08-5-12-1 10

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

2008 APR -3 PH 1: 11

RONALD D. LEONHARDT CITY CLERK

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

Attached Files: IR110000.tif IR110001.TXT

To: bzalbe@milwauke.gov;

From: UKXC433

Cc: Bcc:

Subject: Claim 0940701485 - KEN MARKWARDT SALES

Date/Time Sent: 11/27/2007 10:59 AM

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,

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

Attached Files: IR110000.tif

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

Attached Files: IR110000.tif

Date: 11/12/2007 02:18 PM

Page 1 of 2

Estimate ID: 0940701485

Estimate Version: 0

Preliminary
Profile ID: Mitcheti

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: 17/6/2007
Deductible: 1,000.00
Claim Number: 0940701485

Owner: MARKWARDT SALES

Address: 4717 SOUTH TAYLOR DRIVE, SHEBOYGAN, WI 53081

Tetephone: Home Phone: (920) 458-0345

Mitchell Service: 913620

Description: 2003 Ford Econoline E350 Body Style: VanCrgoExt 138" WB VIN: 1FTSS34F23HB75908

Body Style: VanCrgoExt 138" WB Drive Train: 7.3L Turbo Inj 8 Cyl Dsi 2WD

OEM/ALT: A Search Code: GN094
Options: AIR CONDITIONING, POWER WINDOWS, POWER DOOR LOCKS, CRUISE CONTROL

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	Qual Recycled Part		2.6
3	AUTO	REF	REFINISH	R REAR ADD FOR JAMBS & INTERIOR			2.0 1.0
4	000123	BDY	REMOVE/REPLACE	R DOOR HINGE	Qual Recycled Part	C	0.2
5	000123	BDY	REMOVE/REPLACE	L DOOR HINGE	Qual Recycled Part		0.2
6	000124	BDY	REMOVE/REPLACE	REAR DOOR LATCH	•		
7	000126	BDY	REMOVE/REPLACE	DOOR GLASS	Qual Recycled Part		0.2
8	000121	נטם	REMOVEREFLACE	*** END OF ATG SECTION ***	Qual Recycted Part		0.6
9	300527	BDY	REPAIR	R FENDER PANEL	F-1-41		4.04.0
10	AUTO	REF	REFINISH	R FENDER PANEL R FENDER OUTSIDE	ExistIng		1.0*#
11	324080	BDY	REPAIR	FRT SIDE DOOR SHELL	E	C	2.2
12	AUTO	REF	REFINISH	FRT SIDE DOOR SHELL FRT SIDE DOOR OUTSIDE	Existing	_	1.5*
13	337480	GLS	REMOVE/INSTALL	GLASS ASSY		C	2.4
14	325870	BDY	REMOVE/REPLACE	ROOF PANEL	F9117 2050202 8 8	2 257 20	0.6
15		REF			F8UZ 2850202 AA	•	18.5 #
	AUTO		REFINISH	ROOF PANEL			6.2
16	AUTO	REF	REFINISH	ROOF INSIDE PANEL	0007 4544000 44		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	d87.43	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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Date: 11/12/2007 02:18 PM Estimate ID: 0940701485

Estimate Version: 0

Preliminary

					Profile ID:	Mitchell
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	Existing	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 *

^{* -} Judgment Item

- Labor Note Applies
d - Discontinued by the Manufacturer

C - Included in Clear Coat Calc

l.	Labor Subtotals Body Refinish Glass	Units 74.4 30.7 0.6 Taxable I	Rate 48.00 48.00 48.00 abor	(or	Sublet Amount 0.00 0.00 0.00	Totals 3,571.20 T 1,473.60 T 28.80 T 5,073.60 284.12	II.	Part Replacement Summary Taxable Parts Sales Tax @ Total Replacement Parts Amount	5.600%	Amount 8,128.44 455.19 8,583.63
	Labor Summary	105.7					5,357.72				
III.	Additional Costs Taxable Cost	Sales Tax		@	5.6	600%	Amount 798.20 44.70 842.90	IV.	Adjustments Insurance Deductible Customer Responsibility		Amount 1,000.00- 1,000.00-
								I. II. III.	Total Labor: Total Replacement Parts: Total Additional Costs: Gross Total:		5,357.72 8,583.63 842.90 14,784.25
								IV.	Total Adjustments: Net Total:		1,000.00- 13,784.25

This is a preliminary estimate. Additional changes to the estimate may be required for the actual repair.

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		- 1,25 8 .00
Actual Cash Value		\$ 9,641.00
Pre Tax Amount		\$ 9,641.00
Vehicular Sales Tax License/fees (if applicable)	%	\$ \$
Value Before Deductible		\$ 9,641.00
Deductible		- 1,000.00
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	- t00.00
		Present	
Power Locks	PL	Not Present	~ 100. 0 0
Stereo	ST	Not Present	- 75. 0 0

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.

VINguard TM Vehicle Identification

VIN: 1FT\$S34F23HB75908

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	8-7.3I-Td
Transmission	Automatic Transmission Overdrive	
Restraints	Air Bags (Driver+Pass.)	Air Bags (Driver+Pass.)
Curb Weight		5 ,4 55
Odometer	222,430	

This vehicle was assembled in LORAINE, OH

VINguard TM is a database used to decode completely and accurately all manufacturer assigned Vehicle Identification Numbers.

VINguard TM Vehicle History Information

VINguard has decoded this VIN without any errors.

