

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

08-5-12

CLAIMANTS: Tony M. & Amy M. Nice
266 S. Main Street
Cedar Grove, WI 53013

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

To: City of Milwaukee, City Clerk
Attn: CLAIMS
200 East Wells Street, Room 205
Milwaukee, WI 53202-3567

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.

They hereby demand \$100,000.00 for their damages as follows:

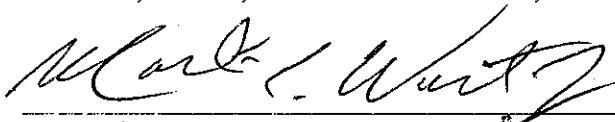
- Past Medicals \$6,000.00
- Future Medicals \$4,000.00
- Past Pain & Suffering \$20,000.00
- Future Pain & Suffering \$60,000.00
- Loss of Society and Companionship \$10,000.00

08-5-12
08-5-80

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

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

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

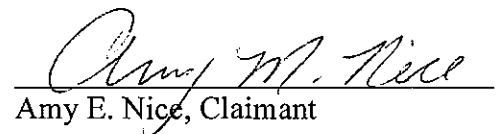


By Mark E. Wurtz - SBN 1015653
Attorneys for Claimants

641 Riverfront Drive
Sheboygan, WI 53081
Telephone: (920) 457-5097

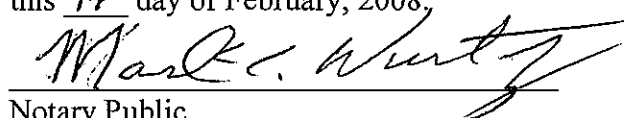


Tony E. Nice, Claimant



Amy E. Nice, Claimant

Signatures of Attorney Mark E. Wurtz,
Tony E. Nice, and Amy E. Nice
subscribed and sworn to before me
this 14th day of February, 2008.



Notary Public
Sheboygan County, WI

My Commission is permanent

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

City Clerk
City of Milwaukee

08-5-12

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



08-5-12 + 08-5-12-16 Comp

April 17, 2008

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

CITY OF MILWAUKEE
2008 APR 21 PM 1:01
RONALD D. LEONARDI
CITY CLERK

Claim number: 0940771539
Insured: Ken Markwardt Sales & Service
Claimant: Tony Nice
Date of loss: 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 matter.

Thank you for giving this your attention and consideration.

Sincerely,

Betty Carl
Subrogation Specialist

Blue Ridge Insurance Company
Blue Ridge Indemnity Company
General Casualty Company of Wisconsin

General Casualty Insurance Company
Hoosier Insurance Company
Regent Insurance Company

Southern Guaranty Insurance Company
Southern Fire and Casualty Company
Southern Pilot Insurance Company

[wisconsin.gov home](#)[state agencies](#)[subject directory](#)

Wisconsin Department of Workforce Development

[Site Map](#) | [Home](#) | [Search](#) | [Accessibility](#) | [Legal](#) | [Feedback](#) | [DWD Home](#)[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	KEN MARKWARDT SALES/SERV		
Address1		Address2	4717 S TAYLOR DR
City State Zip	SHEBOYGAN, WI 53081		
Insurer	REGENT INSURANCE CO	Claim Handling Name	REGENT INSURANCE CO
Address1		Address2	1 GENERAL DR
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**Payments to Claimants:**

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

Payments to State Fund:

Type of Payment	Last Day Worked	Returned to Work	Employer Paid Holidays	Payment Calculated	Amount Comp. Paid	Attorney Fees
No Payments.						

[Back](#)



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

Provider: MASCI, VANCE MD
377 W RIVERWOODS PKY 111
MILWAUKEE, WI 53212

Provider TIN: 392035058

NPI:

Patient Account #: NICTO000 11782
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 02/21/2008 - 02/21/2008

GC BU: CE6799
GENERAL CASUALTY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596
Genex Bill Number: 4097-H-11170-0
Received Date: 03/11/2008
Date of Audit: 03/17/2008
Reprice: WI
LOB: WC
Network: FIRST HEALTH NE
Employer :
Claim Number: 0940771539
Policy Number:
Adj: S09
Carrier Account: REGENT INSURANCE COMPANY

ICD-9 DX:
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 Service: 02/21/2008									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
Explanation Codes*: 100, 111-001, 113-021									
TOTAL CHARGES						\$	295.00		
BILL REVIEW REDUCTION						\$	0.00		
NETWORK REDUCTION						\$	29.50		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	265.50		

210/0/679/0/0/0/0/0/889

*EXPLANATION CODES

100 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.

