

08-5-12

To: jpolan@milwaukee.gov;  
From: UKXC433  
Cc:  
Bcc:  
Subject: Our claim 0940701485 - KEN MARKWARDT SALES  
Date/Time Sent: 1/10/2008 10:25 AM

CITY OF MILWAUKEE

2009 APR -3 PM 1:11

RONALD D. LEONHARDT  
CITY CLERK

=====BEGINNING OF MESSAGE=====

Joanna,  
Attached is our original subrogation letter and proofs which I am guessing never reached you. A light pole owned by the City of Milwaukee fell from a bridge and hit our insured vehicle. The police report confirms the fact. Please consider our subrogation claim and proofs that follow. Our insured kept the salvage so there is no salvage credit to deduct from our claim.

If you have questions please contact me.

Sincerely,

Kerry Cartier  
Subrogation Representative  
General Casualty Insurance  
800-362-5448 x5973  
Kerry.Cartier@GeneralCasualty.com

=====END OF MESSAGE=====

Attached Files:  
IR110000.tif  
IR110001.TXT

08-5-12-1 PD

CITY OF MILWAUKEE  
2009 APR -3 PM 1:11  
RONALD D. LEONHARDT  
CITY CLERK

To: bzalbe@milwaukee.gov;  
From: UKXC433  
Cc:  
Bcc:  
Subject: Claim 0940701485 - KEN MARKWARDT SALES  
Date/Time Sent: 11/27/2007 10:59 AM

=====BEGINNING OF MESSAGE=====

Mr. Zalben

Our investigation indicates the light pole that fell off a bridge onto our insured vehicle is owned by the City of Milwaukee. Therefore, we are contacting you to present our subrogation claim for damages incurred to our insured vehicle. Our claim is as follows:

\$10132.69 / collision payment

\$1000.00 / insured deductible

less \$1800.32 salvage credit >>>> SALVAGE PROOFS PENDING

\$7332.67 net claim

We are seeking 100% recovery. If you have questions please contact me. We may be able to e-mail you color photos from another file.

Sincerely,

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General Casualty Insurance  
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Kerry.Cartier@GeneralCasualty.com

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=====END OF MESSAGE=====

Attached Files:  
IR110000.tif

Date: 11/12/2007 02:18 PM  
 Estimate ID: 0940701485  
 Estimate Version: 0  
 Preliminary  
 Profile ID: Mitchell

## General Casualty

P.O. Box 669, Brookfield, WI 53008  
 (262) 787-6319  
 Fax: (262) 375-3567

Damage Assessed By: Schlaefer Steve

Type of Loss: Comprehensive  
 Date of Loss: 11/ 5/2007  
 Contact Date: 11/ 6/2007  
 Deductible: 1,000.00  
 Claim Number: 0940701485

Owner: MARKWARDT SALES  
 Address: 4717 SOUTH TAYLOR DRIVE, SHEBOYGAN, WI 53081  
 Telephone: Home Phone: (920) 458-0345

Mitchell Service: 913620

Description: 2003 Ford Econoline E350  
 Body Style: VanCrgoExt 138" WB  
 VIN: 1FTSS34F23HB75908  
 OEM/ALT: A  
 Options: AIR CONDITIONING, POWER WINDOWS, POWER DOOR LOCKS, CRUISE CONTROL

