# NOTICE OF CLAIM AND CLAIM PURSUANT TO SEC. 893.80(1), WIS. STATS.

08-5-12

**CLAIMANTS:** 

Tony M. & Amy M. Nice

08-5-12 + 08-5-12-2 BI

266 S. Main Street

Cedar Grove, WI 53013

To:

City of Milwaukee, City Clerk

Attn: CLAIMS

200 East Wells Street, Room 205 Milwaukee, WI 53202-3567

FEB 22 PM 1:

You are hereby notified that on November 5, 2007, a light pole fell off the Wisconsin Avenue Bridge onto West Bluemound Road and struck the vehicle that Tony M Nice was driving at the time. As a result of the light pole striking the vehicle Mr. Nice was driving, he suffered severe injury and great damage. That Mr. Nice's injuries and Amy Nice's claims were caused by the negligence and carelessness of the City of Milwaukee in maintaining the light pole.

Therefore, claimant seeks compensation of their damages from the City of Milwaukee.

70	They he	reby demand \$100,000.00 for their damages as f	follows:		J
ĈŌ	ana 1 - 1 2 - 2	Post Medicals	\$6,000,00	/2	7/2
		77 / 7.6 71 1	\$6,000.00 \$4,000.00	Ś	Ÿ
		TD 4 TD 1 0 C 00 1	\$20,000.00	° (	ıxo ı
		<ul><li> Past Pain &amp; Suffering</li><li> Future Pain &amp; Suffering</li></ul>	\$60,000.00	Õ	0
	,	• Loss of Society and Companionship	\$10,000.00		

The City of Milwaukee and its Clerk are hereby notified that the above claimants seek satisfaction for their injuries and damages.

Dated this 14 day of February, 2008, at Sheboygan, Wisconsin.

WURTZ, ROTH, BASLER & BROCK, S.C.

By Mark E. Wurtz – SBN 1015653

Attorneys for Claimants

641 Riverfront Drive

Sheboygan, WI 53081

Telephone: (920) 457-5097

Signatures of Attorney Mark E. Wurtz, Tony E. Nice, and Amy E. Nice subscribed and sworn to before me this /4<sup>-1</sup>day of February, 2008.

Notary Public

Sheboygan County, WI

My Commission is permanent

Tony E. Nice, Claimant

Amy E. Nice, Claimant

Receipt of Notice of Claim and Claim hereby acknowledged this \_\_\_\_\_ day of February, 2008.

City Clerk City of Milwaukee Home Office One General Drive Sun Prairie, WI 53596 generalcasualty.com

Phone: 608.837.4440 Toll Free: 800.362.5448 HO Claims Fax: 608.825.5122 Subro Unit Fax 608.825.5350



April 17, 2008

City of Milwaukee City Clerk Attn: Claims 200 E Wells Street -- Room 205 Milwaukee WI 53202-3567

Claim number:

0940771539

Insured:

Ken Markwardt Sales & Service

Claimant: Date of loss:

**Tony Nice** 11/5/2007

Dear City Clerk Claims Division:

This letter is in follow up to our letters of January 3, 2008 and February 29, 2008, placing you on notice of our subrogation rights under Section 102.29 of the Wisconsin Statutes with respect to the above captioned matter.

Although we have received the Certified Mail Receipts indicating that you have received our letters, we have not received any formal acknowledgment from you concerning this matter.

Please be advised, that our lien in this matter currently totals \$9,778.76, representing \$658.99 paid in lost time benefits and \$9,119.77 paid in medical bills on Mr. Nice's behalf.

Enclosed please find a copy of the WKC-13 that was filed with the State of Wisconsin confirming the amount of lost time benefits paid along with a copy of our supports substantiating the medical bills that have been paid on this claim.

Please acknowledge receipt of this letter and the attachments and your position with respect to this

Thank you for giving this your attention and consideration.

Sincerely.

Subrogation Specialist



wisconsin gov home

state agencies

subject directory

Wisconsin Department of Workforce Development



Home > Worker's Compensation > Insurers > Pending Reports Information > Insurer Pending Reports > View Payments

**WC Claim Number** 

2007036568

Ins Claim Number

0940771539

Employee Name

NICE, TONY

SSN

390805108

**Injury Date** 

11/05/2007

**Due Date** 

05/18/2008

Employer Address1 KEN MARKWARDT SALES/SERV

Address2

4717 S TAYLOR DR

City State Zip

SHEBOYGAN, WI 53081

Claim Handling Name

REGENT INSURANCE CO

Insurer

REGENT INSURANCE CO

Address2

1 GENERAL DR

Address1

City State Zip SUN PRAIRIE, WI 53596

Note: Amount Comp Paid for Temporary Partial Disability must be verified by Division staff and may temporarily display a zero amount.

**Wage Reported** 

539.17

Payment	e to	Cial	mants:
PAYMEN	e co	-101	111G116-3:

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Payment Calculated	Amount Comp. Pald	Attorney Fees
TEMPORARY TOTAL DISABILITY 102.43	11/06/2007	11/20/2007	0	658.99	658.99	0.00

Balance Due:

Payments to State Fund:

Type of Payment

Last Day Worked Returned to Work Employer Pald Holidays

Payment Calculated Amount Comp. Paid

0.00

Attorney Fees

No Payments.