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 entitled 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 your written justification.

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

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.

3/17/2008

Page 1 of 2

0010010940771530409700111700959



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

Provider: MASCI, VANCE MD
377 W RIVERWOODS PKY 111
MILWAUKEE, WI 53212

Provider TIN: 392035058

NPI:

Patient Account #: NICTO000 11616
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 02/11/2008 - 02/11/2008

GC BU: CE6799
GENERAL CASUALTY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596
Genex Bill Number: 4097-H-6823-0
Received Date: 02/25/2008
Date of Audit: 02/29/2008
Reprice: WI
LOB: WC
Network: FIRST HEALTH NE
Employer :
Claim Number: 0940771539
Policy Number:
Adj: S09
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: 02/11/2008

97110	97110	- / 2	202.00	21.10	18.09	-	162.81
-------	-------	-------	--------	-------	-------	---	--------

THER PX t+ AREAS EA 15 MIN THER XERSS

Explanation Codes*: 100, 111-001, 113-021, 663-031

TOTAL CHARGES	\$	202.00
BILL REVIEW REDUCTION	\$	21.10
NETWORK REDUCTION	\$	18.09
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	162.81

210/0/416/0/0/0/0/0/626

*EXPLANATION CODES

- 100 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 entitled 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 your written justification.

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

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.

2/29/2008

Page 1 of 2

401001084077153940970006823047



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

Provider: CENTER FOR DIAGNOSTIC IMAGING
PO BOX 2088
DEPT 4058
MILWAUKEE, WI 53201

Provider TIN: 411748361

NPI:

Patient Account #: 737139101CMWI
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 12/19/2007 - 12/19/2007

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: WI
LOB: WC
Network: FIRST HEALTH NE
Employer :
Claim Number: 0940771539
Policy Number:
Adj: S09
Carrier Account: REGENT INSURANCE COMPANY

ICD-9 DX:
782.0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 12/19/2007									
72141	TC	72141	TC	- / 1	1,749.00	-	624.00	-	1,125.00
MRI SPI CANAL&CNTS CRV C-MATRL									
Explanation Codes*: 100, 111-011, 113-021									
TOTAL CHARGES						\$	1,749.00		
BILL REVIEW REDUCTION						\$	0.00		
NETWORK REDUCTION						\$	624.00		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	1,125.00		

210/0/14352/0/0/0/0/0/14562

*EXPLANATION CODES

- 100 ANY NETWORK REDUCTION IS IN ACCORDANCE WITH THE NETWORK REFERENCED ABOVE.
111-011 FHN CONTRACT STATUS INDICATOR 11 - NEGOTIATED OR OTHER PRICING.
113-021 EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code FO19: Any network reduction is in accordance with the FOCUS/Emergis-AHC contract. For 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 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 entitled 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 your written justification.

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

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.

2/29/2008

Page 1 of 2

001001094077153940970006621043



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

Provider: WISCONSIN RADIOLOGY SPEC SC
PO BOX 2350
BROOKFIELD, WI 53008-2350

GC BU: CE6799
GENERAL CASUALTY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6822-0

Received Date: 02/25/2008

Date of Audit: 02/29/2008

Reprice: WI

LOB: WC

Network: FIRST HEALTH NE

Employer :

Claim Number: 0940771539

Policy Number:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

Provider TIN: 391959914

NPI:

Patient Account #: 347738

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 11/12/2007 - 11/12/2007

ICD-9 DX:

724.1 PAIN IN THORACIC SPINE

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
----------------	-----------	--------------------	-----------	----------------	---------------	------------------------	---------	-------	-----------------

Date of Service: 11/12/2007

72072	26	72072	26	- / 1	50.00	-	5.00	-	45.00
-------	----	-------	----	-------	-------	---	------	---	-------

RADEX SPI THRC 3 VIEWS

Explanation Codes*: 100, 111-001, 113-021

TOTAL CHARGES	\$	50.00
BILL REVIEW REDUCTION	\$	0.00
NETWORK REDUCTION	\$	5.00
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	45.00

210/0/115/0/0/0/0/0/325

*EXPLANATION CODES

100 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.