Drive Train: 7.3L Turbo Inj 8 Cyl Dsl 2WD

Search Code: GN094

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	000122	BDY	REMOVE/REPLACE	REAR REPLACE SIDE DOOR ASSEMBLY	Qual Recycled Part	350.00 *	1.1
2	AUTO	REF	REFINISH	REAR SIDE DOOR			C 2.6
3	AUTO	REF	REFINISH	R REAR ADD FOR JAMBS & INTERIOR			C 1.0
4	000123	BDY	REMOVE/REPLACE	R DOOR HINGE	Qual Recycled Part		0.2
5	000124	BDY	REMOVE/REPLACE	L DOOR HINGE	Qual Recycled Part		0.2
6	000126	BDY	REMOVE/REPLACE	REAR DOOR LATCH	Qual Recycled Part		0.2
7	000127	BDY	REMOVE/REPLACE	DOOR GLASS	Qual Recycled Part		0.6
8				*** END OF ATG SECTION ***			
9	300527	BDY	REPAIR	R FENDER PANEL	Existing		1.0* #
10	AUTO	REF	REFINISH	R FENDER OUTSIDE			C 2.2
11	324080	BDY	REPAIR	FRT SIDE DOOR SHELL	Existing		1.5*
12	AUTO	REF	REFINISH	FRT SIDE DOOR OUTSIDE			C 2.4
13	337480	GLS	REMOVE/INSTALL	GLASS ASSY			0.6
14	325870	BDY	REMOVE/REPLACE	ROOF PANEL	F8UZ 2850202 AA	2,357.38	18.5 #
15	AUTO	REF	REFINISH	ROOF PANEL			C 6.2
16	AUTO	REF	REFINISH	ROOF INSIDE PANEL			C 3.0
17	325910	BDY	REMOVE/REPLACE	REAR ROOF HEADER PANEL	3C2Z 1541302 AA	77.60	2.0 #
18	335903	BDY	REMOVE/REPLACE	ROOF REINFORCEMENT 5@50.23	3C2Z 1550290 AA	251.15	2.5 #
19	300803	BDY	REMOVE/REPLACE	R INR ROOF RAIL	F2UZ 15513A38 A	487.43	2.5 #
20	335904	BDY	REMOVE/REPLACE	R FRT OTR ROOF RAIL	XC2Z 15513A12 BA	341.80	3.0 #
21	335403	BDY	REMOVE/REPLACE	R REAR OTR ROOF RAIL	XC2Z 28513A16 AA	80.60	2.0 #
22	326030	BDY	REMOVE/REPLACE	R ROOF JOINT COVER	F2UZ 1551762 B	4.57	
23	326080	BDY	REMOVE/REPLACE	R ROOF INSULATOR	F2UZ 2841234 A	32.08	
24	326090	BDY	REMOVE/REPLACE	L ROOF INSULATOR	F2UZ 2841235 A	30.18	
25	336015	BDY	REMOVE/REPLACE	FRT ROOF HEADLINER	ORDER FROM DEALER	403.53	0.6
26	336029	BDY	REMOVE/REPLACE	REAR ROOF HEADLINER	ORDER FROM DEALER	1,444.65	3.2 #
27	300808	BDY	REMOVE/REPLACE	R VAN SIDE PANEL	F2UZ 28278A96 D	2,456.45	29.3

ESTIMATE RECALL NUMBER: 11/07/2007 13:36:36 0940701485

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Mitchell Data Version: OCT\_07\_V  
 UltraMate Version: 6.0.028

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28	AUTO	REF	REFINISH	R VAN SIDE PANEL OUTSIDE			C 4.6
29	AUTO	REF	REFINISH	R VAN SIDE PANEL EDGE			C 0.5
30	AUTO	REF	REFINISH	R ADD FOR PILLAR			C 0.5
31	300835	BDY	REMOVE/REPLACE	R VAN SIDE INNER PANEL REINFORCEMENT	F2UZ 1527946 A	129.23	4.0
32	330780	BDY	REPAIR	R BACK DOOR SHELL	Exlsting		1.0*#
33	AUTO	REF	REFINISH	R BACK DOOR			C 2.0
34	301182	BDY	REPAIR	L BACK DOOR SHELL	Existing		1.0*#
35	AUTO	REF	REFINISH	L BACK DOOR			C 2.0
36	334510	BDY	REMOVE/REPLACE	STOP LAMP ASSEMBLY	XC2Z 13A613 BA	80.05	INC #
37	334526	BDY	REMOVE/REPLACE	STOP LAMP BULB	D7TZ 13466 A	1.74	INC #
38	AUTO	REF	ADD'L OPR	CLEAR COAT			3.7
39	AUTO		ADD'L COST	PAINT/MATERIALS		798.20 *	

[illegible]

Page 2 of 2

## Vehicle Valuation Summary

2003 Ford E350 4X2 Cargo Ext 3 Door Van - Sheboygan, WI

VIN: 1FTSS34F23HB75908

Local Market Value		\$ 10,899.00
Current Condition Adjustment		- 1,258.00
Actual Cash Value		<u>\$ 9,641.00</u>
Pre Tax Amount		\$ 9,641.00
Vehicular Sales Tax	___ %	\$ _____
License/fees (if applicable)		<u>\$ _____</u>
Value Before Deductible		\$ 9,641.00
Deductible		<u>- 1,000.00</u>
Adjusted Vehicle Value		\$ 8,641.00

The Local Market Value is derived from comparable vehicle(s) available or recently sold in the marketplace at the time of valuation.