Back



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Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-11170-0

03/11/2008

Received Date: Date of Audit:

03/17/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

Patient ID:

Patient Account #:

Provider TIN:

NPI:

Patient:

NICTO000 11782 NICE, TONY

XXX-XX-5108

392035058

Dates of Service:

02/21/2008 - 02/21/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

Provider:

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN 840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	vice: 02	/21/2008	-						
99215		99215		- /1	295.00	-	29.50	-	265.50
	PT EST 40 MI	١							
Explanation	n Codes*:	100, 111-001, 113	-021						<del></del> .
7	TOTAL CHARG	iES				\$	295.00		
	BILL REVIEW I	REDUCTION				\$	0.00		
	NETWORK RE					\$	29.50		
-	OTHER REDUC					\$	0.00		
		IMENDED ALLOW	ANCE			\$	265.50		
								210/0	/679/0/0/0/0/0/0/

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. t00

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-02t

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: t. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services to which the fee was charged. 2. If you believe that you are entitle to reliable and relevant treater than the formula amount, you may not collect the disputed portion of your fee against, the individual who received the services to which the fee was charged. 2. If you believe that you are entitle to reliable the disputed portion of your fee against, the individual who received the services for which the fee higher fee that evaluate when the formula amount you may not collect the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reliable the disputed portion of your fee against, the individual who received the services for which the fee higher fee that evaluate when the formula amount you may not collect the disputed portion of your fee against, the individual who received the services for which the fee was charged. to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Oepartment. 3. If you submit written justification to us, we must respond within 15 days of receiving the figure fee to us at least twenty (20) days prior to submitting the dispute to the Oepartment. your written justification.



Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6823-0

Received Date:

02/25/2008 02/29/2008

Date of Audit: Reprice:

W

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

0940771539

Claim Number: Policy Number:

Patient:

Provider TIN:

NPI:

Provider:

NICTO000 11616

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

NICE, TONY

392035058

Patient ID:

XXX-XX-5108

Dates of Service:

Patient Account #:

02/11/2008 - 02/11/2008

Adj:

S09

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	vice: 02	11/2008							
97110		971 t0		- /2	202.00	2t.10	18.09	•	162.81
THER PX t+	AREAS EA t5	MIN THER XERS	3						
Explanation	n Codes*:	100, 111-001, 113	3-02t, 663-031	-					
•	TOTAL CHARG	ES				\$	202.00		
1	BILL REVIEW I	REDUCTION				\$	21.10		
	NETWORK REI					\$	t8.09		
	OTHER REDUC	TION				\$	0.00		
		IMENDED ALLOY	VANCE			\$	162.81		
								210/0	/416/0/0/0/0/0/0/0/

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021 contract

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does no contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to the reasonableness of the disputed tee. The following statements apply if we paid an amount tor any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your tee form, or bring an action for collection of the disputed portion of your tee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled as the procedure of the disputed portion of your tee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitled as the procedure above that the formula amount the procedure are the fee was charged. orning an action for collection of the disputed portion of your fee against, the individual who received the services for which the lee was charged. 2. If you deleve that you are entited to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving the submitted that the provide your written is the provided than the control of the provided your written in the provided your written justification.



Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6821-0

Received Date:

02/25/2008

Date of Audit:

02/29/2008

Reprice:

M

LOB:

WC

Network: Employer: FIRST HEALTH NE

0940771539

Claim Number: Policy Number:

Adj:

S09

Carrier Account:

REGENT INSURANCE COMPANY

Provider TIN:

Provider:

411748361

PO BOX 2088

MILWAUKEE, WI 53201

**DEPT 4058** 

NPI:

Patient Account #:

737139101CMWI

Patient:

NICE, TONY

Patient ID:

XXX-XX-5108

Dates of Service:

12/19/2007 - 12/19/2007

CENTER FOR DIAGNOSTIC IMAGING

ICD-9 DX:

782.0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Moditiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	rvice: 12	/19/2007							
72141	TC	72141	TC	- /1	1,749.00	-	624.00	-	1,125.00
MRI SPI CAN	NAL&CNTS CR	V C-MATRL							
Explanation [17]	n Codes*:	100, 111-011, 113-	021						
-	TOTAL CHARG	ìES				\$	1,749.00		
i	BILL REVIEW	REDUCTION				\$	0.00		
	NETWORK RE					\$	624.00		
-	OTHER REDUC					s	0.00		
		MENDED ALLOWA	ANCE			\$	1,125.00		
	,	·····						210/0/143	52/0/0/0/0/0/0/0/1

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

111-011 FHN CONTRACT STATUS INDICATOR 11 - NEGOTIATED OR OTHER PRICING.

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code FO19: Any network reduction is in accordance with the FOCUS/Emergis-AHC contract. For 113-021 questions regarding network reductions, please call 1-800-243-2336.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not be under the certified database are reimbursed based on the Ingenix actual charge data. Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entiting to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receivir your written justification. your written justification.



Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6822-0

02/25/2008

Received Date: Date of Audit:

02/29/2008

Reprice:

W

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

Carrier Account:

REGENT INSURANCE COMPANY

Patient Account#: Patient:

347738

391959914

Patient ID:

Provider TIN:

NPI:

Provider:

NICE, TONY XXX-XX-5108

PO BOX 2350

Dates of Service:

11/12/2007 - 11/12/2007

WISCONSIN RADIOLOGY SPEC SC

BROOKFIELD, WI 53008-2350

724.1 PAIN IN THORACIC SPINE

Submitted Code	Moditiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Se	ervice: 11	/12/2007		•					
72072	26	72072	26	- /1	50.00	-	5.00	-	45.00
	THRC 3 VIEW	3							
Explanation	on Codes*:	100, 111-001, 113-	021						
	TOTAL CHAR	GES				\$	50.00		
	BILL REVIEW	REDUCTION				\$	0.00		
	NETWORK RE	DUCTION				\$	5.00		
	OTHER REDU	CTION				\$	0.00		
		MMENDED ALLOWA	ANCE			s	45.00		
								210/0	/115/0/0/0/0/0/0/

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021 contract.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitive to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receivir your written justification. your written justification.