17/20/2007 13:U6 AW

08:01:39 Tue Nov 20, 2007

PICN CGP 0097314 21 10 0001-7 SORT MARK LOB AFV TERM 10/08/07 - 10/08/08 SEARCH: DOL .00 UNIT M/P CAUSE OCC CLMT PURE RES.	POLICY TOTALS00 7363.17 .00 EXPN RES. PAID EXPENSE
CLAIM NUMBER: 094-07-01485 DOL 11/05/07 A 001 D.P OTC WINDBD 50 01 .00	.00 7363.17 .00
KEN MARKWARDT SALES & SERVI B 001 D.P OTC WINDBD 50 02 1.00-	.00 .00 .00
KEN MARKWARDT SALES & SERVI 094-07-01485 INC: 7363.17 .00	.00 7363.17 .00

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	2 - County MILWAUKEE -	40		icipality AUKEE - 5	7. CITY	·	.l				cident Loc INTERSE		
	t4 - On Hwy No.	1	treet Name					14 - B	us/Frnt/Rmp	I	t. Disl F	/Mi t	5 - Hwy. C
NO.	16 - Fr/Al Hwy No.	16 - Fro	m/At Street	Name	-			1	6 - Business		/Ramp		WEST
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	46 - Compa KEN MAR 47- Address	Owner Last Name ny Name KWARDT SALES & Street & Number YLOR DRIVE		46 - F		, ,	49 - Telaphone	e Number
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11/26/2007 11:06 AM Wisconsin Motor Vehicle Accident Report MV4000e 01/2005

PROPERTY OWNER

9GZWSV9

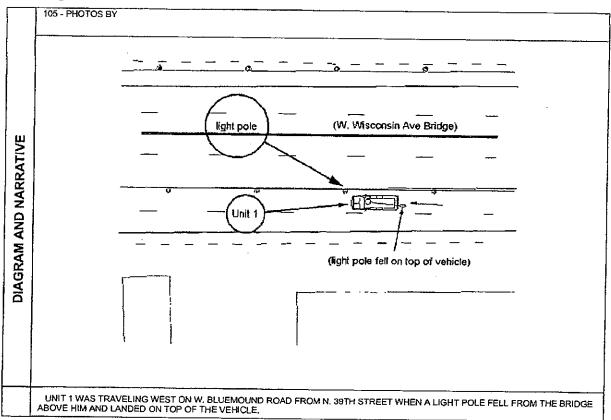
Page

3 of 3

84 - Company Name CITY OF MILWAUKEE			Government Property Type COUNTY/MUNICIPAL
85 - Address Street & Number 200 E WELLS STREET		85 - PO Bax	
86 - City MILWAUKEE	86 - State WI	86 - Zip Code 53202	87 - Telephone Number (414) 286-3481 EXT.
33 - Government Damage Tag Number			

Fixed Objects	Struck		······································	
82 - Striking Unit 1	82 - Object Struck LUM-LIGHT-SUPPORT	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



Officer Information

TION	t 25 - Officer Last Name BORKOWSKI	1	125 - First N JAMES	ame	125 - Middle M	Initial	131 - Officer ID 02887	
	129 - Law Enforcement Agency No. 130 - Law Enforcement Agency Name MILWAUKEE POLICE DEPARTMENT							
⋖	126 - Law Enforcement Agency Add 749 WEST STATE STREET	ress Street & Number				· <u>-</u>		
INFORM	127 - City MILWAUKEE	t27 - State WI		t27 - Zip 53233	Code	t28 - Telephor (414) 933-44		
	L 4 4 1 m	33 - Time Notified (Military 342	1	4 - Time Arrive	d (Military Time)		Of Report	
FFICER	'	Police Number DISTRICT 3	19	- Special Stud	·			
6	18 - Agency Space		·····					

GENERAL CASUALTY SOURCE:

CLMS-VBREP7 3/31/2008

REPORTID: RUN DATE:

GENERAL CASUALTY INSURANCE COMPANIES

FINANCIAL TRANSACTION REPORT - DETAILS

PAGE: 1

FOR CLAIM NUMBER: 0250601000

RESERVE LEVEL	CLMT #	# 000	DATE	ACTION	PAYEE OR REMITTER	REFERENCE#	AMT	MON	USER
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Coll Expense - Adjusting Coll		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	PYMŢ	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	Kur 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	Loss Payment	Sherry

SOURCE: GENERAL CASUALTY
REPORTID: CLMS-VBREP7
RIIN DATE: 3/34/2008

GENERAL CASUALTY INSURANCE COMPANIES

FINANCIAL TRANSACTION REPORT - DETAILS

PAGE: 2

RUN DATE: 3/31/2008	œ			VOIGHT INTERIOR	FINANCIAL INANGACION NEPONI - DELAILS	. DE LAILS			
				FOR CLAIM N	FOR CLAIM NUMBER : 0250601000	00			
RESERVE LEVEL	CLMT#	# 000 *	DATE	ACTION	PAYEE OR REMITTER	REFERENCE# A	AMT	MON	USER
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Loss Rental	0	0	03/27/2006	PYMT	ENTERPRISE RENT-A-CAR	086451	\$30.00	Loss Payment	Kurt Hankosky
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Loss Rental	0	0	04/03/2006	VOID		086451	\$30.00		Steffanie McCloskey
2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Loss Rental	0	0	04/04/2006	PYMŤ	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

CLMS-VBREP7 3/31/2008

REPORTID: RUN DATE:

GENERAL CASUALTY INSURANCE COMPANIES

FINANCIAL TRANSACTION REPORT - DETAILS

PAGE: 3

FOR CLAIM NUMBER: 0250601000

USER	_	ion Brandi Leisses n	ion Brandi Leisses 1	ion Brandi Leisses r	ion Brandi				
MON	Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation
AMT		8	æ	8	81	8	₽	₩	. ₩
REFERENCE#				·					
PAYEE OR REMITTER		NICA	NICA						
ACTION		RECOVERY	RECOVERY						
DATE		07/16/2007	08/18/2007	09/18/2007	10/05/2007	11/13/2007	12/12/2007	01/23/2008	02/11/2008
# 000		0	0	0	0	0	0	0	0
CLMT#			0		0	0	0	0	0
RESERVE LEVEL	OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO

SOURCE: REPORTID:

GENERAL CASUALTY INSURANCE COMPANIES

GENERAL CASUALTY CLMS-VBREP7

3/31/2008 RUN DATE:

PAGE: 4

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FINANCIAL TRANSACTION REPORT - DETAILS

USER	Leisses	Brandi Leisses	Brandi Leisses	Brandi Leisses
MON	or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection	\$18.75 Subrogation or Collection
AMT		\$18	\$18 •	\$18
REFERENCE# AMT				
PAYEE OR REMITTER		NICA	NICA	NICA
ACTION		RECOVERY	RECOVERY	RECOVERY
DATE		03/13/2008	02/14/2007	04/10/2007
# 000		0	0	0
CLMT#		0	0	0
RESERVE LEVEL	GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Comp Recovery - Subrogation Comp	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Recovery - Subrogation Rental	2001 OLDSMOBILE ALERO GL 1G3NL52E71C282012 - OWNER Rental Recovery - Subrogation Rental

Home Office One General Drive Sun Prairie, WI 53596 generalcasualty.com

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



April 17, 2008

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

Claim number:

0940771539

insured:

Ken Markwardt Sales & Service

Claimant: Date of loss: Tony Nice

11/5/2007

Dear City Clerk Claims Division:

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

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

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

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

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

Thank you for giving this your attention and consideration.