## Vehicle Valuation Allowances

Compared to the typical vehicle in this local market, your vehicle's value was affected by these factors:

Odometer		222,430	- 4,551.00
Options			
Power Windows	PW	Not Present	- 100.00
Power Locks	PL	Not Present	- 100.00
Stereo	ST	Not Present	- 75.00

These allowances illustrate factors that influence the settlement amount when compared to a typical vehicle. The typical vehicle is a vehicle of the same year, make, and model as the loss vehicle, including average mileage, and all standard and predominant equipment.

In cases where a standard or predominant option is superceded by a replacement or upgrade, a corresponding addition will appear for the option to reflect this.

The vehicle valuation allowances also reflect proper deductions for all standard or predominant equipment not present on the loss vehicle.

These allowances are illustrative only. The actual Local Market Value is calculated entirely from the comparable vehicles contained in this report with adjustments to reflect the loss vehicle configuration.

Claim reference: 0940701485

[Return to top](#)

Report Reference Number: 38500970

## VINGuard<sup>TM</sup> Vehicle Identification

**VIN: 1FTSS34F23HB75908**

Every vehicle sold in the United States is required to have a manufacturer assigned Vehicle Identification Number (VIN). This number provides the exact specifications of the vehicle. Decoding the VIN identifies the exact vehicle for which the local market value will be determined.

	Insurer Description	VINGuard Analysis
Year	2003	2003
Make	Ford	Ford
Model	E350 4X2 Cargo Ext	E350 4X2 Super Cargo
Model Number	S34	S34
Body Style	3 Door Van	
Engine	8-7.3L-TD	8-7.3L-Td
Transmission	Automatic Transmission Overdrive	
Restraints	Air Bags (Driver+Pass.)	Air Bags (Driver+Pass.)
Curb Weight		5,455
Odometer	222,430	

This vehicle was assembled in LORAIN, OH

VINGuard<sup>TM</sup> is a database used to decode completely and accurately all manufacturer assigned Vehicle Identification Numbers.

## VINGuard<sup>TM</sup> Vehicle History Information

VINGuard has decoded this VIN without any errors.

11/26/2007 11:06 AM

08:01:39 Tue Nov 20, 2007

PICN CGP 0097314 21 10 0001

SORT MARK LOB AFV TERM 10/08/07 - 10/08/08

SEARCH: DOL .00  
UNIT M/P CAUSE OCC CLMT PURE RES.