Phone: (847)619-9000 Fax: (888)300-0744

## **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3898-0

02/13/2008

Received Date: Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adi:

S09

NICE, TONY

NICTO000 11338

392035058

Patient ID:

Patient Account #:

Provider TIN:

NPI:

Patient:

XXX-XX-5108

Dates of Service:

01/22/2008 - 01/22/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

Provider:

310.2 POSTCONCUSSION SYNDROME

ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other Allowance
Date of Ser	vice: 01/	/22/2008						
97110		97110		- /2	202.00	21.t0	18.09	<ul> <li>162.81</li> </ul>
THER PX 1+	AREAS EA 15	MIN THER XERSS						
Explanation	n Codes*:	100, 111-001, 113-	021, 663-03t					
-	TOTAL CHARG	ES				\$	202.00	
1	BILL REVIEW F	REDUCTION				\$	21.10	
	NETWORK REI					\$	t8.09	
	OTHER REDUC					\$	0.00	
		MENDED ALLOW	ANCE			\$	162.81	
								210/0/416/0/0/0/0/0/0/0/626

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-02t

contract

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Oatabase as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee rom, or bring an action for collection of the disputed portion of your fee against, the Individual who received the services for which the fee was charged. 2. If you believe that you are entitle to select the disputed portion of your fee against, the Individual who received the services for which the fee was charged. to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving the light of the dispute to the Department. your written justification.

CPT only @ 1996 - 2006 American Medical Association. All rights reserved.

\*2010010940771539409709038980867\*

CDT-4 and CDT-2005: Current Cental Terminology is copyright @ 2003 - 2006 American Dental Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.



Phone: (847)619-9000 Fax: (888)300-0744

## **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3901-0 Received Date:

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

NICE, TONY

392035058

Patient: Patient ID:

NPI:

Provider TIN:

Provider:

Dates of Service:

Patient Account #:

XXX-XX-5108

NICTO000 11169

11/08/2007 - 12/26/2007

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.1 THORACIC SPRAIN AND STRAIN

Submitted Code Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service:	1/08/2007	•						
99205	99205		- /1	444.00	7.06	43.69	-	393,25
OFFICE OUTPT NEW 60 M	IIN							
Explanation Codes*:	100, 111-001, 113-021,	663-031						
Date of Service: 1	1/12/2007							
99214	99214		- /1	218.00	22.21	19.58	-	176.21
OFFICE OUTPT EST 25 M	IN							
Explanation Codes*:	100, 111-001, 663-031							
Date of Service:	1/19/2007							
99213	99213		- /1	145.00	15.25	12.97	-	116.78
OFFICE OUTPT EST15 MI	N							
Explanation Codes*:	100, 111-001, 663-031							
Date of Service:	2/17/2007							
99215	99215		- /1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 M	IN		•					
Explanation Codes*:	100, 111-001							
Date of Service: 12	2/26/2007							
99215	99215		- /1	295.00	•	29,50	-	265.50
OFFICE OUTPT EST 40 M	IN							
Explanation Codes*:	100, 111-001							



TOTAL CHARGES	<b>\$</b>	t,397.00	
BILL REVIEW REDUCTION	\$	44.52	
NETWORK REDUCTION	\$	t35.24	
OTHER REDUCTION	\$	0.00	
TOTAL RECOMMENDED ALLOWANCE	\$	1,217.24	
			color 44 in Ininin

525/0/3111/0/0/0/0/0/0/0/3636

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

t11-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

113-021 EXPORT/IMPORT RE-PRICING EXPLANATION t: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network

contract.

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does no contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed tee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitic to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within t5 days of receivir your written justification to us, we must respond within t5 days of receivir your written justification.

Should you have any questions or concerns, please contact the GENEX office listed at the top of this form. Please submit all future Bills and Records for General Casualty to the General Casualty office listed above



Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

MASCI, VANCE MD Provider:

GENERAL CASUALTY

377 W RIVERWOODS PKY 111 MILWAUKEE, WI 53212

ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3893-0 Received Date:

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Patient:

Provider TIN:

NPI:

NICTO000 11170 NICE, TONY

Patient ID:

XXX-XX-5108

392035058

Dates of Service:

Patient Account #:

12/17/2007 - 01/04/2008

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Serv	vice: 12	17/2007			200.00	21.10	18.09		162.81
97110	105105145	97110		- /2	202.00	21.10	10.00	_	102.01
		MIN THER XERSS 100, 111-001, 113-0	21, 663-031						•
Date of Serv		/26/2007	•						·
97110		97110		- /2	202.00	21.10	18.09	•	162.81
THER PX 1+ A Explanation Date of Serv	Codes*:	MIN THER XERSS 100, 111-001, 663-0 /04/2008	31						
		97110 MIN THER XERSS 100, 111-001, 663-0	31	- /2	202.00	21.10	18.09	•	162.81
т	OTAL CHARG	ìES				3	606,00		
В	ILL REVIEW I	REDUCTION				\$	63.30		
N	IETWORK REI	DUCTION				\$	54.27		
c	THER REDUC	TION				\$	0.00		
Т	OTAL RECOM	IMENDED ALLOWA	NCE			\$	488.43		
								315/0/1	248/0/0/0/0/0/0/0/156

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021

contract.

REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

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Applicable FARS/DFARS Restrictions Apply to Government Use.



Phone: (847)619-9000 Fax: (888)300-0744

#### EXPLANATION OF REVIEW

GC BU:

CF6799

**GENERAL CASUALTY** 

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3894-0 Received Date:

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

Patient ID:

Patient Account #:

Provider TIN:

NPI:

Patient:

NICTO000 11195 NICE, TONY

392035058

XXX-XX-5108

Dates of Service:

01/10/2008 - 01/10/2008

MASCI, VANCE MD 377 W RIVERWOODS PKY 111

MILWAUKEE, WI 53212

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

Provider:

310.2 POSTCONCUSSION SYNDROME

ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	vice: 01	10/2008							
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+	AREAS EA 15	MIN THER XERSS	3						
Explanation	n Codes*:	100, 111-001, 113	3-021, 663-031						
1	TOTAL CHARG	ES				\$	202.00		
8	BILL REVIEW F	REDUCTION				\$	21.10		
1	NETWORK REI	DUCTION				\$	18.09		
(	OTHER REDUC	TION				\$	0.00		
-	TOTAL RECOM	IMENDED ALLOW	ANCE			\$	162.81		
								210/0	/416/0/0/0/0/0/0/0/628

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021

contract.

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving the provided within 15 days of receiving the provided within 15 days of receiving the dispute to the Department. your written justification.



Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

MASCI, VANCE MD 377 W RIVERWOODS PKY 111 GENERAL CASUALTY ONE GENERAL DRIVE

MILWAUKEE, WI 53212 Genex Bill Number: 4097-H-3895-0

SUN PRAIRIE, WI 53596

Received Date:

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Carrier Account:

S09

Patient: NICE, TONY XXX-XX-5108 Patient ID:

Adj:

REGENT INSURANCE COMPANY

Dates of Service:

Patient Account #:

Provider TIN:

NPI:

11/26/2007 - 12/12/2007

NICTO000 11170

ICD-9 DX:

Provider:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

392035058

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Serv	rice: 11	/26/2007			-	<del></del>			
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODAL	ITY 1+ AREAS	S ELEC STIMJ UNATTI	N						
Explanation	Codes*:	100, 111-001, 113-02	1, 663-031						
Date of Serv	<u>/ice:</u> 11/	/30/2 <b>007</b>							
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODAL	ΠΥ 1+ AREAS	S HOT/COLD PACKS							
Explanation	Codes*:	100, 111-001							
97014		97014		- /1	52.00	1.40	5.06	•	45.54
APPL MODAL	ITY 1+ AREAS	S ELEC STIMJ UNATTI	N						
Explanation	Codes*:	100, 111-001, 663-03	1						
Date of Serv	<u>/lce:</u> 12	/07/2007							
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODAL	ITY 1+ AREAS	HOT/COLD PACKS							
Explanation	Codes*:	100, 111-001							
97014		97014		- /1	52.00	1.40	5.06	-	45,54
APPL MODAL	.∏Y 1+ AREA	BELEC STIMJ UNATT	N						
Explanation	Codes*:	100, 111-001, 663-03	1						
Date of Serv	<u>/ice:</u> 12	/12/2007							
97010		97010		- /1	36.00		3.60	-	32.40
APPL MODAL  Explanation		100, 111-001							



TOTAL CHARGES	\$ 264.0	)
BILL REVIEW REDUCTION	\$ 4.2	)
NETWORK REDUCTION	\$ 25.9	3
OTHER REDUCTION	\$ 0.0	O •
TOTAL RECOMMENDED ALLOWANCE	\$ 233.6	2
·		630/0/598/0/0/0/0/0/0/1228

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network

contract

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receivir your written justification.

should you have any questions or concems, please contact the GENEX office listed at the top of this form. Please submit all future Bills and Records for General Casualty to the General Casualty office listed above



Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

MASCI, VANCE MD 377 W RIVERWOODS PKY 111

MILWAUKEE, WI 53212

**GENERAL CASUALTY** ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3896-0 Received Date:

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB;

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

NICTO000 11170 NICE, TONY

392035058

Patient ID:

Patient:

Provider TIN:

NPI:

Provider:

XXX-XX-5108

Dates of Service:

Patient Account #:

11/08/2007 - 11/26/2007

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code Modifie	ers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service:	11	/08/2007	, <sub></sub> · · · ·		•				
97001		97001		- /1	204.00	5.12	19.89	-	178.99
PHYSICAL THER EVA	L			-					-
Explanation Codes	*:	100, 111-001, 113-02	1,663-031						
97010		97010		- /1	36,00	. •	3.60	-	32.40
APPL MODALITY 1+ A	REA	S HOT/COLO PACKS							
<b>Explanation Codes</b>	*:	100, 111-001							
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ A		S ELEC STIMJ UNATT	N						
<b>Explanation Codes</b>	*:	100, 111-001, 663-03	1						
Date of Service:	11	/12/2007							
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ A	REA	S HOT/COLD PACKS							
Explanation Codes	*:	100, 111-001							
97014		97014		- /1	52.00	1.40	5.06	•	45.54
APPL MODALITY 1+ A	REA	S ELEC STIMJ UNATT	N						
Explanation Codes	*:	100, 111-001, 663-03	1						
Date of Service:	11	/26/2007							
97010		97010		- /1	36,00	•	3.60	-	32.40
APPL MODALITY 1+ A	REA	S HOT/COLD PACKS							
<b>Explanation Codes</b>	*:	100, 111-001							