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 entitled 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 your written justification.

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

CDT-4 and CDT-2005: Current Dental Terminology is copyright © 2003 - 2006 American Dental Association. All rights reserved.

Applicable FARS/OFARS Restrictions Apply to Government Use.

2/29/2008

Page 1 of 2



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

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

Provider TIN: 392035058
 NPI:

Patient Account #: NICTO000 11338
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 01/22/2008 - 01/22/2008

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596
 Genex Bill Number: 4097-H-3898-0
 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
 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: 01/22/2008									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
TOTAL CHARGES						\$	202.00		
BILL REVIEW REDUCTION						\$	21.10		
NETWORK REDUCTION						\$	18.09		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	162.81		

210/0/416/0/0/0/0/0/626

*EXPLANATION CODES

100 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 entitled 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 your written justification.

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

2010010940771539409700038900867

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.

2/20/2008

Page 1 of 2



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

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

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

Carrier Account: REGENT INSURANCE COMPANY

Provider TIN: 392035058

NPI:

Patient Account #: NICTO000 11169

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 11/08/2007 - 12/26/2007

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: 11/08/2007									
99205		99205		- / 1	444.00	7.06	43.69	-	393.25
OFFICE OUTPT NEW 60 MIN									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
Date of Service: 11/12/2007									
99214		99214		- / 1	218.00	22.21	19.58	-	176.21
OFFICE OUTPT EST 25 MIN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 11/19/2007									
99213		99213		- / 1	145.00	15.25	12.97	-	116.78
OFFICE OUTPT EST15 MIN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 12/17/2007									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
Explanation Codes*: 100, 111-001									
Date of Service: 12/26/2007									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
Explanation Codes*: 100, 111-001									



TOTAL CHARGES	\$	1,397.00
BILL REVIEW REDUCTION	\$	44.52
NETWORK REDUCTION	\$	135.24
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	1,217.24

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

*EXPLANATION CODES

- 100 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 entitled 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 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



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

Provider: MASCI, VANCE MD
377 W RIVERWOODS PKY 111
MILWAUKEE, WI 53212

Provider TIN: 392035058

NPI:

Patient Account #: NICTO000 11170
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 12/17/2007 - 01/04/2008

GC BU: CE6799
GENERAL CASUALTY
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:
Adj: S09
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: 12/17/2007									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
Date of Service: 12/26/2007									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 01/04/2008									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
Explanation Codes*: 100, 111-001, 663-031									
TOTAL CHARGES						\$	606.00		
BILL REVIEW REDUCTION						\$	63.30		
NETWORK REDUCTION						\$	54.27		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	488.43		

315/0/1248/0/0/0/0/0/1563

*EXPLANATION CODES

100 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.

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

001001094077153940970038930859

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.

2/20/2008

Page 1 of 2



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

Provider: MASCI, VANCE MD
377 W RIVERWOODS PKY 111
MILWAUKEE, WI 53212

Provider TIN: 392035058

NPI:

Patient Account #: NICTO000 11195
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 01/10/2008 - 01/10/2008

GC BU: CE6799
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
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: 01/10/2008

97110	97110	- / 2	202.00	21.10	18.09	-	162.81
-------	-------	-------	--------	-------	-------	---	--------

THER PX 1+ AREAS EA 15 MIN THER XERSS

Explanation Codes*: 100, 111-001, 113-021, 663-031

TOTAL CHARGES	\$	202.00
BILL REVIEW REDUCTION	\$	21.10
NETWORK REDUCTION	\$	18.09
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	162.81

210/0/416/0/0/0/0/0/626

*EXPLANATION CODES

100 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 entitled 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 your written justification.