----- POLICY TOTALS -----

.00 7363.17 .00  
EXPN RES. PAID EXPENSE

CLAIM NUMBER: 094-07-01485 DOL 11/05/07

A 001 D.P.- OTC WINDED 50 01 .00 .00 7363.17 .00

KEN MARKWARDT SALES & SERVI

B 001 D.P.- OTC WINDED 50 02 1.00- .00 .00 .00

KEN MARKWARDT SALES & SERVI

094-07-01485 INC: 7363.17 .00 .00 7363.17 .00

TRANSFER TO PICI, LINE ID \_ TRANSFER TO COLOSSUS, LINE ID \_  
PF7/PF19 - BACKWARD PF8/PF20 - FORWARD

END RECS



POLICE # DISTRICT 3

ACCIDENT # 073090832

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9GZWSV9		Document Override Number	
Agency Accident Number 073090832				Police Number DISTRICT 3					
4 - Accident Date 11/05/2007		5 - Time of Accident (Military Time) 1330		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57, CITY				11 - Accident Location NON-INTERSECTION			
14 - On Hwy No.		14 - On Street Name BLUE MOUND RD		14 - Bus/Fmt/Rmp		15 - Est. Dist 100		15 - Hwy. Dir WEST	
16 - Fr/At Hwy No.		16 - From/At Street Name 39TH ST N		16 - Business/Frontage/Ramp					
17 - Structure Type HOUSE #		17 - Structure Number 3945		12 - Latitude		13 - Longitude			
80 - First Harmful Event OTHER OBJECT-- NOT FIXED				93 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain HILL		Surface Type CONCRETE - 1			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DAYLIGHT		116 - Road Surface Condition DRY		118 - Weather CLEAR					
9 <input type="checkbox"/> Hit and Run		9 <input checked="" type="checkbox"/> Government Property		9 <input type="checkbox"/> Fire		9 <input type="checkbox"/> Photos Taken		9 <input type="checkbox"/> Trailer or Towed	
9 <input checked="" type="checkbox"/> Truck, Bus, or Hazardous Materials		9 <input type="checkbox"/> Load Spillage		9 <input type="checkbox"/> Construction Zone		9 <input type="checkbox"/> Names Exchanged			
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements		103 <input type="checkbox"/> Measurements Taken		79 - E M S Number			

## Operator/Pedestrian

Unit Status		81 - Most Harmful Event: Collision With OTHER OBJECT-- NOT FIXED		23 - Dir Of Travel WEST		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements		35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver's License Number N2008137232302		30 - State WI		31 - Expiration Year 2015		34 - On Duty Accident	
25 - Operator/Pedestrian Last Name NICE		25 - First Name TONY		25 - Middle Initial M		25 - Suffix	
32 - Date Of Birth 09/03/1972		33 - Sex MALE					
26 - Address Street & Number 266 S MAIN ST						26 - PO Box	
27 - City CEDAR GROVE		27 - State WI		27 - Zip Code 53013		28 - Telephone Number (800) 924-0345 EXT.	
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)				40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NOT APPLICABLE		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport	
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action			
119 - What Driver Was Doing GOING-STRAIGHT		120 - Traffic Control NO-CONTROL		62 - No. of Citations Issued 0			
64 - 1st Statute No.		64 - 2nd Statute No.		64 - 3rd Statute No.		64 - 4th Statute No.	
64 - 5th Statute No.							
122 - Driver Factors NOT-APPLICABLE							
88 - Driver or Pedestrian Cond APPEARED NORMAL		89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
90 - Alcohol Test TEST NOT GIVEN		90 - Alcohol Content		91 - Drug Test TEST-NOT-GIVEN			

OPERATOR/PEDESTRIAN 01

91 - Drugs Reported

124 - Highway Factors  
NOT-APPLICABLE

## Vehicle

VEHICLE 01	21 - Unit Type <b>TRUCK</b>		Vehicle Type <b>STRAIGHT-TRUCK-(INSERT TRUCK)</b>			22 - Total Occupants <b>1</b>
	56 - License Plate Number <b>XC44813</b>		57 - Plate Type <b>HTK</b>	58 - State <b>WI</b>	59 - Exp Year <b>2007</b>	55 - Vehicle Identification Number <b>1FTSS34F23HB75908</b>
	50 - Year <b>2003</b>	51 - Make <b>FORD</b>	52 - Model <b>E350</b>		53 - Body Style <b>VN</b>	54 - Color <b>WHI</b>
	94 - Vehicle Damage <b>TOP OF VEHICLE</b>					
	95 - Extent Of Damage <b>MODERATE</b>		96 <input type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>OPERATOR</b>	
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>					

## Vehicle Owner

VEH OWNER 01	45 <input type="checkbox"/> Vehicle Owner Same As Operator			
	46 - Vehicle Owner Last Name		46 - First Name	46 - Middle Initial
	46 - Company Name <b>KEN MARKWARDT SALES &amp; SERVICE</b>		46 - Suffix	
	47 - Address Street & Number <b>4717 S TAYLOR DRIVE</b>		47 - PO Box	
	48 - City <b>SHEBOYGAN</b>	48 - State <b>WI</b>	48 - Zip Code <b>53081</b>	49 - Telephone Number <b>(800) 924-0345 EXT.</b>