TOTAL CHARGES	\$ 4 t 6.00	
BILL REVIEW REDUCTION	\$ 7.92	
NETWORK REDUCTION	\$ 40.81	
OTHER REDUCTION	\$ 0.00	
TOTAL RECOMMENDED ALLOWANCE	\$ 367.27	

630/0/939/0/0/0/0/0/0/1569

#### \*EXPLANATION CODES

100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

1t1-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network

contract.

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: t. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or being an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receivir your written justification.

Should you have any questions or concerns, please contact the GENEX office listed at the top of this form. Please submit all future Bills and Records for General Casualty to the General Casualty office listed above



Phone: (847)619-9000 Fax: (888)300-0744

#### EXPLANATION OF REVIEW

GC BU:

CE6799

**GENERAL CASUALTY** 

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3041-0 Received Date:

02/11/2008

Date of Audit:

02/19/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

S09

Patient ID:

Patient:

Provider TIN:

NPI:

Provider:

NICE, TONY XXX-XX-5108

392035058

Dates of Service:

Patient Account #:

01/15/2008 - 01/15/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Adj: Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Total Other Allowance	,
Date of Ser	vice: 01	/15/2008					•		
97110		97110		- 12	202.00	21.10	18.09	- 162.81	
THER PX 1+	AREAS EA 15	MIN THER XERSS							
Explanation	n Codes*:	100, 111-001, 113-	021, 663-031	1		· . ·			
•	TOTAL CHARG	iES				\$	202.00		
ı	BILL REVIEW I	REDUCTION				\$	21.10		
ı	NETWORK REI	DUCTION				\$	18.09		
	OTHER REDUC	TION				\$	0.00		
-	TOTAL RECON	IMENDED ALLOWA	ANCE			\$	162.81		
								210/0/416/0/0/0/0/	0/0/62

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021 contract

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does no contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or amount you charged. 1. The amount charged is beyond the formula amount, because you have received the structer, you may not collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Worklorce Development, you must provide your written justification for the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving the control of the dispute to the Department. your written justification.



P O BOX 2350

391959914

347738

NICE, TONY

GENEX Services, Inc. Medical Bill Review Department 1933 N. Meacham Rd., Suite 300 Schaumburg, IL 60173

Phone: (847)619-9000 Fax: (888)300-0744

#### EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3038-0

Received Date:

02/11/2008

Date of Audit:

02/19/2008

Reprice: LOB:

WI WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

094077 t539

Policy Number:

Adj:

S09

XXX-XX-5108

WISCONSIN RADIOLOGY SPEC SC

BROOKFIELD, WI 53008-0000

Patient ID: Dates of Service:

Patient Account #:

Provider TIN:

NPI:

Patient:

01/02/2008 - 01/02/2008

REGENT INSURANCE COMPANY Carrier Account:

#### ICD-9 DX:

Provider:

723.2 CERVICOCRANIAL SYNDROME

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other Allowance
Date of Ser	rvice: 01	/02/2008						
78320	26	78320	26	- /1	261.00	-	26.10	- 234.90
B1&/JT IMG	TOMOG SPEC	T						
Expianatio	n Codes":	100, 111-001, 11	3-021	,				
	TOTAL CHARG	GES				\$	261.00	
	BILL REVIEW	REDUCTION				\$	0,00	
. 1	NETWORK RE	DUCTION				\$	26.10	
	OTHER REDU	CTION				\$	0.00	
	TOTAL RECO	MENDED ALLOY	VANCE			\$	234.90	
								210/0/600/0/0/0/0/0/

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHIN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021 contract.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the lingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: t. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receivir your written justification.



BOX 88350

390806261

3331 t6423

NICE, TONY

GENEX Services, Inc. Medical Bill Review Department 1933 N. Meacham Rd., Suite 300 Schaumburg, IL 60173

Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3039-0

02/11/2008

Received Date: Date of Audit:

02/19/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

XXX-XX-5108

THE MEDICAL COLLEGE OF WI INC

MILWAUKEE, WI 53288-0350

Dates of Service:

12/19/2007 - 12/19/2007

REGENT INSURANCE COMPANY Carrier Account:

#### ICD-9 DX:

Provider:

Provider TIN:

Patient Account#:

NPI:

Patient:

Patient ID:

782,0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other Allowance	
Date of Se	rvice: 12	/19/2007							
72141	26	72141	26	- /1	458.00	-	9.16	<b>-</b> 448.84	
MRI SPI CAI	NAL&CNTS CR	V C-MATRL							
Explanatio	n Codes*:	100, 111-001, 113-	021						
	TOTAL CHARG	ES				\$	458.00		
	BILL REVIEW 1	REDUCTION				\$	0.00		
	NETWORK RE					\$	9.16		
	OTHER REDUC	CTION				\$	0.00		
	TOTAL RECOR	MENDED ALLOWA	ANCE			\$	448.84		
								210/0/211/0/0/0/0/0/	)/0/42

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021

contract.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not be under the certified database are reimbursed based on the Ingenix actual charge data. Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed lee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entite to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receivir your written justification to us, we must respond within 15 days of receivir your written justification. your written justification.



