

CITY OF MILWAUKEE
RECEIVED

September 29, 2008

2008 OCT -1 PM 3: 25

To the Office of the City Clerk:


On August 6, 2008, at approximately 11:15 A.M., I was riding my bicycle across the 6th Street viaduct. I was traveling in the bicycle lane up the hill to the point where the two sides meet to form the bridge closing. I had my eyes on the road and was just approaching the summit of the hill when I felt a bump and I flew over the handle bars and onto the metal grating that joins the two sides of bridge. My left arm was gaping open, bleeding profusely and I could see to the bone. Several cars stopped to help and a woman wrapped my arm and said to me "You must have hit that pile of debris." I turned to look where she was pointing and saw a clay colored mound of debris extending into the bicycle lane. The sheriff's deputy arrived shortly after and an ambulance was called and I was transported to St. Francis Hospital. I was diagnosed with triceps tear fractured elbow and index finger of the left arm and hand. I had surgery on August 8, 2008, and needed 5 days of recovery before I could do any activity. I am left handed, and am still limited in what I can do. I was told that it may take a year of physical therapy, and I may only regain %90 of its function.

As I bicyclist, I was exercising all the precautions possible the day of the accident: wearing a helmet, staying in the lane marked for bicyclists, and staying alert to my surroundings. The pile of debris that I hit was not visible as I was pedaling up the hill. It is my understanding that it is the responsibility of the city to keep the lanes that are marked for bicyclists free from debris that would pose a danger to the cyclist. I was later informed by another cyclist that the debris that I hit was in that lane the day before and several days after. I am asking that the city pay my medical bills as I am 67 years old, on social security and Medicaid will not pay them. I trust the city will come to a just decision. All documents are attached along with copies of the bills. The following is a list of the medical bills related to this accident.

1. Emergency \$1,213
2. Anesthesia \$920.00
3. Surgery \$6,728.45
4. Bell Ambulance \$565.19
5. Cardiac \$198.55
6. Radiology \$122.00
7. Emergency Medicine \$795.00
8. Assoc of Orthopedic Surgeons \$7,439.00
9. PT \$4,000.00
10. St. Lukes Med Cntr \$480.75

Total 22,461.94

Thank you for your consideration.


Judy Byrnes 1119 N 21st Street

Milwaukee, WI 53233 (414)931-7429

CITY OF MILWAUKEE
2008 OCT -1 PM 3: 15
RONALD D. LEONHARDT
CITY CLERK



Dear JUDITH BYRNES,

Thank you for choosing our facility for your health care needs. The amount due referenced in this statement is your responsibility; please make payment in full by due date. If you are unable to pay in full, please call our office to make monthly payment arrangements. If you have insurance and it is not listed, please contact our office with your insurance information. If you have already mailed payment in full, please disregard this statement and accept our thanks for your prompt response.

► SUMMARY OF CHARGES

EMERGENCY DEPT	1125.00
PHARMACY	173.75
RADIOLOGY	908.00
Total Charges	\$2,206.75

► ACCOUNT SUMMARY

Account Number	11257592
Patient Name	BYRNES, JUDITH B
Statement Date	08/18/08
Date of Service	08/06/08
Total Charges	\$2,206.75
Payments/Adjustments Received	-\$993.03

► INSURANCE INFORMATION

Primary Insurance Name	None listed
Secondary Insurance Name	None listed

► QUESTIONS

Billing questions or an itemized bill request? Call your customer service representative at 414-456-3000 (local) or 1-888-553-5009, Monday - Friday, 8:00 am to 6:00 pm. Questions concerning this statement can be emailed to wheatonbusinessoffice@wfhc.org. See back for more information.

Si tienes preguntas sobre tu cuenta por favor llama 414-456-3000 or 1-888-553-5009.

This is your balance \$1,213.72

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
 Check box if address below is incorrect and indicate change(s) on reverse side.

ST. FRANCIS
BOX 66-4007
MILWAUKEE, WI 53268-4007



33880-93AN

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER			SIGNATURE CODE
SIGNATURE			EXP. DATE

DIAG CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	L O C	DESCRIPTION	CHARGES/PAYMENT/ADJ.	
						PATIENT	INSURANCE
727.62	08/08/08	24341	JUDITH B	OH	REPAIR TENDON OR MUSCLE UPPER TIME:12:20-13:35 UNITS: 8	920.00	

*ALL PAYMENTS AND BILLING QUESTIONS SHOULD BE DIRECTED TO OUR BILLING SERVICE, SEE TOP OF STATEMENT). THANK YOU.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PLEASE PAY THIS AMOUNT	PATIENT	
920.00	.00	.00	.00	.00		920.00	

ANALYSIS OF PATIENT NEW BALANCE

PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.