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

2010010940771539409700038940861

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.

2/20/2008

Page 1 of 2



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

Provider: MASCI, VANCE MD
377 W RIVERWOODS PKY 111
MILWAUKEE, WI 53212

Provider TIN: 392035058

NPI:

Patient Account #: NICTO000 11170
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 11/26/2007 - 12/12/2007

GC BU: CE6799
GENERAL CASUALTY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596
Genex Bill Number: 4097-H-3895-0
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
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: 11/26/2007									
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*: 100, 111-001, 113-021, 663-031									
Date of Service: 11/30/2007									
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*: 100, 111-001									
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 12/07/2007									
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*: 100, 111-001									
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*: 100, 111-001, 663-031									
Date of Service: 12/12/2007									
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*: 100, 111-001									



TOTAL CHARGES	\$	264.00
BILL REVIEW REDUCTION	\$	4.20
NETWORK REDUCTION	\$	25.98
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	233.82

630/0/598/0/0/0/0/0/1228

*EXPLANATION CODES

- 100 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 entitled 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 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



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

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

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

Carrier Account: REGENT INSURANCE COMPANY

NPI:

Patient Account #: NICTO000 11170

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 11/08/2007 - 11/26/2007

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

847.0 NECK SPRAIN AND STRAIN

840.0 ACROMIOCLAVICULAR 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:		11/08/2007							
97001		97001		- / 1	204.00	5.12	19.89	-	178.99
PHYSICAL THER EVAL									
Explanation Codes*:		100, 111-001, 113-021, 663-031							
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*:		100, 111-001							
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*:		100, 111-001, 663-031							
Date of Service:		11/12/2007							
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*:		100, 111-001							
97014		97014		- / 1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
Explanation Codes*:		100, 111-001, 663-031							
Date of Service:		11/26/2007							
97010		97010		- / 1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
Explanation Codes*:		100, 111-001							



TOTAL CHARGES	\$	416.00
BILL REVIEW REDUCTION	\$	7.92
NETWORK REDUCTION	\$	40.81
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	367.27

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

*EXPLANATION CODES

- 100 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 entitled 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 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



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

Provider: MASCI, VANCE MD
377 W RIVERWOODS PKY 111
MILWAUKEE, WI 53212

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:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

Provider TIN: 392035058

NPI:

Patient Account #:

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 01/15/2008 - 01/15/2008

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	Other	Total Allowance
----------------	-----------	--------------------	-----------	----------------	---------------	------------------------	---------	-------	-----------------

Date of Service: 01/15/2008

97110	97110	- / 2	202.00	21.10	18.09	-	162.81
-------	-------	-------	--------	-------	-------	---	--------

THER PX 1+ AREAS EA 15 MIN THER XERSS

Explanation Codes*: 100, 111-001, 113-021, 663-031

TOTAL CHARGES	\$	202.00
BILL REVIEW REDUCTION	\$	21.10
NETWORK REDUCTION	\$	18.09
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	162.81

210/0/416/0/0/0/0/0/626

*EXPLANATION CODES

100 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 entitled 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 your written justification.

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

0010010940771539409700030410611

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.

2/19/2008

Page 1 of 2



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

Provider: WISCONSIN RADIOLOGY SPEC SC
P O BOX 2350
BROOKFIELD, WI 53008-0000

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: WI

LOB: WC

Network: FIRST HEALTH NE

Employer :

Claim Number: 0940771539

Policy Number:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

Provider TIN: 391959914

NPI:

Patient Account #: 347738

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 01/02/2008 - 01/02/2008

ICD-9 DX:

723.2 CERVICOCRANIAL SYNDROME

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service: 01/02/2008									
78320	26	78320	26	- / 1	261.00	-	26.10	-	234.90
B1&JT IMG TOMOG SPECT									
Explanation Codes*: 100, 111-001, 113-021									
						<hr/>			
TOTAL CHARGES						\$	261.00		
BILL REVIEW REDUCTION						\$	0.00		
NETWORK REDUCTION						\$	26.10		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	234.90		
210/0/600/0/0/0/0/0/810									

*EXPLANATION CODES

- 100 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.

