

**NOTICE OF CIRCUMSTANCES GIVING RISE TO  
CLAIM FOR DAMAGES PURSUANT TO SECTION 893.80, WIS. STAT.**

TO: City Clerk  
Attn: CLAIMS  
200 E. Wells Street  
Room 205  
Milwaukee, WI 53201-3567

CITY OF MILWAUKEE  
09 OCT 23 PM 12:32  
REGINALD H. WHEELER  
CITY CLERK

PLEASE TAKE NOTICE that Reginald H. Wheeler, claims the circumstances giving rise to a claim as follows:

1. Reginald H. Wheeler is an adult who resides at 4320 N. 42<sup>nd</sup> Place, Milwaukee, WI 53216.
2. Reginald H. Wheeler sustained personal injuries and property damage to his vehicle due to the negligence of the agent/employees of the above-named party.
3. The circumstances of the injuries and property damage are as follows: On July 13, 2009 at approximately 2:50 a.m., Reginald H. Wheeler was driving his 1996 SL2 Saturn (VIN 1G8ZK527TZ11656) north on S. 28<sup>th</sup> Street approximately 50 feet south of National Ave. in the City of Milwaukee when he collided with a manhole cover that was sticking up from the ground causing damage to his vehicle and causing him personal injuries (See Wisconsin Motor Vehicle Accident Report attached hereto as Exhibit A).
4. The above-named party was negligent with regard to the care and maintenance of the manhole cover and by failing to warn Mr. Wheeler of the dangerous conditions on a public roadway.
5. As a direct and proximate result of the negligence of the above-named party, Mr. Wheeler's vehicle sustained property damage totaling between \$702.03 and \$735.38 (See Repair Estimates attached hereto as Exhibits B and C).
6. As a direct and proximate result of the negligence to the above-named party, Reginald H. Wheeler sustained a neck sprain and other personal injuries and incurred medical bills totaling \$2,032.08 (See Exhibits D, E and F attached hereto).
7. At all times material, the above-named party had actual notice of the aforesaid incident and thoroughly investigated it.

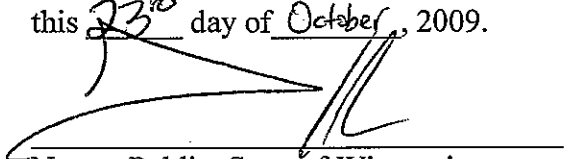
THEREFORE, Reginald H. Wheeler, claims damages against the City of Milwaukee for the sum of \$702.03 and \$735.38 for property damage sustained by his vehicle and for medical bills reasonably related to the above incident in the amount of \$2,032.08 and for \$2,500.00 for his personal pain and suffering as a result of the above accident.

CITY OF MILWAUKEE  
RECEIVED  
OFFICE OF  
CITY ATTORNEY  
2009 OCT 26 PM 2:42

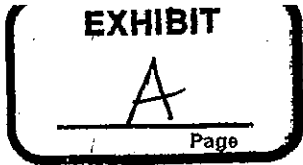
Dated: 10-23-09

Reginald H. Wheeler  
Reginald H. Wheeler  
4320 N. 42<sup>nd</sup> Place  
Milwaukee, WI 53216

Subscribed and sworn to before me  
this 23<sup>rd</sup> day of October, 2009.