## Insurance

INS 01	63 - Liability Insurance Company <b>GENERAL-CASUALTY-CO-OF-WISCONSIN</b>		60 <input checked="" type="checkbox"/> Policy Holder Same As Owner
	61 - Policy Holder Last Name	61 - Policy Holder First Name	
	61 - Policy Holder Company <b>KEN MARKWARDT SALES &amp; SERVICE</b>		

## School Bus

BUS 01	Bus Travelling to/from <input type="radio"/> To <input type="radio"/> From	School Name	Body Make	Seating Capacity
	School District Contracted With			

## Property

Organization Type <b>GOVERNMENT</b>	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
--	-------------------------------	-----------------	---------------------	-------------

PROPERTY OWNER 01	84 - Company Name <b>CITY OF MILWAUKEE</b>		Government Property Type <b>COUNTY/MUNICIPAL</b>	
	85 - Address Street & Number <b>200 E WELLS STREET</b>		85 - PO Box	
	86 - City <b>MILWAUKEE</b>	86 - State <b>WI</b>	86 - Zip Code <b>53202</b>	87 - Telephone Number <b>(414) 286-3481 EXT.</b>
	83 - Government Damage Tag Number			
	<b>Fixed Objects Struck</b>			
82 - Striking Unit <b>1</b>	82 - Object Struck <b>LUM-LIGHT-SUPPORT</b>	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck	82 - Striking Unit	82 - Object Struck	

## Diagram and Narrative

DIAGRAM AND NARRATIVE	105 - PHOTOS BY
	<p>(light pole fell on top of vehicle)</p>
UNIT 1 WAS TRAVELING WEST ON W. BLUEMOUND ROAD FROM N. 39TH STREET WHEN A LIGHT POLE FELL FROM THE BRIDGE ABOVE HIM AND LANDED ON TOP OF THE VEHICLE.	

## Officer Information

OFFICER INFORMATION	125 - Officer Last Name <b>BORKOWSKI</b>		125 - First Name <b>JAMES</b>		125 - Middle Initial <b>M</b>		131 - Officer ID <b>02887</b>	
	129 - Law Enforcement Agency No. <b>006</b>		130 - Law Enforcement Agency Name <b>MILWAUKEE POLICE DEPARTMENT</b>					
	126 - Law Enforcement Agency Address Street & Number <b>749 WEST STATE STREET</b>							
	127 - City <b>MILWAUKEE</b>		127 - State <b>WI</b>		127 - Zip Code <b>53233</b>		128 - Telephone Number <b>(414) 933-4444 EXT.</b>	
	132 - Date Notified <b>11/05/2007</b>		133 - Time Notified (Military Time) <b>1342</b>		134 - Time Arrived (Military Time) <b>1400</b>		135 - Date Of Report <b>11/06/2007</b>	
	Agency Accident Number <b>073090832</b>		Police Number <b>DISTRICT 3</b>		19 - Special Study			
	18 - Agency Space							

FINANCIAL TRANSACTION REPORT - DETAILS

FOR CLAIM NUMBER : 0250601000

RESERVE LEVEL	CLMT #	OCC #	DATE	ACTION	PAYEE OR REMITTER	REFERENCE #	AMT	MON TYPE	USER
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Coll Expense - Adjusting Coll	0	0	03/23/2006	PYMT	BOB KINDER & SON, INC	083088	\$100.00	Auto Appraisal Only	Susie York
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Coll Expense - Adjusting Coll	0	0	03/31/2006	VOID		083088	\$100.00		Steffanie McCloskey
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Expense - Adjusting Comp	0	0	04/04/2006	PYMT	BOB KINDER & SON, INC	931938	\$100.00	Auto Appraisal Only	Susie York
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Loss Comp	0	0	03/30/2006	PYMT	TEACHERS CREDIT UNION	092923	\$6,676.77	Loss Payment	Kurt Hankosky
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Loss Comp	0	0	03/30/2006	PYMT	Daniel Springer	092924	\$1,014.17	Loss Payment	Kurt Hankosky
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Loss Comp	0	0	04/03/2006	VOID		092923	\$6,676.77		Steffanie McCloskey
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Loss Comp	0	0	04/03/2006	VOID		092924	\$1,014.17		Steffanie McCloskey
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Loss Comp	0	0	04/04/2006	PYMT	TEACHERS CREDIT UNION	931937	\$6,676.77	Loss Payment	Sherry
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Loss Comp	0	0	04/04/2006	PYMT	Daniel Springer	931935	\$1,014.17	Loss Payment	Sherry