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 entitled 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 your written justification.



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

Provider: THE MEDICAL COLLEGE OF WI INC
BOX 88350
MILWAUKEE, WI 53288-0350

Provider TIN: 390806261

NPI:

Patient Account #: 333116423
Patient: NICE, TONY
Patient ID: XXX-XX-5108
Dates of Service: 12/19/2007 - 12/19/2007

GC BU: CE6799
GENERAL CASUALTY
ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596
Genex Bill Number: 4097-H-3039-0
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:
Adj: S09
Carrier Account: REGENT INSURANCE COMPANY

ICD-9 DX:
782.0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
----------------	-----------	--------------------	-----------	----------------	---------------	------------------------	---------	-------	-----------------

Date of Service: 12/19/2007

72141	26	72141	26	- / 1	458.00	-	9.16	-	448.84
-------	----	-------	----	-------	--------	---	------	---	--------

MRI SPI CANAL&CNTS CRV C-MATRL

Explanation Codes*: 100, 111-001, 113-021

TOTAL CHARGES	\$	458.00
BILL REVIEW REDUCTION	\$	0.00
NETWORK REDUCTION	\$	9.16
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	448.84

210/0/211/0/0/0/0/0/421

*EXPLANATION CODES

- 100 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.

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 entitled 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 your written justification.



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

Provider: MASCI, VANCE MD
 377 W RIVERWOODS PKY 111
 MILWAUKEE, WI 53212

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

Genex Bill Number: 4097-H-3040-0

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:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

NPI:

Patient Account #:

Patient: NICE, TONY

Patient ID: XXX-XX-5108

Dates of Service: 01/15/2008 - 01/15/2008

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

847.0 NECK SPRAIN AND STRAIN

840.0 ACROMIOCLAVICULAR 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 Service: 01/15/2008									
99214		99214		- / 1	218.00	22.21	19.58	-	176.21
OFFICE OUTPT EST 25 MIN									
Explanation Codes: 100, 111-001, 113-021, 663-031									
TOTAL CHARGES						\$	218.00		
BILL REVIEW REDUCTION						\$	22.21		
NETWORK REDUCTION						\$	19.58		
OTHER REDUCTION						\$	0.00		
TOTAL RECOMMENDED ALLOWANCE						\$	176.21		

210/0/450/0/0/0/0/0/660

*EXPLANATION CODES

100 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 entitled 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 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.

2/19/2008

Page 1 of 2



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

Provider: ST MARYS OZAUKEE
 DRAWER 78294
 MILWAUKEE, WI 53278-0294

GC BU: CE6799
 GENERAL CASUALTY
 ONE GENERAL DRIVE
 SUN PRAIRIE, WI 53596

Provider TIN: 390807063
 #2321708

Genex Bill Number: 4097-U-2828-0

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:

Adj: S09

Carrier Account: REGENT INSURANCE COMPANY

NPI:
 Patient Account #: 510702425
 Patient: NICE, TONY
 Patient ID: XXX-XX-5108
 Dates of Service: 01/02/2008 - 01/02/2008

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 Bill 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, 113-021, 648							
01/02/2008	78320	78320	- / 1	3,258.24	-	244.37	-	3,013.87
	Explanation Codes*: 100, 648							
01/02/2008	343	343	- / 1	35.97	-	2.70	-	33.27
	NUC MED/DX RADIOPHARM							
	Explanation Codes*: 100, 111-001, 648							
01/02/2008	A9503	A9503	- / 1	35.97	-	2.70	-	33.27
	Explanation Codes*: 100							

TOTAL CHARGES	\$	3,294.21
BILL REVIEW REDUCTION	\$	0.00
NETWORK REDUCTION	\$	247.07
OTHER REDUCTION	\$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$	3,047.14

420/0/5683/0/0/0/0/0/6103

*EXPLANATION CODES

- 100 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.
 648 THE ALLOWANCE FOR THIS SERVICE IS DETERMINED FROM THE STATE FEE SCHEDULE.