Notary Public, State of Wisconsin  
My Commission 10-09-2011



**Wisconsin Motor Vehicle 9H0XXL5**  
**Accident Report MV4000e 01/2005**  
 PK2007

POLICE # DISTRICT 2  
 ACCIDENT # 091940231

<input checked="" type="checkbox"/> Reportable Accident		<input type="checkbox"/> On Emergency		<input type="checkbox"/> Amended		DOT Document Number 9H0XXL5		Document Override Number	
Agency Accident Number 091940231				Police Number DISTRICT 2					
4 - Accident Date 07/13/2009		5 - Time of Accident (Military Time) 0250		6 - Total Units 01		7 - Total Injured 00		8 - Total Killed 00	
2 - County MILWAUKEE - 40		3 - Municipality MILWAUKEE - 57 CITY			11 - Accident Location NON-INTERSECTION				
14 - On Hwy No.		14 - On Street Name 28TH ST S			14 - Bus/Fmt/Rmp		15 - Est. Dist 50		15 - Hwy. Dir F
16 - Fr/At Hwy No.		16 - From/At Street Name NATIONAL AVE W			16 - Business/Frontage/Ramp				
17 - Structure Type		17 - Structure Number		12 - Latitude			13 - Longitude		
80 - First Harmful Event OTHER NON-COLLISION				83 - Manner of Collision NO COLLISION WITH MOTOR VEHICLE IN TRANSPORT					
112 - Access Control NO CONTROL		113 - Road Curvature STRAIGHT		113 - Road Terrain LEVEL/FLAT		Surface Type SLAG, GRAVEL, OR STONE - 4			
115 - Traffic Way NOT-PHYSICALLY-DIVIDED-(2-WAY TRAFFIC)									
117 - Relation To Roadway ON-ROADWAY									
114 - Light Condition DARK-NOT-LIGHTED			116 - Road Surface Condition OTHER			118 - Weather CLEAR			
<input type="checkbox"/> Hit and Run		<input checked="" type="checkbox"/> Government Property			<input type="checkbox"/> Fire		<input type="checkbox"/> Photos Taken		<input type="checkbox"/> Trailer or Towed
<input type="checkbox"/> Truck, Bus, or Hazardous Materials			<input type="checkbox"/> Load Spillage		<input type="checkbox"/> Construction Zone			<input type="checkbox"/> Names Exchanged	
101 <input type="checkbox"/> Supplemental Reports		102 <input type="checkbox"/> Witness Statements			103 <input type="checkbox"/> Measurements Taken			79 - E M S Number	

**Operator/Pedestrian**

Unit Status		81 - Most Harmful Event: Collision With OTHER FIXED OBJECT			23 - Dir Of Travel NORTH		24 - Speed Limit 25	
36 - Operating as Classified D CLASS		37 - Endorsements			35 <input type="checkbox"/> Operating Commercial Motor Vehicle			
29 - Driver License Number WA607286720409		30 - State WI	31 - Expiration Year 2014		34 - On Duty/Accident			
25 - Operator/Pedestrian Last Name WHEELER			25 - First Name REGINALD		25 - Middle Initial H		25 - Suffix	
32 - Date Of Birth 06/04/1967		33 - Sex MALE						
26 - Address Street & Number 4320 N.42 ND PL						26 - PO Box		
27 - City MILWAUKEE			27 - State WI	27 - Zip Code 53216		28 - Telephone Number (810) 007-0 EXT.		
39 - Seat Position FRONT-SEAT-LEFT-SIDE-(MC/BIKE DRIVER, TRAIN CONDUCTOR)					40 - Safety Equipment SHOULDER-BELT-AND-LAP-BELT-USED			
38 - Injury Severity N - NO APPARENT INJURY		41 - Airbag NON-DEPLOYED		42 - Ejected NOT-EJECTED		44 <input type="checkbox"/> Medical Transport		
43 - Trapped/Extricated NOT-TRAPPED		92 - Pedestrian Location		92 - Pedestrian Action				
119 - What Driver Was Doing GOING-STRAIGHT			120 - Traffic Control NO-CONTROL			82 - No. of Citations Issued		
64 - 1st Statute No.	64 - 2nd Statute No.	64 - 3rd Statute No.		64 - 4th Statute No.		64 - 5th Statute No.		
122 - Driver Factors NOT-APPLICABLE								
88 - Driver or Pedestrian Cond APPEARED NORMAL			89 - Substance Presence NEITHER-ALCOHOL-NOR-DRUGS-PRESENT					
80 - Alcohol Test TEST NOT GIVEN			90 - Alcohol Content			91 - Drug Test TEST-NOT-GIVEN		