SOURCE: GENERAL CASUALTY  
REPORTID: CLMS-VBREP7  
RUN DATE: 3/31/2008

GENERAL CASUALTY INSURANCE COMPANIES

FINANCIAL TRANSACTION REPORT - DETAILS

PAGE: 2

FOR CLAIM NUMBER : 0250601000

RESERVE LEVEL	CLMT #	OCC #	DATE	ACTION	PAYEE OR REMITTER	REFERENCE #	AMT	MON TYPE	USER
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Loss Rental	0	0	03/27/2006	PYMT	ENTERPRISE RENT-A-CAR	O86451	\$30.00	Loss Payment	Kurt Hankosky
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Loss Rental	0	0	04/03/2006	VOID		O86451	\$30.00		Steffanie McCloskey
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Loss Rental	0	0	04/04/2006	PYMT	ENTERPRISE RENT-A-CAR	931936	\$30.00	Loss Payment	Susie York
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Salvage Comp	0	0	06/19/2006	RECOVERY	COPART AUTO AUCTIONS		\$1,423.00	Salvage Recovery	Amanda Howarth
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	11/16/2006	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	12/19/2006	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	03/13/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	05/17/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 -	0	0	06/13/2007	RECOVERY	NICA		\$18.75	Subrogation or	Brandi Leisses

SOURCE: GENERAL CASUALTY GENERAL CASUALTY INSURANCE COMPANIES

REPORTID: CLMS-VBREPT7

RUN DATE: 3/31/2008

FINANCIAL TRANSACTION REPORT - DETAILS

PAGE: 3

FOR CLAIM NUMBER : 0250601000

RESERVE LEVEL	CLMT #	OCC #	DATE	ACTION	PAYEE OR REMITTER	REFERENCE #	AMT	MON TYPE	USER
OWNER Comp Recovery - Subrogation Comp								Collection	
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	07/16/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	08/18/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	09/18/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	10/05/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	11/13/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	12/12/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	01/23/2008	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO	0	0	02/11/2008	RECOVERY	NICA		\$18.75	Subrogation	Brandi

RESERVE LEVEL	CLMT #	OCC #	DATE	ACTION	PAYEE OR REMITTER	REFERENCE #	AMT	MON TYPE	USER
GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	03/13/2008	RECOVERY	NICA			or Collection	Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	0	0	02/14/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Recovery - Subrogation Rental	0	0	04/10/2007	RECOVERY	NICA		\$18.75	Subrogation or Collection	Brandi Leisses

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



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:** Tony Nice  
**Date of loss:** 11/5/2007

08-5-12 + 08-5-12-100 Comp

08-5-12  
2008 APR 21 PM 1:01  
RONALD D. LEONARDI  
CITY CLERK

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



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

Wisconsin Department of Workforce Development

[My DWD](#) | [Home](#) | [About](#) | [Employers](#) | [Employees](#)[Home](#) > [Worker's Compensation](#) > [Insurers](#) > [Pending Reports Information](#) > [Insurer Pending Reports](#) > [View Payments](#)