Sincerely

Subrogation Specialist



Address1



stato agencios

subject directory

Wisconsin Department of Workforce Development



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

Ins Claim Number 2007036568 **WC Claim Number** SSN NICE, TONY **Employee Name Due Date** 11/05/2007 **Injury Date**

390805108 05/18/2008

0940771539

KEN MARKWARDT SALES/SERV **Employer**

4717 S TAYLOR DR Address2

SHEBOYGAN, WI 53081 City State Zip

REGENT INSURANCE CO Claim Handiing Name **REGENT INSURANCE CO**

Insurer 1 GENERAL DR Address2 Address1

SUN PRAIRIE, WI 53596 City State Zip

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 Pald Holidays	Payment Calculated	Amount Comp. Pald	Attorney Fees
TEMPORARY TOTAL DISABILITY 102.43	11/06/2007	11/20/2007	0	658.99	658. 9 9	0.00
				Balance Due	0.00	
Payments to State Fund:	Last	Returned	Employer	Payment	Amount	Attorney
Type of Payment	Day Worked	to Work	Paid Hoiidays	Calculated	Comp. Paid	Fees
No Payments.						

Back

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GENEX Services, Inc. Medical Bill Review Department t933 N. Meacham Rd., Suite 300

Schaumburg, IL 60173 Phone: (847)619-9000 Fax: (888)300-0744

FXPLANATION OF REVIEW

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: LOB:

WI WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

Policy Number:

0940771539

NICTO000 11782

392035058

Patient:

NPI:

Provider TIN:

Provider:

NICE, TONY

Patient ID:

XXX-XX-5108

Dates of Service:

Patient Account #:

02/21/2008 - D2/21/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Adj:

S09

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN 84D.D ACROMIOCLAVICULAR SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Sen	vice: 02	/21/2008				,			
99215		99215		- /1	295.00	-	29.50	-	265.50
OFFICE OUT		N							
Explanation	Codes*:	100, 111-001, 113-0	121	1					
т	OTAL CHARG	RES				\$	295.00		
•	BILL REVIEW					\$	0.00		
	LETWORK RE					\$	29.50		-
-						\$	0.00		
_	THER REDUC	IMENDED ALLOWA	NCE			5	265.50		
1	OTAL HECOM	MENDED ALLOWA	BIOL			•		210/0	/679/0/0/0/0/0/0/0/

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

EXPORT/IMPORT RE-PRICING EXPLANATION 1: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network t13-021

contract.

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



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6823-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

Patient ID:

Patient Account#:

Provider TIN:

NPI:

Patient:

NICTO000 11616 NICE, TONY

392035058

XXX-XX-5108

Dates of Service:

D2/11/2D08 - 02/11/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

Provider:

310.2 POSTCONCUSSION SYNDROME

ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN THORACIC SPRAIN AND STRAIN

Total Total Reductions Reimbursed Submitted Minutes Other Allowance Charges **Bill Review** Network Modifiers /Units Modifiers Code(s) **Date of Service:** 02/11/2008 21.t0 t8.09 162.81 - /2 202.00 97110 THER PX 1+ AREAS EA 15 MIN THER XERSS Explanation Codes*: 100, 111-001, 113-02t, 663-031 202.00 TOTAL CHARGES 21.10 BILL REVIEW REDUCTION 18.09 NETWORK REDUCTION 0.00OTHER REDUCTION 162.81 TOTAL RECOMMENDED ALLOWANCE 210/0/416/0/0/0/0/0/0/0/626

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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

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 entiting the strike procedure that a service the service when the provided were the services of the property of the provided when the service when the provided were the services of the property of the provided when the service which is the subject to the bisher fee that explains when the service were the services of the provided when the service when the s 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. It 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 feast 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.



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6821-0

Received Date:

02/25/2008

Date of Audit:

02/29/2008 W

Reprice: LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adi:

S09

Carrier Account:

REGENT INSURANCE COMPANY

Patient Account #:

NPI:

737139101CMWI

Patient:

Provider:

NICE, TONY

PO BOX 2088

MILWAUKEE, WI 53201

DEPT 4058

411748361

Patient ID:

Provider TIN:

XXX-XX-5108

Dates of Service:

12/19/2007 - 12/19/2007

CENTER FOR DIAGNOSTIC IMAGING

ICD-9 DX:

782.0 DISTURBANCE OF SKIN SENSATION

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	<u>vice:</u> 12	2/19/2007							
72141	TC	72141	TC	- /1	1,749.00	-	624.00	•	1,125.00
	AL&CNTS CF								
Explanation	n Codes*:	100, 111-011, 113-	021					'	
7	TOTAL CHAR	GES				\$	1,749.00		
\$	RILL REVIEW	REDUCTION				\$	0.00		
	NETWORK RE					\$	624.00		
	OTHER REDU					\$	0.00		
		MMENDED ALLOWA	ANCE			\$	1,125.00		
ļ	IOIAL IILOO	MINE INC.						210/0/1439	52/0/0/0/0/0/0/0/

*EXPLANATION CODES

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

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

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

Unless otherwise noted, all reductions are in accordance with the Ingenix Certifled Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certifled database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certifled 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 argainst, the individual who received the services for which the fee was charged. 2. If you believe that you are entitit to reimbursement at an amount creater than the formula amount. You may provide us with a written justification for the higher fee that explains why the services you provided was oring an action for collection of the disputed portion of your lee against, the individual who received the services for which are lee 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 the dispute to the Department. your witten justification.



