIA N MULANDI	600	2	Paid	\$135.36 C4KF	
105264238J	08-14-2014	VICTORIA N MULANDI	600	1	Paid	\$24.40 C4KF	
105235268J	07-24-2014	VICTORIA N MULANDI	600	2	Paid	\$135.36 C4KF	
105219523J	07-14-2014	VICTORIA N MULANDI	600	2	Paid	\$89.50 C4KF	
105218334J	07-11-2014	VICTORIA N MULANDI	600	2	Paid	\$181.49 C4KF	
105215863J	07-10-2014	VICTORIA N MULANDI	600	2	Paid	\$207.65 C4KF	
105215866J	07-10-2014	VICTORIA N MULANDI	600	2	Paid	\$44.75 C4KF	
105215868J	07-10-2014	VICTORIA N MULANDI	600	2	Paid	\$181.49 C4KF	
					Total:	\$1,000.00	

Date: 08-28-2014