08/22/08	.00	MAC45335	MAKE CHECKS PAYABLE TO
STATEMENT DATE	PATIENT PAY Y.T.D.	ACCOUNT NUMBER	

MIDWEST ANESTHESIA CONSULTANTS



YOUR STATEMENT

Dear JUDITH-BYRNES,

Thank you for choosing our facility for your health care needs. The amount due referenced in this statement is your responsibility; please make payment in full by due date. If you are unable to pay in full, please call our office to make monthly payment arrangements. If you have insurance and it is not listed, please contact our office with your insurance information. If you have already mailed payment in full, please disregard this statement and accept our thanks for your prompt response.

SUMMARY OF CHARGES

ANESTHESIA	2083.00
DAY SURGERY	1241.00
OPERATING ROOMS -	6419.00
PHARMACY	1388.50
POST OPERATIVE RE	1102.00
Total Charges	\$12,233.50

ACCOUNT SUMMARY

Account Number	11258103
Patient Name	BYRNES, JUDITH B
Statement Date	08/19/08
Date of Service	08/08/08
Total Charges	\$12,233.50
Payments/Adjustments Received	-\$5,505.05

INSURANCE INFORMATION

Primary	
Insurance Name	None listed
Secondary	
Insurance Name	None listed

QUESTIONS

Billing questions or an itemized bill request? Call your customer service representative at 414-456-3000 (local) or 1-888-553-5009, Monday - Friday, 8:00 am to 6:00 pm. Questions concerning this statement can be emailed to wheatonbusinessoffice@wfhc.org. See back for more information.

Si tienes preguntas sobre tu cuenta porfavor llama 414-456-3000 or 1-888-553-5009.

This is your balance \$6,728.45

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Check box if address below is incorrect and indicate change(s) on reverse side.

ST. FRANCIS
BOX 68-4007
MILWAUKEE, WI 53268-4007



33880-93AN

Date of Service: 08/08/08
Page: 1

Please write your account number on your check.

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
DUE DATE	STATEMENT DATE	ACCT. #
09/09/2008	08/19/08	11258103
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$6728.45	\$	

652864

JUDITH BYRNES
1119 N 21 ST
MILWAUKEE, WI 53233-1110

ST. FRANCIS
BOX 68-4007
MILWAUKEE, WI 53268-4007



PLEASE RETURN THIS STUB WITH YOUR PAYMENT



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

PO BOX 070550
MILWAUKEE, WI, 53207-0550

*BUNDLED
#26 08 0219 0082 0 10#

JUDITH BYRNES
1119 N 21ST ST
MILWAUKEE, WI 53233-1110

Client Name: **BYRNES, JUDITH**

Trip Number:

08-2190082

Service Date: **08/06/2008**

Amount Due: **565.19**

Billing Date: **08/19/2008**

Billing Department: (414) 486-2000

Toll-Free Number: (800) 896-6200

Se Habla Espanol: (414) 486-4016

Service Date: **08/06/2008**

Call Time: **12:00AM**

Reason(s) for Transport

880.00

Trip Number: **08-2190082**

Client Name: **BYRNES, JUDITH**

Caller:

From Location: **S 6TH ST & W CANAL ST**

To Location: **ST FRANCIS WHEATON**

Insurance Information



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

Billing Department: (414) 486-2000

Toll-Free: (800) 896-6200

PO BOX 070550
MILWAUKEE, WI, 53207-0550

Bill Patient

DATE	DESCRIPTION OF TRANSACTION	HCPC	QUANTITY	UNIT PRICE	AMOUNT
08/06/08	BLS Emergency Base Rate	A0429	1	422.00	422.00
08/06/08	Mileage	A0425	4	0.00	50.40
08/06/08	Oxygen	A0422	1	0.00	77.70
08/06/08	BLS Disposables	A0382	1	0.00	15.09



(414-264-2355)

"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

PLEASE PAY THIS AMOUNT => **565.19**

Please pay Bell Ambulance, Inc. directly. Your prompt payment is appreciated.