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-6822-0

Received Date: Date of Audit:

02/25/2008 02/29/2006

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

S09

Adj: Carrier Account:

REGENT INSURANCE COMPANY

Patient Account#: Patient:

Provider TIN:

NPI:

Provider:

347738

391959914

NICE, TONY

PO BOX 2350

Patient ID: Dates of Service: XXX-XX-5108 11/12/2007 - 11/12/2007

WISCONSIN RADIOLOGY SPEC SC

BROOKFIELD, WI 53008-2350

ICD-9 DX:

724.1 PAIN IN THORACIC SPINE

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bitl Review	Network	Other	Total Allowance
Date of Ser	rvice: 11	/12/2007							
72072	26	72072	26	- /1	50.00	•	5.00	•	45.00
RADEX SPI	THRC 3 VIEWS	6							
Explanation	n Codes*:	100, 111-001, 113-	02t	•					
	TOTAL CH a ri	GES				\$	50.00		
1	BILL REVIEW	REDUCTION				\$	0.00		
	NETWORK RE	DUCTION				\$	5.00		
	OTHER REDU	CTION				\$	0.00		
		MMENDED ALLOWA	NCE			\$	45.00		
								2t0/0	/115/0/0/0/0/0/0/

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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 reasonatuleness of the disputed lee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee against, the individual who received the services for which the fee was charged. 2. If you believe that you are entite to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receivir your written justification. your written justification.



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3898-0 02/13/2008

Received Date:

02/20/2008

Date of Audit: Reprice:

LOB:

WI WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Sna

392035058

Patient:

NPI:

Provider TIN:

Provider:

NICE, TONY

NICTO000 11338

Patient ID: Dates of Service:

Patient Account #:

XXX-XX-5108 01/22/2008 - 01/22/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Adj: Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Servi	ce: 01.	/22/2008				_			
97110		97110		- /2	202.00	21.10	16.09	-	162.8t
THER PX 1+ A	REAS EA 15	MIN THER XERSS							
Expianation	Codes*:	100, 111-001, t13-	021, 663-03t	,		\			
TO	TAL CHARG	FS				\$	202.00		
		REDUCTION				\$	2t.10		
						3	18.09		
=	TWORK RE					\$	0.00		
	HER REDUC		MCE			\$	162.81		
TC	TAL HECOM	IMENDED ALLOWA	RNCE		•	•		210/0	/416/0/0/0/0/0/

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 0t - CONTRACTEO PROVIOER 111-001

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

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 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 Oepartment considers to be contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Oepartment 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 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 reliable and relevant to determine the reasonableness of the disputed portion of your fee from, or 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 entities 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 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 to reimbursement at an amount greater than the formula amount, you may provide us with a written justification to us. We must respond within t5 days of receiving the br the higher tee 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.

2010010940771539409700038980867

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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

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

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

392035058

Patient ID:

Patient:

Provider TIN:

NPI:

NICE, TONY XXX-XX-5108

NICTO000 11169

Dates of Service:

Explanation Codes*:

Patient Account #:

11/08/2007 - 12/26/2007

377 W RIVERWOODS PKY 111

MILWAUKEE, WI 53212

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

Total Reductions Total Reimbursed Submitted Minutes **Bill Review** Network Other Allowance Modifiers Charges /Units Code Modifiers Code(s) Date of Service: 11/08/2007 7.06 43.69 393.25 - /1 444.00 99205 OFFICE OUTPT NEW 60 MIN 100, 111-001, 113-021, 663-031 Explanation Codes": Date of Service: 11/12/2007 22.21 19.58 176.21 218.00 99214 - /1 99214 OFFICE OUTPT EST 25 MIN Explanation Codes*: 100, 111-001, 663-031 11/19/2007 Date of Service: 15.25 12.97 116.78 145.00 - /1 99213 OFFICE OUTPT EST15 MIN Explanation Codes*: 100, 111-001, 663-031 12/17/2007 Date of Service: 29.50 265.50 295 00 99215 99215 - /1 OFFICE OUTPT EST 40 MIN Explanation Codes*: 100, 111-001 12/26/2007 Date of Service: 29.50 265.50 295.00 99215 - /1 99215 OFFICE OUTPT EST 40 MIN

100, 111-001



TOTAL CHARGES	\$ 1,3	97.00
BILL REVIEW REDUCTION	\$	44.52
NETWORK REDUCTION	\$ t	35.24
OTHER REDUCTION	. \$	0.00
TOTAL RECOMMENDED ALLOWANCE	\$ 1,2	17.24
		E08/0/04/4//D/D/0/0/

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

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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

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 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 against, the individual who received the services for which the fee was charged. 2. If you believe that you are entite to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receivir your written justification. your written justification.

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

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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

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

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network: Employer:

FIRST HEALTH NE

Claim Number:

Policy Number:

0940771539

NICTO000 11170

Patient:

NPI:

Provider TIN:

Provider:

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

NICE, TONY

392035058

Patient ID: Dates of Service:

Patient Account #:

XXX-XX-5108 12/17/2007 - 01/04/2008 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 Mo	difiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductio⊓s Bill Review	Network	Other	Total Aliowance
Date of Service:	12	/17/2007				.			400.84
97110		97110		- /2	202.00	21.10	18.09	•	162.81
THER PX 1+ AREA	S EA 15	MIN THER XERSS							
Explanation Cod	ies":	100, 111-001, 113-02	1, 663-031						
Date of Service:	12	/26/2007					40.00		400.04
97110		97110		- /2	202.00	21.10	18.09	•	162.81
THER PX 1+ AREA	S EA 15	MIN THER XERSS							-
Explanation Cod	ies*:	100, 111-001, 663-03	1						
Date of Service:	01	/04/2008					16.09		162.81
97110		97110		- /2	202.00	21.10	10.09	•	102.01
THER PX 1+ AREA	S EA 15	MIN THER XERSS							
Explanation Cod	les*:	100, 111-001, 663-03	1					-	
TOTA	L CHARG	ees				\$	606.00		
•		REDUCTION				\$	63.30		
						\$	54.27		
		DUCTION				\$	0.00		
	R REDU					\$	488.43		
TOTA	L RECO	MENDED ALLOWAN	CE			•		215/0/1	248/0/0/0/0/0/0/0/1

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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

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

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Page 1 of 2

Applicable FARS/DFARS Restrictions Apply to Government Use.