PK2007

91 - Drugs Reported
124 - Highway Factors OTHER-DEBRIS, SIGN-OBSCURED-OR-MISSING

**Vehicle**

<b>VEHICLE 01</b>	21 - Unit Type <b>AUTOMOBILE</b>		Vehicle Type <b>PASSENGER-CAR</b>			22 - Total Occupants <b>1</b>
	50 - License Plate Number <b>201MHY</b>		57 - Plate Type <b>AUT</b>	58 - State <b>WI</b>	59 - Exp Year <b>2009</b>	55 - Vehicle Identification Number <b>1GBZK527TZ11656</b>
	50 - Year <b>1996</b>	51 - Make <b>STRN</b>	52 - Model <b>SL2</b>	53 - Body Style <b>4D</b>	54 - Color <b>DGR</b>	100 - Skidmarks to Impact (Ft)
	84 - Vehicle Damage <b>UNDERCARRIAGE</b>					
	95 - Extent Of Damage <b>MODERATE</b>		86 <input checked="" type="checkbox"/> Vehicle Towed Due To Damage		97 - Vehicle Removed By <b>RAY'S TOWING</b>	
	123 - Vehicle Factors <b>NOT-APPLICABLE</b>					

**Vehicle Owner**

<b>VEH OWNER 01</b>	45 <input checked="" type="checkbox"/> Vehicle Owner Same As Operator				
	46 - Vehicle Owner Last Name <b>WHEELER</b>		46 - First Name <b>REGINALD</b>	46 - Middle Initial <b>H</b>	46 - Suffix
	48 - Company Name				
	47 - Address Street & Number <b>4320 N.42 ND PL</b>			47 - PO Box	
	48 - City <b>MILWAUKEE</b>		48 - State <b>WI</b>	48 - Zip Code <b>53216</b>	49 - Telephone Number <b>(810) 007-0 EXT.</b>

**Insurance**

<b>INS 01</b>	83 - Liability Insurance Company <b>NONE</b>		80 <input type="checkbox"/> Policy Holder Same As Owner		
	61 - Policy Holder Last Name		61 - Policy Holder First Name		
	61 - Policy Holder Company				

**School Bus**

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

**Property**

Organization Type <b>GOVERNMENT</b>	84 - Property Owner Last Name	84 - First Name	84 - Middle Initial	84 - Suffix
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<b>PROPERTY OWNER 01</b>	84 - Company Name <b>CITY OF MILWAUKEE</b>		Government Property Type <b>COUNTY/MUNICIPAL</b>		
	85 - Address Street & Number <b>200 E WELLS ST</b>		85 - PO Box		
	86 - City <b>MILWAUKEE</b>	86 - State <b>WI</b>	86 - Zip Code <b>53202</b>	87 - Telephone Number <b>(414) 286-3850 EXT.</b>	
	83 - Government Damage Tag Number				
	<b>Fixed Objects Struck</b>				
82 - Striking Unit <b>01</b>	82 - Object Struck <b>OTHER-OBJECT-NOT-FIXED</b>		82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	
82 - Striking Unit	82 - Object Struck		82 - Striking Unit	82 - Object Struck	

**Diagram and Narrative**

<b>DIAGRAM AND NARRATIVE</b>	105 - PHOTOS BY
	<p style="text-align: center;">(NOT DRAWN TO SCALE)</p>
UNIT 1 TRAVELING NORTH ON S.28TH ST COLLIDED WITH A MAN HOLE COVER THAT WAS STICKING UP FROM THE GROUND CAUSING DAMAGE TO UNIT 1'S UNDER CARRIAGE.	

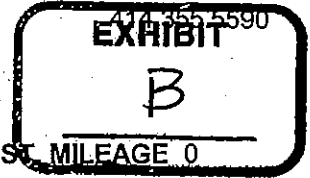
**Officer Information**

<b>OFFICER INFORMATION</b>	125 - Officer Last Name <b>SVENSSON</b>		125 - First Name <b>STEVEN</b>		125 - Middle Initial <b>B</b>		131 - Officer ID <b>11346</b>		
	129 - Law Enforcement Agency No. <b>006</b>		130 - Law Enforcement Agency Name <b>MILWAUKEE POLICE DEPARTMENT</b>						
	126 - Law Enforcement Agency Address Street & Number <b>749 WEST STATE STREET</b>								
	127 - City <b>MILWAUKEE</b>			127 - State <b>WI</b>		127 - Zip Code <b>53233</b>		128 - Telephone Number <b>(414) 933-4444 EXT.</b>	
	132 - Date Notified <b>07/13/2009</b>		133 - Time Notified (Military Time) <b>0305</b>			134 - Time Arrived (Military Time) <b>0309</b>		135 - Date Of Report <b>07/13/2009</b>	
	Agency Accident Number <b>091940231</b>		Police Number <b>DISTRICT 2</b>			19 - Special Study			
	18 - Agency Space <b>4057</b>								