YOUR STATEMENT

Dear JUDITH BYRNES,

Thank you for choosing our facility for your health care needs. The amount due referenced in this statement is your responsibility; please make payment in full by due date. If you are unable to pay in full, please call our office to make monthly payment arrangements. If you have insurance and it is not listed, please contact our office with your insurance information. If you have already mailed payment in full, please disregard this statement and accept our thanks for your prompt response.

SUMMARY OF CHARGES

CARDIAC DIAG UNIT	209.00
LAB	152.00
Total Charges	\$361.00

ACCOUNT SUMMARY

Account Number	11258062
Patient Name	BYRNES, JUDITH B
Statement Date	08/18/08
Date of Service	08/07/08
Total Charges	\$361.00
Payments/Adjustments Received	-\$162.45

INSURANCE INFORMATION

Primary	
Insurance Name	None listed
Secondary	
Insurance Name	None listed

QUESTIONS

Billing questions or an itemized bill request? Call your customer service representative at 414-456-3000 (local) or 1-888-553-5009, Monday - Friday, 8:00 am to 6:00 pm. Questions concerning this statement can be emailed to wheatonbusinessoffice@wfhc.org. See back for more information.

Si tienes preguntas sobre tu cuenta porfavor llama 414-456-3000 or 1-888-553-5009.

This is your balance \$198.55

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Check box if address below is incorrect and indicate change(s) on reverse side.

ST. FRANCIS
BOX 68-4007
MILWAUKEE, WI 53268-4007



33880-93AN

Date of Service: 08/07/08
Page: 1

Please write your account number on your check.

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/>
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
DUE DATE	STATEMENT DATE	ACCT. #
09/08/2008	08/18/08	11258062
AMOUNT DUE	SHOW AMOUNT PAID HERE	
\$198.55	\$	

652864

JUDITH BYRNES
1119 N 21 ST
MILWAUKEE, WI 53233-1110

ST. FRANCIS
BOX 68-4007
MILWAUKEE, WI 53268-4007



DO NOT SEND PAYMENTS OR CORRESPONDENCE TO THIS ADDRESS

Radiology Specialists Of Milwaukee, S.C.

PO Box 1259
Oaks, PA 19456



FOR BILLING QUESTIONS,
PLEASE CALL 414-455-4794
Fax: 414-475-2935
Office Hours: 9:00AM-4:00PM MON-FRI

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW

MASTERCARD VISA

CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
09-03-08	\$122.00	11257592

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT. SHOW AMOUNT PAID HERE \$

ADDRESSEE: 4382-2872

MAKE CHECKS PAYABLE / REMIT TO:

JUDITH B BYRNES
1119 N 21ST ST
MILWAUKEE WI 53233-1110

Radiology Specialists Of Milwaukee, S.C.
PO BOX 14307
MILWAUKEE WI 53214-0307



Patient: JUDITH B BYRNES

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TDP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Patient: JUDITH B BYRNES Referring Physician: SOLLIDAY LAURA I
Account No: 11257592 Services Were Provided at: WFH ST FRANCIS

DATE	PROC CODE	DIAGNOSIS	UNITS	DESCRIPTION OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
08-06-08	73560	719.06	1	Knee 1 Or 2 Views	38.00			38.00
08-06-08	73070	881.01	1	Elbow 2 Views	42.00			42.00
08-06-08	73130	816.01	1	Hand Min 3 Views	42.00			42.00

Se habla espanol 866-729-7008

Current	31-60 Days	61-90 Days	Over 90 Days	PAYMENT DUE: 09/17/08	PATIENT BALANCE DUE : \$122.00
\$122.00	\$0.00	\$0.00	\$0.00		

If you have insurance please contact our office. You are responsible for the amount indicated in PATIENT BALANCE DUE.

RADIOLOGY SPECIALISTS OF MILWAUKEE, S.C.
PO BOX 14307
MILWAUKEE WI 53214-0307
414-455-4794
Tax ID: 391984839

STATEMENT

STATEMENT

F0811414

EMERGENCY MEDICINE SPECIALISTS
9875 S FRANKLIN DR
PO BOX 320930
FRANKLIN WI 53132

We accept Master Card, Visa
Discover, American Express.
Please see back of statement.