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

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

02/13/2008 02/20/2008

Date of Audit: Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

0940771539 Claim Number:

Policy Number:

S09

Patient Account #: Patient:

NICTO000 11195 NICE, TONY

392035058

Patient ID:

Provider TIN:

NPI:

Provider:

Dates of Service:

XXX-XX-5108 01/10/2008 - 01/10/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Adi: Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

ACROMIOCLAVICULAR SPRAIN AND STRAIN

NECK SPRAIN AND STRAIN THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Charges	Bill Review	Network	Other	Allowance
Date of Ser	<u>vice:</u> 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						
т	OTAL CHARG	ifS				\$	202.00		
•	ILL REVIEW					\$	21.10		
-	ETWORK RE					\$	18.09		
-	THER REDUC					\$	0.00		
		MENDED ALLOWA	ANCE			\$	162.61		
•								210/0	/416/0/0/0/0/0/0/0

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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

contract

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

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

Total



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3895-0 02/13/2008 Received Date:

02/20/2008

Reprice:

WI WC

LOB: Network:

FIRST HEALTH NE

Employer:

Date of Audit:

Claim Number:

0940771539

Policy Number:

Adj:

S09

Patient ID:

Patient:

Provider TIN:

NPI:

Provider:

NICE, TONY XXX-XX-5108

NICTO000 11170

392035058

Dates of Service:

Patient Account #:

11/26/2007 - 12/12/2007

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Serv	<u>lce:</u> 11	/26/2007					F 40		.44 61
97014		97014		- /1	52.00	1.40	5.06	-	45.54
APPL MODALI	TY 1+ AREA	S ELEC STIMJ UNATTN							
Explanation	Codes*:	100, 111-001, 113-021,	663-031						
Date of Serv	<u>lce:</u> 11	/30/2007							
97010		97010		- /1	36.00	•	3.60	-	32.40
	ITY 1+ AREA	S HOT/COLD PACKS							
Explanation		100, 111-001				4.0	5.06	_	45.54
7014		97014		- /1	52.00	1.40	5.06	•	40.04
APPL MODALI	TTY 1+ AREA	S ELEC STIMJ UNATTN	1						
Explanation	Codes*:	100, 111-001, 663-031							
Date of Serv	<u>ice:</u> 12	/07/2007							
97010		97010	-	- /1	36.00	-	3.60	-	32.40
APPL MODALI	ITY 1+ AREA	S HOT/COLD PACKS							
Explanation		100, 111-001				4.40	5.06	_	45.54
97014		97014		- /1	52.00	1.40	5.00	-	40,04
		S ELEC STIMJ UNATTN	1						
Explanation	Codes*:	100, 111-001, 663-031							
Date of Serv	<u>ilce:</u> 12	/12/2007							22.42
97010	·	97010		- /1	36.00	-	3.60	-	32.40
		S HOT/COLD PACKS 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	
			630/0/598/0/0/0/0/0/0/0/1228

*EXPLANATION CODES

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

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER

EXPORT/IMPORT RE-PRICING EXPLANATION t: FHN Code EPFH: The charges have been priced in accordance to a First Health owned network t13-021

contract.

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

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

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



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY

ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3896-0

Received Date:

02/13/2008

Date of Audit:

02/20/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

NICTO000 11170 NICE, TONY XXX-XX-5108

392035058

Patient ID: Dates of Service:

Patient Account #:

Provider TIN:

NPI:

Patient:

11/08/2007 - 11/26/2007

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

Provider:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN 847.1 THORACIC SPRAIN AND STRAIN

Submitted Code Modific	ers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Service:	11/0	8/2007							9
7001	9	7001		- /1	204.00	5.12	19.89	-	178.99
PHYSICAL THER EVA	L								
xplanation Codes	*: 1	00, 111-001, 113-02	1,663-031						
7010	9	7010		- /1	36,00	-	3.60	-	32.40
APPL MODALITY 1+ A	REAS	HOT/COLD PACKS							
Explanation Codes	*: 1	00, 111-001							
7014	9	7014		- /1	52.0 0	1.40	5.06	-	45.54
APPL MODALITY 1+ A	REAS I	ELEC STIMJ UNATT	N						
Explanation Codes	*: 1	00, 111-001, 663-03	1						
Date of Service:	11/1	2/2007							
7010	s	7010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ A	REAS	HOT/COLD PACKS							
explanation Codes	*: 1	00, 111-001							
7014	9	7014		- /1	52.00	1.40	5.06	•	45.54
APPL MODALITY 1+ A	REAS	ELEC STIMJ UNATĪ	'n						
Explanation Codes	*: 1	00, 111-001, 663-03	1						
Date of Service:	11/2	6/2007							
7010	9	7010		- /1	36.00	-	3.60	-	32.40
APPL MODALITY 1+ A Explanation Codes		-IOT/COLD PACKS 00, 111-001							





Medical Ditt Review			
TOTAL CHARGES	\$	416.00	
BILL REVIEW REDUCTION	\$	7.92	
NETWORK REDUCTION	\$	40.81	
OTHER REDUCTION	\$	0.00	
TOTAL RECOMMENDED ALLOWANCE	\$	367.27	*
			630/0/939/0/0/0/0/0/0/1569

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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

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

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be contain a certifled 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 entitly reliably remained than the formula amount, you may provide us with a written justification for the higher fee that explains why the service you provided was more difficult or more complicated than the usual case. If you elect to submit this dispute to the Department of Workforce Development, you must provide your written justification to the higher fee to us at least twenty (20) days prior to submitting the dispute to the Department. 3. If you submit written justification to us, we must respond within 15 days of receiving the higher lies the reliable to the dispute to the Department. your written justitication.