<b>WC Claim Number</b>	2007036568	<b>Ins Claim Number</b>	0940771539
<b>Employee Name</b>	NICE, TONY	<b>SSN</b>	390805108
<b>Injury Date</b>	11/05/2007	<b>Due Date</b>	05/18/2008
<b>Employer</b>	KEN MARKWARDT SALES/SERV		
<b>Address1</b>		<b>Address2</b>	4717 S TAYLOR DR
<b>City State Zip</b>	SHEBOYGAN, WI 53081		
<b>Insurer</b>	REGENT INSURANCE CO	<b>Claim Handling Name</b>	REGENT INSURANCE CO
<b>Address1</b>		<b>Address2</b>	1 GENERAL DR
<b>City State Zip</b>	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
<b>Balance Due:</b>					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
<b>Date of Service:</b> 02/21/2008									
99215		99215		- / 1	295.00	-	29.50	-	265.50
OFFICE OUTPT EST 40 MIN									
<b>Explanation Codes:</b> 100, 111-001, 113-021									
<b>TOTAL CHARGES</b>						\$	295.00		
<b>BILL REVIEW REDUCTION</b>						\$	0.00		
<b>NETWORK REDUCTION</b>						\$	29.50		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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.

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3/17/2008

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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  
NPI:

Genex Bill Number: 4097-H-6823-D  
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

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

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
<b>Date of Service:</b> 02/11/2008									
97110		97110		- / 2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, 113-021, 663-031									
<b>TOTAL CHARGES</b>						\$	202.00		
<b>BILL REVIEW REDUCTION</b>						\$	21.10		
<b>NETWORK REDUCTION</b>						\$	18.09		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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.

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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: 411748381  
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
<b>Date of Service:</b> 12/19/2007									
72141	TC	72141	TC	- / 1	1,749.00	-	624.00	-	1,125.00
MRI SPI CANAL&CNTS GRV C-MATRL									
<b>Explanation Codes*:</b> 100, 111-011, 113-021									
<b>TOTAL CHARGES</b>						\$	1,749.00		
<b>BILL REVIEW REDUCTION</b>						\$	0.00		
<b>NETWORK REDUCTION</b>						\$	624.00		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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 F019: 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.

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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

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

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

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
<b>Date of Service:</b> 11/12/2007									
72072	26	72072	26	- / 1	50.00	-	5.00	-	45.00
RADEX SPI THRC 3 VIEWS									
<b>Explanation Codes:</b> 100, 111-001, 113-021									
<b>TOTAL CHARGES</b>						\$	50.00		
<b>BILL REVIEW REDUCTION</b>						\$	0.00		
<b>NETWORK REDUCTION</b>						\$	5.00		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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.

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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
<b><u>Date of Service:</u></b>					01/22/2008				
97110		97110		- / 2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, t13-021, 663-03t									
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.

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

GC BU: CE8799  
 GENERAL CASUALTY  
 ONE GENERAL DRIVE  
 SUN PRAIRIE, WI 53596

Provider TIN: 392035058

Genex Bill Number: 4097-H-3901-0

NPI:

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

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

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
<b>Date of Service:</b> 12/17/2007									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, 113-021, 663-031									
<b>Date of Service:</b> 12/28/2007									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, 663-031									
<b>Date of Service:</b> 01/04/2008									
97110		97110		- /2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, 663-031									
<b>TOTAL CHARGES</b>						\$	606.00		
<b>BILL REVIEW REDUCTION</b>						\$	63.30		
<b>NETWORK REDUCTION</b>						\$	54.27		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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.

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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
<b><u>Date of Service:</u></b> 01/10/2008									
97110		97110		- / 2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, 113-021, 663-031									
						<hr/>			
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.  
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\*2010010940771539409700038940861\*

2/20/2008

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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
<b>Date of Service:</b> 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									
<b>Date of Service:</b> 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									
<b>Date of Service:</b> 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									
<b>Date of Service:</b> 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  
BILL REVIEW REDUCTION  
NETWORK REDUCTION  
OTHER REDUCTION  
TOTAL RECOMMENDED ALLOWANCE

\$ 264.00  
\$ 4.20  
\$ 25.98  
\$ 0.00  
\$ 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 t02.1 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.