Phone: (847)619-9000 Fax: (888)300-0744

#### EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3040-0 Received Date:

02/11/2008

Date of Audit:

02/19/2008

Reprice:

WI WC

LOB:

Network: Employer: FIRST HEALTH NE

Claim Number:

0940771539

Policy Number:

Adj:

S09

NICE, TONY

Patient ID:

Patient Account #:

Provider TIN:

NPI:

Patient:

XXX-XX-5108

392035058

Dates of Service:

01/15/2008 - 01/15/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

Provider:

310.2 POSTCONCUSSION SYNDROME

ACROMICCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.0 **NECK SPRAIN AND STRAIN** 

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	vice: 01.	15/2008							
99214		99214		- /1	218.00	22.21	t9.5 <b>8</b>	•	176.21
OFFICE OUT	PT EST 25 MIN	1							
Explanation	n Codes*:	100, 111-001, 113-0	021, 663-031	_					
7	OTAL CHARG	ES				\$	218.00		
E	BILL REVIEW I	REDUCTION				\$	22.21		
ħ	IETWORK REI	DUCTION				\$	19.58		
c	THER REDUC	TION				\$	0,00		
. 1	TOTAL RECON	IMENDED ALLOWA	NCE			\$	176.21		
								210/0	/450/0/0/0/0/0/0/0/

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE. 100

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHIN Code EPFH: The charges have been priced in accordance to a First Health owned network 113-021

contract.

663-031 REIMBURSEMENT HAS BEEN BASED ON THE INGENIX CERTIFIED DATABASE.

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does no contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed fee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entitle to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification in the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receivir your written justification.

CPT only @ 1996 - 2006 American Medical Association. All rights reserved.

\*4010010940771539409700030400609\*

CDT-4 and CDT-2005: Current Dental Terminology is copyright @ 2003 - 2006 American Dental Association. All rights reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

GENEX Services, Inc. Medical Bill Review Department 1933 N. Meacham Rd., Suite 300

Schaumburg, IL 60 t73 Phone: (847)619-9000 Fax: (888)300-0744

#### **EXPLANATION OF REVIEW**

GC BU:

CE6799

Provider:

ST MARYS OZAUKEE

**DRAWER 78294** 

MILWAUKEE, WI 53278-0294

**GENERAL CASUALTY** 

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-U-2828-0

Received Date:

02/11/2008

Date of Audit:

02/19/2008

Reprice:

WI WC

LOB:

FIRST HEALTH NE

Network: Employer:

0940771539

Claim Number:

Policy Number:

S09

Patient Account #: Patient:

Provider TIN:

510702425

390807063

#2321708

NPI:

NICE, TONY

Patient ID: Dates of Service: XXX-XX-5108

01/02/2008 - 01/02/2008

Adj: Carrier Account:

REGENT INSURANCE COMPANY

#### ICD-9 DX:

786.50 UNSPECIFIED CHEST PAIN

V15.5 PERSONAL HX INJURY PRESENTING HAZARDS HEALTH

DOS	Submitted Code Modifier(s)	Reimbursed Code(s) Modifier(s)	Minutes /Units	Total Charges	Reductions Sill Review	Network	Other	Total Allowance
01/02/2008	341	341	- /1	3,258.24	-	244.37	-	3,013.87
	NUC MED/DX							
	Explanation Codes*:	100, 111-001, 11:	3-021, 648					
01/02/2008	78320	78320	- /1	3,258.24	-	244.37	-	3,013.87
	Explanation Codes*:	100, 64 <b>8</b>						
01/02/2008	343	343	- /1	35.97	-	2.70	-	33.27
	NUC MED/DX RADIO	PHARM						
01/02/2008	Explanation Codes*: A9503	100, 111-001, <b>64</b> 0 A9503	<b>3</b> - /1	35.97	•	2.70	-	33.27
	Explanation Codes*:	100						
то	TAL CHARGES	·			\$	3,294.21		
BJL	L REVIEW REDUCTIO	N			\$	0.00		
NE	TWORK REDUCTION				\$	247.07		
	HER REDUCTION				\$	0.00		
=	TAL RECOMMENDED	ALLOWANCE			\$	3,047.14		
	AL TECOMMENDED				·	·	420/0/56	33/0/0/0/0/0/0/0/6103

#### \*EXPLANATION CODES

ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER
113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network contract.

THE ALLOWANCE FOR THIS SERVICE IS DETERMINED FROM THE STATE FEE SCHEDULE. 648

# **Explanation of Review**

Employer:

KEN MARKWARDT SALES

Patient:

Tony Nice

**Business Unit:** 

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB:

Gender:

Working Rx PO Box 281238

Atlanta, GA 30384-1238

hallellne did na de fan Halda Salaleta kl

LOB:

Workers' Compensation

Site/BIII #: Reprice:

39/1333757 - 1 WI, 53128

Billed Date: Business Rovd:

12/20/2007 12/27/2007 12/31/2007

MBR Rovd: MBR Date:

01/03/2008

Approved Date:

01/03/2008

DOS From - To:

12/18/2007 - 12/18/2007

Network:

Treating Provider:

Claim #:

Processor initials: LH

0940771539

Network Branch:

Patient Control #:

**RX Number:** 

Referring Physician:

DOI:

11/05/2007

Contract:

Provider Tax Id: 42-1538325

Claim Rep.:

S09

Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

Date	Code	Units	POS	Bi// Charges TOS	Reduc DXR	tion	Allowed Fees
12/18/2007	00406-0357-05	HYDROCODONE/ACETAMI 70	NOPHEN TAB 5-50	\$16.78	\$	0.00	\$16.78
12/18/2007	4205588 49884-0779-05	IBUPROFEN TAB 800MG 90		\$30.43	\$	0.00	\$30.43
	6236025						
Sub-Tota/s fo	or Bill: 1333757			\$47.21		0 <b>.0</b> 0	\$47.21
Totals for Bi	://: <b>1333757</b>						\$47.21

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law \*Payment to Follow under Separate Cover\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Please submit all future Bills and Records for General Casualty Io: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

847.1

Thoracle Sprain And Strain

Questions regarding this bill may be sent to:

Toll free:

(800) 275-0064

Phone: Fax:

(262) 574-2001 (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

08003039013337571LOC, 31752251 - 1

Page 1 of 2

# **Explanation of Review**

Employer:

KEN MARKWARDT SALES

Patient:

Tony Nice

**Business Unit:** 

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB: Gender:

LOB:

Workers' Compensation

Site/Bill #:

39/1322820 - 1

Reprice:

WI, 53201

Billed Date:

12/03/2007

Business Rcvd:

12/06/2007

MBR Rcvd: MBR Date:

12/12/2007 12/20/2007

Approved Date:

12/21/2007

DOS From - To:

11/12/2007 - 11/12/2007

Network:

CorCare

**Drawer 78408** 

Milwaukee, WI 53278-0408

նհիրվիակիանիկիահվիահոննոնի

Treating Provider:

**MASCI VANCE** 

Claim #:

0940771539

Network Branch: CorCare II WC

Processor initials: PD

Contract:

390000642

Referring Physician: Patient Control #:

117952983

11/05/2007

Provider Tax Id: 39-0806315

**RX Number:** 

Claim Rep.: Vendor #:

Agent:

0880116

Columbia St. Mary's Hospital Milwaukee, Inc

**Policy Number:** 

CWC00973142112

#### **Bill Comments**

RADIOLOGICAL PROCEDURES HAVE BEEN REVIEWED USING THE WISCONSIN WORKERS COMPENSATION RADIOLOGICAL FEE DATABASE

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/12/2007	72072	RADEX SPITHRC 3 VIEWS		\$331.80		\$24.88	\$306.92
	320-DX X-RAY					<b>\$24.</b> 88	<b>\$</b> 306.92
Sub-Totals fo	r Bill: 1322820			<b>\$331.</b> 80		<b>324.</b> 00	\$300.0£
Tota/s for Bi	://: 1322820						<b>\$3</b> 0 <b>6.92</b>

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat. 102.16(2)WI. Stats. This bill was reviewed using Ingenix, Stale of WI Certified database. No one shall seek payment from injured worker per WI law 

Please submit all fulure Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

847.1

Thoracic Sprain And Strain

Questions regarding this bill may be sent to:

Toll free: Phone:

(800) 275-0064

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

Fax:

(262) 513-2999

# **Explanation of Review**

Employer:

KEN MARKWARDT SALES

Aurora Medical Group

Sheboygan, WI 53082

Patient:

**Tony Nice** 

**Business Unit:** 

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB:

Gender:

LOB:

Workers' Compensation

Site/Bill #:

39/1310815 - 1

Reprice: Billed Date: WI, 53081

**Business Rcvd:** 

11/12/2007 11/16/2007

MBR Rovd:

11/27/2007

MBR Date: Approved Date:

12/06/2007 12/12/2007

DOS From - To:

11/06/2007 - 11/06/2007

Network:

CorCare

PO Box 979

EDWARD CHESNA

Ciaim #:

0940771539

Network Branch: CorCare II WC

Treating Provider:

Referring Physician: SOERENS NP ALLISON E

Processor initials: MG

Contract:

390000824

Patient Control #:

0342290323

11/05/2007

Provider Tax Id: 39-1678306

RX Number:

Claim Rep.:

S09

Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

1

Code Date

Units

POS

TOS DXR Fees

11/06/2007

72052

RADEX SPI CRV COMPL W/OBLQ&FLEXION&/

\$250.00

\$250.00

Bill Charges

\$30.00

Reduction

\$220.00

Allowed

1

\$220.00 \$30.00

Sub-Totals for Bill: 1310815 Totals for Bill: 1310815

\$220.00

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat. 102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Payment to Follow under Separate Cover\*

11

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

#### **ICD9 Diagnosis**

959.09

Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free:

(800) 275-0064

Phone:

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Fax:

(262) 513-2999

Waukesha, WI 53188

### Claim Summary to Date

Date Range:

11/06/2007 - 12/18/2007

Dollars Billed on Claim

\$894.10

Allowed Fee on Claim:

\$819.18

Total Bills for Claim:

6

### Explanation of Review

Employer:

KEN MARKWARDT SALES

Aurora Medical Group

Sheboygan, WI 53082

ldchall:lladaladaddahl**i** 

Patient:

Tony Nice

**Business Unit:** 

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB:

Gender:

LOB: Site/BIII#: Workers' Compensation

Reprice: Billed Date: **Business Rcvd:** 

39/1313713 - 1 WI, 53013 11/16/2007 11/26/2007

MBR Royd: MBR Date:

11/30/2007 12/11/2007

Approved Date:

12/12/2007

DOS From - To:

11/06/2007 - 11/06/2007

Network:

CorCare

PO Box 979

Treating Provider:

**BRIAN DEMASTER** 

Clalm #:

0940771539

Network Branch: CorCare II WC

Referring Physician: SOERENS NP ALLISON E

Processor Initials: MG

Contract:

390000824

Patient Control #:

**RX Number:** 

0342402379

DOI:

11/05/2007

\$146.96

Provider Tax Id: 39-1678306

S09

Claim Rep.: Vendor #:

Agent:

0880116

**Policy Number:** 

CWC00973142112

. Oney Hanne	,			·			
Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	99214	OFFICE OUTPT EST 25 MIN	11	\$167.00	1	\$20.04	\$146.96
	BRIAN J DEMASTER MD						
Sub-Totals for	· Bill: 1313713			\$167.00		\$20.04	\$146.96

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat. 102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law 

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

Totals for Bill: 1313713

847.0

Neck Sprain And Strain

Questions regarding this bill may be sent to:

(800) 275-0064 Toll free:

Phone:

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

(262) 513-2999 Fax:

#### Claim Summary to Date

Date Range:

11/08/2007 - 12/18/2007

Dollars Billed on Clalm

\$894.10 \$819.18

Allowed Fee on Claim: Total Bills for Claim:

6

## **Explanation of Review**

Employer:

KEN MARKWARDT SALES

Patlent:

Tony Nice

**Business Unit:** 

GCI Sun Prairie / Regent

One General Drive Sun Prairie, WI 53596

XXX-XX-5108

Working Rx

PO Box 281238

Atlanta, GA 30384-1238

նուհենագրվականակությունների հունակի

Patient DOB:

Gender:

LOB:

Workers' Compensation

Site/Bill #:

39/1312815 - 1

Reprice:

WI, 53128

Billed Date: Business Rovd: 11/21/2007 11/21/2007

MBR Rcvd:

11/30/2007

MBR Date:

12/03/2007

12/05/2007

**Approved Date:** DOS From - To:

11/19/2007 - 11/19/2007

Network:

Claim #:

0940771539

Network Branch:

Treating Provider:

Referring Physician: Patient Control #:

Processor initials: LH

DOI:

11/05/2007

Contract:

Provider Tax Id: 42-1538325

**RX Number:** 

Claim Rep.:

S09

Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	A/lowed Fees
11/19/2007	49884-0779-05	IBU <b>PR</b> OFEN TAB 800MG 90		\$30.43		\$0.00	\$30.43
11/19/2007	6235381 00406-0357-05	HYDROCODONE/ACETAMIN 40	OPHEN TAB 5-50	\$10.87		\$0.00	\$10.87
	4205478	•					
Sub-Totals for Bill: 1312815		<b>\$41.</b> 30		\$0.00	<b>\$41.</b> 30		
Totals for Bill: 1312815							\$41.30

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat. 102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law 

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

ICD9 Diagnosis

Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free:

(800) 275-0064

Phone: Fax:

(262) 574-2001 (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

## **Explanation of Review**

Employer:

KEN MARKWARDT SALES

Patient:

Tony Nice

**Business Unit:** 

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Working Rx

PO Box 281238

Atlanta, GA 30384-1238

Patient DOB: Gender:

LOB:

Workers' Compensation

Site/Bill #:

39/1311501 - 1

Reprice:

WI, 53128

Billed Date:

11/14/2007 11/19/2007

Business Rcvd: MBR Rcvd:

11/27/2007

MBR Date:

11/30/2007

Approved Date:

12/03/2007

DOS From - To:

11/06/2007 - 11/09/2007

Network:

Claim #:

0940771539

Network Branch:

Treating Provider:

Referring Physician:

Processor Initials: LH

**Contract:** 

Patient Control #: **RX Number:** 

DOI:

11/05/2007

Provider Tax Id: 42-1538325

S09

Claim Rep.: Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

Date	Code	Units	POS	Bitt Charges TOS	Reduction DXR	A/towed Fees
11/06/2007	00591-5658-10	CYCLOBENZAPRINE HCL 30	TAB 10MG	\$35.74	\$0.00	\$35.74
11/06/2007	6235093 49884-0779-05	IBUPROFEN TAB 800MG 30		\$12.14	\$0.00	\$12.14
11/09/2007	6235094 00406-0357-05	HYDROCODONE/ACETAM 30	INOPHEN TAB 5-50	\$8.91	\$0.00	\$8.91
	4205442					•
Sub-Totals for Bill: 1311501			<b>\$56.</b> 79	\$0.00	\$56.79	
Tota/s for Bill: 1311501						\$56.79

Note: Recommended payment is equal to formula amount per Dept of Workforce Development, stat.102.16(2)WI. Stats. This bill was reviewed using Ingenix, State of WI Certified database. No one shall seek payment from injured worker per WI law 

Please submit all future Bills and Records for General Casualty to: General Casualty, One General Drive, Sun Prairie, WI 53596

**ICD9 Diagnosis** 

Injury Face&Neck Other&Unspecified 959.09

Questions regarding this bill may be sent to:

Toll free:

(800) 275-0064

Phone:

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Fax:

(262) 513-2999

Waukesha, WI 53188