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



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

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

02/11/2008

Date of Audit:

02/19/2008

Reprice: LOB:

WI WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adi:

S09

NICE, TONY

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Patient ID:

Provider TIN:

NPI:

Patient:

Provider:

XXX-XX-5108

392035058

Dates of Service:

Patient Account #:

01/15/2008 - 01/15/2008

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN NECK SPRAIN AND STRAIN

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Allowance	_
Date of Ser	rvice: 01.	15/2008								
97110		97110		- /2	202.00	21.t0	18.09	-	t62.81	
THER PX 1+	AREAS EA 15	MIN THER XERSS								
Explanatio	n Codes*:	100, 111-001, 1t3-0	21, 663-031							
-	TOTAL CHARG	:FS				\$	202.00			
	BILL REVIEW					\$	21.t0			
						\$	18,09			
	NETWORK RE					\$	0.00			
	OTHER REDUC					•	162.81			
	TOTAL RECOM	IMENDED ALLOWA	NCE			\$	102.61			
								2 t 0/0.	/4 t6/0/0/0/0/0/0/)/626

*EXPLANATION CODES

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

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

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

contract

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

Unless otherwise noted, all reductions are in accordance with the Ingenix Certified Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certified database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not be actified according to the based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does not be actified according to the based on the Ingenix actual charge data. codes without values in the certified graphs are reimbursed based on the lingerity actual charge data. Under wisconsirts workers compensation law, when a database does not contain a certified amount for the health service procedure which is the subject of a fee dispute, the Department may use other information that the Department considers to be reliable and relevant to determine the reasonableness of the disputed lee. The following statements apply if we paid an amount for any of the procedures above that is less than the amount you charged: t. The amount charged is beyond the formula amount. Because you have received this notice, you may not collect the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee from, or bring an action for collection of the disputed portion of your fee from, or the procedure amount to an amount the procedure amount are entitled to the services for which the fee was charged. 2. If you believe that you are entitled to be reliable to the disputed portion of your fee from, or the procedure amount to the disputed portion of your fee from, or the procedure amount to 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 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 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 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 that explains why the service you provided was not provided than the usual case. 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.

Total



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

EXPLANATION OF REVIEW

GC BU:

CE6799

WISCONSIN RADIOLOGY SPEC SC P O BOX 2350

391959914

347738

NICE, TONY

BROOKFIELD, WI 53008-0000

GENERAL CASUALTY

ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Received Date:

Genex Bill Number: 4097-H-3038-0 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

XXX-XX-5108

Patient ID:

Patient Account #:

Dates of Service:

01/02/2008 - 01/02/2008

REGENT INSURANCE COMPANY Carrier Account:

ICD-9 DX:

Provider:

Provider TIN:

NPI:

Patient:

723.2 CERVICOCRANIAL SYNDROME

Submitted Code	Modifiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	vice: 01	/02/2008							
78320	26	78320	26	- /1	261.00	•	26.t0	-	234.90
Bt&/JT IMG	TOMOG SPEC	т							-
Expianation	n Codes*:	t00, 1 t t-001, t t3-0	02t						
-	TOTAL CHARG	SES				\$	261.00		
ı	BILL REVIEW	REDUCTION				\$	0.00		
	NETWORK RE					\$	26.10		
-	THER REDU					\$	0.00		
		MENDED ALLOWA	NCE			\$	234.90		
								210/0	/600/0/0/0/0/0/0/0/

*EXPLANATION.CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

tt3-02t EXPORT/IMPORT RE-PRICING EXPLANATION t: 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 Certifled Database as per the rules and regulations authorized by the Wisconsin Compensation Act 102.1 Codes without values in the certifled database are reimbursed based on the Ingenix actual charge data. Under Wisconsin's Workers' Compensation law, when a database does no Codes without values in the certified amount for the health service procedure which is the subject of a tee dispute, the Department may use other information that the Department considers to be contain a certified amount for the health service procedure which is the subject of a tee 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 tor any of the procedures above that is less than the amount you charged: 1. The amount charged is beyond the tormula 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 entitie to reimbursement at an amount greater than the formula amount, you may provide us with a written justification for the higher tee that explains why the service you provided was charged. 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 t5 days of receiving your written justification.

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0010010940771539409700030380605

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

EXPLANATION OF REVIEW

GC BU:

CF6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3039-0 Received Date:

02/11/2008

Date of Audit:

02/19/2008

Reprice: LOB:

WI WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adi:

S09

Carrier Account:

REGENT INSURANCE COMPANY

NPI:

Provider TIN:

Provider:

Patient Account #:

333116423

390806261

BOX 88350

Patient:

NICE, TONY

Patient ID:

XXX-XX-5108

Dates of Service:

12/19/2007 - 12/19/2007

THE MEDICAL COLLEGE OF WI INC

MILWAUKEE, WI 53288-0350

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 Ser	<u>vice:</u> 12	2/19/2007							
72141	26	72141	26	- /1	458.00	-	9.16	•	448.84
MRI SPI CAN	AL&CNTS CR			÷					
Explanation	r Codes*:	100, 111-001, 113-	021						
7	OTAL CHAR	RES				\$	458.00		
	BILL REVIEW					\$	0.00		
	IETWORK RE					\$	9.16		
_						3	0.00		
	OTHER REDU		ANCE			· S	448.84		
٦	TOTAL RECO	MIMENDED ALLOW	ANCE			. •		210/0	/211/0/0/0/0/0/0/0/

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTEO PROVIDER 111-001

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 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 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 reliable and relevant to determine the reasonableness of the disputed portion of your tee from, or 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 against, the individual who received the services for which the fee was charged: 2. If you believe that you are entitly 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 not reliable to the Department of Workforce Development, you must provide your written justification to us, we must respond within 15 days of receiving your written justification to us, we must respond within 15 days of receiving your written justification. your written justification.