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 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

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
<b>Date of Service:</b>		11/08/2007							
97001		97001		- /1	204.00	5.12	19.89	-	178.99
PHYSICAL THER EVAL									
<b>Explanation Codes*:</b>		100, 111-001, 113-021, 663-031							
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
<b>Explanation Codes*:</b>		100, 111-001							
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
<b>Explanation Codes*:</b>		100, 111-001, 663-031							
<b>Date of Service:</b>		11/12/2007							
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
<b>Explanation Codes*:</b>		100, 111-001							
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALITY 1+ AREAS ELEC STIMJ UNATTN									
<b>Explanation Codes*:</b>		100, 111-001, 663-031							
<b>Date of Service:</b>		11/26/2007							
97010		97010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ AREAS HOT/COLD PACKS									
<b>Explanation Codes*:</b>		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.  
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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 #:  
Patient: NICE, TONY  
Patient ID: XXX-XX-5108  
Dates of Service: 01/15/2008 - 01/15/2008

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

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
<b>Date of Service:</b> 01/15/2008									
97110		97110		- / 2	202.00	21.10	18.09	-	162.81
THER PX 1+ AREAS EA 15 MIN THER XERSS									
<b>Explanation Codes*:</b> 100, 111-001, 113-021, 663-031									
<b>TOTAL CHARGES</b>						\$	202.00		
<b>BILL REVIEW REDUCTION</b>						\$	21.10		
<b>NETWORK REDUCTION</b>						\$	18.09		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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.  
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2/19/2008

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 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
<b>Date of Service:</b> 01/02/2008									
78320	26	78320	26	- / 1	261.00	-	26.10	-	234.90
Bt&JT IMG TOMOG SPECT									
Explanation Codes*: 100, 111-001, 113-021									
<b>TOTAL CHARGES</b>						\$	261.00		
<b>BILL REVIEW REDUCTION</b>						\$	0.00		
<b>NETWORK REDUCTION</b>						\$	26.10		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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 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.

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2/19/2008

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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
<b>Date of Service:</b> 12/19/2007									
72141	26	72141	26	- /1	458.00	-	9.16	-	448.84
MRI SPI CANAL&CNIS CRV C-MATRL									
<b>Explanation Codes:</b> 100, 111-001, 113-021									
<b>TOTAL CHARGES</b>						\$	458.00		
<b>BILL REVIEW REDUCTION</b>						\$	0.00		
<b>NETWORK REDUCTION</b>						\$	9.16		
<b>OTHER REDUCTION</b>						\$	0.00		
<b>TOTAL RECOMMENDED ALLOWANCE</b>						\$	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 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.



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  
 NPI:

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

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

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Applicable FARS/DFARS Restrictions Apply to Government Use.

\*4010010940771539409700030400609\*

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

Provider TIN: 390807063  
 #2321708

NPI:

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

GC BU: CE6799  
 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  
 LOB: WC  
 Network: FIRST HEALTH NE  
 Employer :  
 Claim Number: 0940771539  
 Policy Number:  
 Adj: S09  
 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 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

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

### \*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						
<b>Sub-Totals for Bill: 1333757</b>				<b>\$47.21</b>		<b>\$0.00</b>	<b>\$47.21</b>
<b>Totals for Bill: 1333757</b>							<b>\$47.21</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, 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						
<b>Sub-Totals for Bill: 1322820</b>				\$331.80		\$24.88	\$306.92
<b>Totals for Bill: 1322820</b>							\$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	1	11	\$250.00	1	\$30.00	\$220.00
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

**Patient DOB:** XXX-XX-5108  
**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					
<b>Sub-Totals for Bill: 1313713</b>				<b>\$167.00</b>		<b>\$20.04</b>	<b>\$146.96</b>
<b>Totals for Bill: 1313713</b>							<b>\$146.96</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, 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:** 11/06/2007 - 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

**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
11/19/2007	6235381 00406-0357-05	HYDROCODONE/ACETAMINOPHEN TAB 5-50 40		\$10.87		\$0.00	\$10.87
	4205478						
<b>Sub-Totals for Bill: 1312815</b>				<b>\$41.30</b>		<b>\$0.00</b>	<b>\$41.30</b>
<b>Totals for Bill: 1312815</b>							<b>\$41.30</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, 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:**

**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

Working Rx  
 PO Box 281238  
 Atlanta, GA 30384-1238



**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						
<b>Sub-Totals for Bill: 1311501</b>				<b>\$56.79</b>		<b>\$0.00</b>	<b>\$56.79</b>
<b>Totals for Bill: 1311501</b>							<b>\$56.79</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, 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