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES

Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent

One General Drive
Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108

Gender:

Working Rx
PO Box 281238
Atlanta, GA 30384-1238



LOB: Workers' Compensation

Site/Bill # : 39/1333757 - 1

Reprice: WI, 53128

Billed Date: 12/20/2007

Business Rcvd: 12/27/2007

MBR Rcvd: 12/31/2007

MBR Date: 01/03/2008

Approved Date: 01/03/2008

DOS From - To: 12/18/2007 - 12/18/2007

Network:

Network Branch:

Contract:

Provider Tax Id: 42-1538325

Claim Rep.: S09

Vendor #:

Treating Provider:

Referring Physician:

Patient Control #: NA

RX Number:

Claim #: 0940771539

Processor Initials: LH

DOI: 11/05/2007

Agent :

0880116

Policy Number :

CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
12/18/2007	00406-0357-05	HYDROCODONE/ACETAMINOPHEN TAB 5-50 70		\$16.78		\$0.00	\$16.78
	4205588						
12/18/2007	49884-0779-05	IBUPROFEN TAB 800MG 90		\$30.43		\$0.00	\$30.43
	6236025						
Sub-Totals for Bill: 1333757				\$47.21		\$0.00	\$47.21
Totals for Bill: 1333757							\$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 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: (800) 275-0064

Phone: (262) 574-2001

Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
Waukesha, WI 53188

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
 One General Drive
 Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

Columbia St. Mary's Hospital Milwaukee, Inc
 Drawer 78408
 Milwaukee, WI 53278-0408



LOB: Workers' Compensation
Site/Bill # : 39/1322820 - 1
Reprice: WI, 53201
Billed Date: 12/03/2007
Business Rcvd: 12/06/2007
MBR Rcvd: 12/12/2007
MBR Date: 12/20/2007
Approved Date: 12/21/2007
DOS From - To: 11/12/2007 - 11/12/2007

Network: CorCare
Network Branch: CorCare II WC
Contract: 390000642
Provider Tax Id: 39-0806315
Claim Rep.: S09
Vendor #:

Treating Provider: MASCI VANCE
Referring Physician:
Patient Control #: 117952983
RX Number:

Claim #: 0940771539
Processor Initials: PD
DOI: 11/05/2007

Agent : 0880116
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 SPI THRC 3 VIEWS		\$331.80		\$24.88	\$306.92
		1					
	320-DX X-RAY						
Sub-Totals for Bill: 1322820				\$331.80		\$24.88	\$306.92
Totals for Bill: 1322820							\$306.92

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 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: (800) 275-0064
 Phone: (262) 574-2001
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 Waukesha, WI 53188

CORVEL

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:

Aurora Medical Group
 PO Box 979
 Sheboygan, WI 53082



LOB: Workers' Compensation
Site/Bill # : 39/1310815 - 1
Reprice: WI, 53081
Billed Date: 11/12/2007
Business Rcvd: 11/16/2007
MBR Rcvd: 11/27/2007
MBR Date: 12/06/2007
Approved Date: 12/12/2007
DOS From - To: 11/06/2007 - 11/06/2007

Network: CorCare
Network Branch: CorCare II WC
Contract: 390000824
Provider Tax Id: 39-1678306
Claim Rep.: S09
Vendor #:

Treating Provider: EDWARD CHESNA
Referring Physician: SOERENS NP ALLISON E
Patient Control #: 0342290323
RX Number:

Claim #: 0940771539
Processor Initials: MG
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill/ Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	72052	RADEX SPI CRV COMPL W/OBLQ&FLEXION&/		\$250.00		\$30.00	\$220.00
		1	11		1		
Sub-Totals for Bill: 1310815				\$250.00		\$30.00	\$220.00
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*****

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
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 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

CORVEL

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:

Aurora Medical Group
 PO Box 979
 Sheboygan, WI 53082



LOB: Workers' Compensation
Site/Bill # : 39/1313713 - 1
Reprice: WI, 53013
Billed Date: 11/16/2007
Business Rcvd: 11/26/2007
MBR Rcvd: 11/30/2007
MBR Date: 12/11/2007
Approved Date: 12/12/2007
DOS From - To: 11/06/2007 - 11/06/2007

Network: CorCare
Network Branch: CorCare II WC
Contract: 390000824
Provider Tax Id: 39-1678306
Claim Rep.: S09
Vendor #:

Treating Provider: BRIAN DEMASTER
Referring Physician: SOERENS NP ALLISON E
Patient Control #: 0342402379
RX Number:

Claim #: 0940771539
Processor Initials: MG
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	99214	OFFICE OUTPT EST 25 MIN 1	11	\$167.00	1	\$20.04	\$146.96
		BRIAN J DEMASTER MD					
Sub-Totals for Bill: 1313713				\$167.00		\$20.04	\$146.96
Totals for Bill: 1313713							\$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
 *****Payment to Follow under Separate Cover*****

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

ICD9 Diagnosis

847.0 Neck Sprain And Strain

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064
 Phone: (262) 574-2001
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 Waukesha, WI 53188

Claim Summary to Date

Date Range: 11/08/2007 - 12/18/2007
Dollars Billed on Claim: \$894.10
Allowed Fee on Claim: \$819.18
Total Bills for Claim: 6

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES

Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent

One General Drive
Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108

Gender:

Working Rx
PO Box 281238
Atlanta, GA 30384-1238



LOB: Workers' Compensation

Site/Bill # : 39/1312815 - 1

Reprice: WI, 53128

Billed Date: 11/21/2007

Business Rcvd: 11/21/2007

MBR Rcvd: 11/30/2007

MBR Date: 12/03/2007

Approved Date: 12/05/2007

DOS From - To: 11/19/2007 - 11/19/2007

Network:

Network Branch:

Contract:

Provider Tax Id: 42-1538325

Claim Rep.: S09

Vendor #:

Treating Provider:

Referring Physician:

Patient Control #: NA

RX Number:

Claim #: 0940771539

Processor Initials: LH

DOI: 11/05/2007

Agent :

0880116

Policy Number :

CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/19/2007	49884-0779-05	IBUPROFEN TAB 800MG 90		\$30.43		\$0.00	\$30.43
	6235381						
11/19/2007	00406-0357-05	HYDROCODONE/ACETAMINOPHEN TAB 5-50 40		\$10.87		\$0.00	\$10.87
	4205478						
Sub-Totals for Bill: 1312815				\$41.30		\$0.00	\$41.30
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

*****Payment to Follow under Separate Cover*****

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

Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
Waukesha, WI 53188

CORVEL

Explanation of Review

Employer: KEN MARKWARDT SALES
Patient: Tony Nice

Business Unit: GCI Sun Prairie / Regent
 One General Drive
 Sun Prairie, WI 53596

Patient DOB: XXX-XX-5108
Gender:

Working Rx
 PO Box 281238
 Atlanta, GA 30384-1238



LOB: Workers' Compensation
Site/Bill # : 39/1311501 - 1
Reprice: WI, 53128
Billed Date: 11/14/2007
Business Rcvd: 11/19/2007
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:
Network Branch:
Contract:
Provider Tax Id: 42-1538325
Claim Rep.: S09
Vendor #:

Treating Provider:
Referring Physician:
Patient Control #: NA
RX Number:

Claim #: 0940771539
Processor Initials: LH
DOI: 11/05/2007

Agent : 0880116
Policy Number : CWC00973142112

Date	Code	Units	POS	Bill Charges TOS	DXR	Reduction	Allowed Fees
11/06/2007	00591-5658-10	CYCLOBENZAPRINE HCL TAB 10MG 30		\$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/ACETAMINOPHEN TAB 5-50 30		\$8.91		\$0.00	\$8.91
	4205442						
Sub-Totals for Bill: 1311501				\$56.79		\$0.00	\$56.79
Totals 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
 *****Payment to Follow under Separate Cover*****

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
 Fax: (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110
 Waukesha, WI 53188