RETURN SERVICE REQUESTED

CHECK HERE For Credit Card Payment
SHOW AMOUNT PAID HERE \$ 795.00

F0811414 01 795.00
YOUR ACCOUNT NUMBER PAGE NO. PATIENT BALANCE

(414) 858-2200 08/31/08
OFFICE PHONE NUMBER CLOSING DATE

>02645 3453706 001 072076
JUDITH B BYRNES
1119 N 21 ST
MILWAUKEE WI 53233

EMERGENCY MEDICINE SPECIALISTS
9875 S FRANKLIN DR
PO BOX 320930
FRANKLIN WI 53132-6151

NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

PLEASE RETURN THIS PORTION WITH PAYMENT
CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
080608	WILSON MD	CPT: 99284 LEVEL 4 VISIT	J BYRNES	413.00	
080608		CPT: 12002 REPAIR SUPERFICIAL WOUND(S)		382.00	

This bill is for services at at Franklin Hospital
or St. Francis Hospital.

STATEMENT CLOSING DATE:	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:	TOTAL	INS PENDING	PATIENT BALANCE PAY THIS AMOUNT
08/31/08	F0811414	795.00	0.00	795.00
CURRENT	30-60 DAYS	795.00	0.00	
	60-90 DAYS			
	> 90 DAYS			

SEND INQUIRIES TO:
EMERGENCY MEDICINE SPECIALISTS
9875 S FRANKLIN DR
PO BOX 320930
FRANKLIN WI 53132-6151
(414) 858-2200

STATEMENT OF HOSPITAL SERVICES



Aurora St. Luke's Medical Center

PO BOX 341100
MILWAUKEE, WI 53234-1100

Responsible Party JUDITH BYRNES	Statement Date 09/22/2008
Your balance is due by: 10/13/2008	Amount You Owe \$480.75
ACCOUNT NUMBER 475155169	

000000012

#H14751551692#

3409

JUDITH BYRNES
1119 N 21ST ST
MILWAUKEE, WI 53233-1110

Make checks payable to:

AURORA ST LUKES MED CNTR
PO BOX 341100
MILWAUKEE, WI 53234-1100



PAYMENT, ADDRESS AND INSURANCE INFORMATION LOCATED ON BACK
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. SHOW ADDRESS ABOVE THROUGH WINDOW.

DATE OF SERVICE	VISIT NUMBER	DESCRIPTION	INSURANCE PENDING	PATIENT RESPONSIBILITY
08/12/2008	475155169-8225	BYRNES, JUDITH Outpatient Visit - AURORA ST LUKES MED CNTR		
		Charges from 08/12/2008		480.75
		MEDICARE PART B Payment for Charges from 08/12/2008		0.00
		Balance due		480.75
TOTAL PATIENT RESPONSIBILITY ->				\$480.75

Page 1 of 1

Thank you for choosing Aurora Health Care.
We appreciate your prompt payment.

AURORA ST LUKES MED CNTR
PO BOX 341100
MILWAUKEE, WI 53234-1100
TaxId: 39-0806181

Responsible Party	Account No	Statement Date	Insurance Amount Due	Amount Due By: 10/13/2008
JUDITH BYRNES	475155169	09/22/2008	\$0.00	\$480.75

For billing questions or payment arrangement, please call 800-958-6202.

Para preguntas relacionadas con su estado de cuenta o para arreglos de pagos, favor de llamar al 866-305-8165.

Contact us via e-mail at customerservice@aurora.org.
Comuníquese por correo electrónico a customerservice@aurora.org.

Contact us via the web at www.aurora.org/billing.
Comuníquese por internet a www.aurora.org/billing.

MILAN GRBIC, PT, LLC

950 North 35th Street
Milwaukee, WI 53208

414.342.0208 phone
414.342.0508 fax
e-mail: milangrbicpt@hotmail.com

re: elbow rehab for Judith Byrnes

Estimated cost of PT:

16 visits (at 2x/wk x 8 weeks)

16 x \$250/visit = \$4000

This is an estimate that may
increase or decrease depending on
patient's progression level

Please call with questions.