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

EXPLANATION OF REVIEW

GC BU:

CE6799

GENERAL CASUALTY ONE GENERAL DRIVE

SUN PRAIRIE, WI 53596

Genex Bill Number: 4097-H-3040-0

02/11/2008

Received Date: Date of Audit:

02/19/2008

Reprice:

WI

LOB:

WC

Network:

FIRST HEALTH NE

Employer:

Claim Number:

0940771539

Policy Number:

Adj:

S09

NICE, TONY

392035058

Patient ID:

Patient:

Provider TIN:

NPI:

Provider:

XXX-XX-5108

Dates of Service:

Patient Account #:

01/15/2008 - 01/15/2008

MASCI, VANCE MD

MILWAUKEE, WI 53212

377 W RIVERWOODS PKY 111

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

310.2 POSTCONCUSSION SYNDROME

840.0 ACROMIOCLAVICULAR SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

847.0 NECK SPRAIN AND STRAIN

Submitted Code	Moditiers	Reimbursed Code(s)	Modifiers	Minutes /Units	Total Charges	Reductions Bill Review	Network	Other	Total Allowance
Date of Ser	<u>vice:</u> 01	/15/2008							÷
99214		99214		- /1	218.00	22.21	19.58	•	176.21
OFFICE OUT	PT EST.25 MII	N							
Explanation	Codes*:	100, 111-001, 113-	021, 663-031				······		
Т	OTAL CHARG	GES				\$	218.00		
	BILL REVIEW					\$	22.21		
	IETWORK RE					\$	19.58		
-	THER REDU					\$	0.00		
-		MIMENDED ALLOWA	NCF			\$	176.21		
ı	O I ME DECO	EMLINDED ALLOWS	410L			•		210/0	/450/0/0/0/0/0/0

*EXPLANATION CODES

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

FHN CONTRACT STATUS INDICATOR 01 - CONTRACTED PROVIDER 111-001

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

contract

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 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 1ee. 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 entitly received the services to the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the bisher fee that avalains you have received the services for the services for the services for the services fee the services for the services for the services fee that avalains you ha 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 Oevelopment, you must provide your written justification for the higher fee that explains why the service you provided was 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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Phone: (847)619-9000 Fax: (888)300-0744

EXPLANATION OF REVIEW

GC BU:

CE6799

ST MARYS OZAUKEE

GENERAL CASUALTY

DRAWER 78294

MILWAUKEE, WI 53278-0294

ONE GENERAL DRIVE SUN PRAIRIE, WI 53596

Received Date:

Genex Bill Number: 4097-U-2828-0 02/11/2008

Date of Audit:

02/19/2008

Reprice:

WI

WC

LOB:

FIRST HEALTH NE

Network: Employer:

Claim Number:

Policy Number:

0940771539

Patient Account #: Patient:

510702425

390807063

#2321708

Adj:

S09

Patient ID:

Provider TIN:

NPI:

Provider:

NICE, TONY

XXX-XX-5108

Dates of Service:

01/02/2008 - 01/02/2008

Carrier Account:

REGENT INSURANCE COMPANY

ICD-9 DX:

786 50 LINSPECIFIED 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, 1	13-021, 548					
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 RADIO	PHARM						
01/02/2008	Explanation Codes* A9503	: 100, 111-001, 6 A9503	5 48 - / 1	35.97	-	2.70	•	33.27
	Explanation Codes*:	100						
то	TAL CHARGES				\$	3,294.21		
	L REVIEW REDUCTIO	N .			\$	0.00		
	TWORK REDUCTION	,,,,			\$	247.07		
•					\$	0.00		
	HER REDUCTION	ALLOWANCE			\$	3,047.14		
. T O	TAL RECOMMENDED	ALLOWANCE			*		420/0/568	33/0/0/0/0/0/0/0/6103

*EXPLANATION CODES

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

111-001 FHN CONTRACT STATUS INDICATOR 01 - CONTRACTEO PROVIDER

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

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

Explanation of Review

Employer:

KEN MARKWARDT SALES

Patlent:

Tony Nice

Business Unit:

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB: Gender:

Working Rx PO Box 281238

Atlanta, GA 30384-1238

hollotheadhdealadadadhdadhdealadad

LOB:

Workers' Compensation

Site/Biil #:

39/1333757 - 1

Reprice: Billed Date: WI, 53128 12/20/2007

Business Rcvd:

12/27/2007

MBR Rcvd:

12/31/2007 01/03/2008

MBR Date:

Approved Date: DOS From - To:

01/03/2008 12/18/2007 - 12/18/2007

Network:

Treating Provider:

Ciaim #:

0940771539

Network Branch:

RX Number:

Referring Physician:

Patient Control #:

Processor Initials: LH DOI:

11/05/2007

Contract:

Provider Tax Id: 42-1538325

Claim Rep.:

S09

Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

. Only Hanna							
Date	Code	Units I	POS	Bil/ Charges TOS	DXR	Reduction	Ailowed Fees
12/18/2007	00406-0357-05	HYDROCODONE/ACETAMIN O PH 70	HEN TAB 5-50	\$16.78		\$0.00	\$16.78
12/18/2007	4205588 49884-0779-05	IBUPROFEN TAB 800MG 90	·	\$30.43		\$0.00	\$30.43
	6236025						
Sub-Totals fo	r Bill: 1333757			\$47.21		\$0. 00	\$47.21
Totals for Bi	H: 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

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

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

Fax:

(262) 513-2999

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:

Drawer 78408

Milwaukee, WI 53278-0408

hilahan Hanak dha allan da dhiran da dhina da dha an dhil

LOB: Site/Bill #: Workers' Compensation

Reprice:

39/1322820 - 1

WI, 53201

Billed Date: Business Rovd:

12/03/2007 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

Treating Provider:

MASCI VANCE

Cialm #:

0940771539

Network Branch: CorCare II WC

Referring Physician:

117952983

Processor initials: PD

Contract:

390000642

Patient Control #: RX Number:

DOI:

11/05/2007

Ciaim Rep.:

Provider Tax Id: 39-0806315

Vendor #:

0880116

Columbia St. Mary's Hospital Milwaukee, Inc

Agent: Policy Number:

CWC00973142112

Bili Comments

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

Date	Code	<i>Unit</i> s	POS	BIII Charges TOS	DXR	Reduction	Allowed Fees
11/12/2007	72072	RADEX SPITHRC 3 VIEWS		\$331.80		\$24.88	\$306.92
	320-DX X-RAY					•	
Sub-Totals fo	or Bill: 1322820			\$3 31.80		\$24.88	\$306.92
Totals for B	iII: 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

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 (262) 513-2999

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

Explanation of Review

Employer:

KEN MARKWARDT SALES

Patient:

Tony Nice

Business Unit:

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB:

Gender:

Aurora Medical Group PO Box 979

Sheboygan, WI 53082

hhimtikadaladiddi

LOB:

Workers' Compensation

Site/Bill #: Reprice:

39/1310815 - 1 WI. 53081

Billed Date: Business Rcvd:

11/12/2007 11/16/2007

MBR Rovd: MBR Date:

11/27/2007 12/06/2007

12/12/2007 Approved Date:

11/06/2007 - 11/06/2007 DOS From - To:

Network:

CorCare

Treating Provider:

EDWARD CHESNA

0342290323

Claim #:

0940771539

Network Branch: CorCare II WC

Contract:

390000824

Provider Tax Id: 39-1678306

Patient Control #: RX Number:

Processor initials: MG Referring Physician: SOERENS NP ALLISON E DOI:

11/05/2007

Reduction

Claim Rep.:

S09

Vendor #:

Agent:

0880116

Policy Number:

Code Date

CWC00973142112

11/06/2007

Units

Bill Charges

Fees

72052

RADEX SPI CRV COMPL W/OBLQ&FLEXION&/

\$250.00

TOS

\$220.00 \$30.00

\$30.00 \$250.00

1

DXR

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

\$220.00

\$220.00

Al/owed

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

POS

11

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

ICD9 Diagnosis

959.09

Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free:

(800) 275-0064

Phone:

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

Fax: (262) 513-2999

Claim Summary to Date

Date Range:

INV

11/06/2007 - 12/18/2007

Dollars Billed on Cialm

\$894.10

Allowed Fee on Claim:

\$819.18

Total Bills for Claim:

Explanation of Review

Employer:

KEN MARKWARDT SALES

Aurora Medical Group

Sheboygan, WI 53082

hldmillillinilidentildill

Patient:

Tony Nice

Business Unit:

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

PO Box 979

Patient DOB: Gender:

Workers' Compensation

Site/Bill #: Reprice:

LOB:

39/1313713 - 1

Billed Date:

WI. 53013 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

Treating Provider:

BRIAN DEMASTER

Claim #:

0940771539

RX Number:

Processor Initials: MG

Contract:

Network Branch: CorCare II WC 390000824

Referring Physician: SOERENS NP ALLISON E Patient Control #:

0342402379

DOI:

11/05/2007

Provider Tax Id: 39-1678306

Claim Rep.: Vendor #:

S09

Agent:

0880116

Policy Number:

CWC00973142112

Policy Number :		011000370142172					
Date	Code	Units	POS	Bil/ Charges TOS	DXR	Reduction	Allowed Fee s
11/06/2007	99214	OFFICE OUTPT EST 25 MIN	11	\$167.00	1	\$20.04	\$146.96
	BRIAN J DEMASTER MD						
Sub-Totals for			\$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

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:

Toli free:

(800) 275-0064

Phone:

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Fax:

(262) 513-2999

Waukesha, Wi 53188

Claim Summary to Date

Date Range:

11/06/2007 - 12/18/2007

Dollars Billed on Claim

\$894.10

Allowed Fee on Claim:

\$819.18

Total Bills for Claim:

Explanation of Review

Employer:

KEN MARKWARDT SALES

Patient:

Tony Nice

Business Unit:

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB: Gender:

Working Rx PO Box 281238

Atlanta, GA 30384-1238

halldhaaibhalalahallalalalalalalal

LOB:

Workers' Compensation

Site/Bili#: Reprice:

39/1312815 - 1

Billed Date:

WI, 53128 11/21/2007 11/21/2007

Business Rcvd: MBR Royd:

11/30/2007

MBR Date:

12/03/2007

Approved Date: DOS From - To:

12/05/2007 11/19/2007 - 11/19/2007

Network:

Claim #:

0940771539

11/05/2007

Network Branch:

Treating Provider:

Patient Control #:

RX Number:

Referring Physician:

DOi:

Processor initials: LH

Contract:

Provider Tax id: 42-1538325

S09

Ciaim Rep.: Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

	1 Oney Human								
	Date	Code	Units	POS	Bil/ 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/ACETAMIN	NOPHEN TAB 5-50	\$10.87	•	\$0.00	\$10.87	
		4205478		•					
Sub-Totals for Bill: 1312815					\$41.30		\$0.0 0	\$41.3 0	
	Totals for Bill: 1312815						\$41.3 0		

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

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

ICD9 Diagnosis

959.09

Injury Face&Neck Other&Unspecified

Questions regarding this bill may be sent to:

Toll free: (800) 275-0064

Phone: Fax:

(262) 574-2001

N16 W23217 Stone Ridge Dr Ste 110

Waukesha, WI 53188

(262) 513-2999

Explanation of Review

Employer:

KEN MARKWARDT SALES

Patient:

Tony Nice

Business Unit:

GCI Sun Prairie / Regent

One General Drive

Sun Prairie, WI 53596

XXX-XX-5108

Patient DOB: Gender:

Working Rx

PO Box 281238 Atlanta, GA 30384-1238

Inititiosethleheledallehelehelet

LOB:

Workers' Compensation

Site/Bili #: Reprice:

39/1311501 - 1 WI, 53128

Billed Date: Business Rcvd: 11/19/2007

11/14/2007

MBR Rovd:

11/27/2007

MBR Date: Approved Date:

11/30/2007 12/03/2007

DOS From - To:

11/06/2007 - 11/09/2007

Network:

Ciaim #:

Processor initials: LH

0940771539

Network Branch:

Treating Provider: Referring Physician:

Patient Control #:

RX Number:

DOI:

11/05/2007

Contract:

Provider Tax Id: 42-1538325

S09

Ciaim Rep.: Vendor #:

Agent:

0880116

Policy Number:

CWC00973142112

i Olloy Hallis			•	Bill Charges		Reduction	Allowed	
Date	Code	Units	POS	TOS	DXR		Fees	
11/06/2007	00591-5658-10	CYCLOBENZAPRINE HCL TAE	3 10MG	\$35.74		\$0.00	\$35.74	
11/06/2007	6235093 49884-0779-05	IBUPROFEN TAB 800MG 30		\$12.14		\$0.00	\$12.14	
11/09/2007	6235094 00406-0357-05	HYDROCODONE/ACETAMINO	PHEN TAB 5-50	\$8.91		\$0.00	\$8.91	
	4205442							
Sub-Tota/s fo	r 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

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ICD9 Diagnosis

Injury Face&Neck Other&Unspecified 959.09

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