 PT



Milw Cnty Sheriff's Office

Incident Report

Date:

08/06/2008

CFS Code-1:

R626

Incident Report Number:

08-002848

Incident:
Miscellaneous Medical

Incident Report Number: 08-002848 Between: Date - Time: And/At: Date-Time: 8/6/08 11:20

Incident Location:
216 N 6th St, Milwaukee, WI, 53203

CFS Code-1: R626	CFS Code-2:	CFS Code-3:	CFS Code-4:
CFS Code-5:	CFS Code-6:	CFS Code-7:	CFS Code-8:

Name (Last, First, Middle)	DOB:	Race/Sex
----------------------------	------	----------

Address: (Address, City, State, Zip)	Home Phone Number
--------------------------------------	-------------------

Employer	Work Phone Number
----------	-------------------

Employer Address	Cell Phone Number
------------------	-------------------

Name (Last, First, Middle)	DOB:	Race/Sex
----------------------------	------	----------

Address: (Address, City, State, Zip)	Home Phone Number
--------------------------------------	-------------------

Employer	Work Phone Number
----------	-------------------

Employer Address	Cell Phone Number
------------------	-------------------

SUMMARY

Bicycle fall 08-06-08

Vehicle Information: (Year, Make, Model, Style, Color)

License Number:	State:	Expiration Year:	Vin:	Insurance Company:
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Other Vehicle Information:	NCIC#
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Reporting Officer(s): Desmet, Dep David M.	Payroll Number:	Payroll Number:	Report Date:
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Time Received:	Time Cleared:	Unit(s) Assigned:	1 Of 3
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Reviewed by: Stiff, Sgt Scott M.	Payroll Number 128138	Copy To
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Milw Cnty Sheriff's Office**Continuation**Incident Report Number
08-002848Incident Location:
216 N 6th St, Milwaukee, WI, 53203Incident Date:
08/06/2008**NARRATIVE**

On Wednesday, 08-06-08, I, Deputy De Smet, was on duty and in uniform, assigned patrol duties as squad 21M in marked vehicle 150-302. At approximately 1121 hrs, via squad radio, I overheard Squad 348, Deputies Hamelin and Applegate, advise that they were with a bicyclist that had fallen. Squad 348 advised that they were on the N 6th St viaduct over the Menomonee River and they were requesting medical attention for the victim.

I arrived on the scene and met with Deputies Hamelin and Applegate. Due to them having a prisoner in the back of their squad, I relieved them and took over the scene. Milwaukee Fire Department (MFD) Engine 2 was already on the scene as well as Bell Ambulance Squad 436. MFD personnel were evaluating the bicyclist, identified by her Wisconsin photo drivers license as Judith B. Byrnes, f/w, dob 09-15-41. While MFD was tending to Ms Byrnes, I asked her what had happened.

Ms. Byrnes stated that she was riding her bicycle southbound on N 6th Street when she drove over a strip of dirt on the grated roadway. When her tires drove onto the dirt, she lost control of her bicycle and she fell to the ground. Ms. Byrnes complained of pain in her right elbow and right knee. She also had abrasions to her right forearm.

Ms Byrnes was conveyed to St. Francis Hospital by Bell Squad 436 for evaluation and treatment. Her bicycle was damaged and could not be conveyed in the ambulance. I placed her bicycle in my squad and conveyed it to the hospital where it was turned over to security staff. Ms Byrnes was given an informational sheet with my name, badge number, date, and time of report. End of report.

Reporting Officer(s):
Desmet, Dep David M.ID Number
120337

ID Number

Pages:
2 Of 3

Milw Cnty Sheriff's Office**Continuation**

Incident Report Number

08-002848

Incident Location:

216 N 6th St, Milwaukee, WI, 53203

Incident Date:

08/06/2008

NAMES**Driver**

Byrnes, Judith B W/F-66 of 1119 N 21st St, Milwaukee, WI, 53233

DOB: 09/15/1941

Home Phone: (414) 931-7429

Reporting Deputy

Desmet, Deputy David M W/M of 821 W State St, Milwaukee, WI, 53233

Work Phone: (414) 278-4788

Assisting Deputy-1

Applegate, Deputy Robert H W/M of 821 W State St, Milwaukee, WI, 53233

Work Phone: (414) 278-4788

Assisting Deputy-2

Hamelin, Deputy Kay L W/F of 821 W State St, Milwaukee, WI, 53233

Work Phone: (414) 278-4788

Reporting Officer(s):

Desmet, Dep David M.

ID Number

120337

ID Number

Pages::

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