QUOTE  
1167765  
10/01/2009

FIRESTONE COMPLETE AUTO CARE  
8485 W BROWN DEER RD  
MILWAUKEE, WI. 53224-2110

SERVICE ADVISOR:  
02 CHRIS



WHEELER, REGINALD  
4320 N 42ND PL  
MILWAUKEE, WI 53216-1624  
414.873.6092

1996 SATURN SL2  
4-116 1.9L DOHC  
LIC # GET WI  
IN 01/01/70 12:00AM

VIN #

EST MILEAGE 0

Store # 017736

QUOTE

Description	Article Number	T#	Qty	Part	Labor	Extended Price	Job Total
<b>ALTERNATOR/GENERATOR</b>							<b>201.99</b>
8107N NEW ALTERNATOR	7037558		1	154.99		154.99	
REMOVE & REPLACE ALTERNATOR DRIVE BELT	7021202		1		47.00	47.00	
<b>TIE ROD ENDS (Both Left and Right Outer)</b>							<b>259.18</b>
ES3238RL TIE ROD END	7001415		2	91.99		183.98	
REMOVE & REPLACE TIE ROD END- OUTER, BOTH	7023000		1		75.20	75.20	
<b>ALIGNMENT SERVICE</b>							<b>74.99</b>
Symptom:-							
ALIGNMENT SERVICE	7004578		1		74.99	74.99	
<b>PREMIUM ALIGNMENT SERVICE</b>							<b>139.99</b>
Symptom:-							
LIFETIME ALIGNMENT SERVICE	7005229		1		159.99	159.99	
LBR-DISC SALE	7001681		-1		20.00	-20.00	

Prices valid for 30 days

Summary	
Parts	338.97
Labor	337.18
Shop Supplies 20-23	
Sub	696.38
Tax	39.00
<b>Total</b>	<b>735.38</b>

"MOTOR VEHICLE REPAIR PRACTICES AND PROCEDURES" BY THE BUREAU OF CONSUMER PROTECTION, WISCONSIN DEPT. OF TRANSPORTATION, TRADE AND LABOR, 100 SOUTH MONROE STREET, MADISON, WISCONSIN 53708-8911

**THIS IS NOT AN INVOICE - DO NOT PAY**

TIRES  
AIR CONDITIONING  
BELTS / HOSES  
HEADLIGHTS · CHASSIS



www.wimuffler.com

"The Boys That  
Fix The Noise"

NO PART VTR  
EXHAUST  
SHOCK ABSORBERS  
MCPHERSON STRUT SERVICE  
LEAF SPRINGS  
BRAKES

RACINE NEW BERLIN

2905 Lathrop Avenue  
Racine, WI 53405  
(262) 633-6276

13320 West College Avenue  
New Berlin, WI 53151  
(414) 427-4900

THIS IS AN ESTIMATE ONLY

NORTH

5835 West Lisbon Avenue  
Milwaukee, WI 53210  
(414) 447-1118

SOUTH

3634 West Lincoln Avenue  
Milwaukee, WI 53215  
(414) 643-5464

NAME <i>Reginald White</i>	DAYTIME PHONE <i>873-6092</i>	HOME PHONE <i>801-0170 Cel</i>
ADDRESS	CITY	STATE ZIP

MAKE OF AUTO <i>Saturn</i>	MODEL <i>SL1</i>	YEAR <i>96</i>	LICENSE # <i>201-MHY</i>	ODOMETER <i>119459</i>	DATE <i>7-29-09</i>
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NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL.

ALL PIPES ARE WARRANTED AGAINST WEAR OUT OR RUST OUT FOR ONE YEAR FROM DATE OF INSTALLATION ON YOUR U.S. MADE CAR. REPLACEMENT WILL BE MADE AT NO CHARGE FOR PARTS OR LABOR UPON PRESENTATION OF SALES RECEIPT BY THE ORIGINAL PURCHASER TO WISCONSIN MUFFLER ONLY.

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs.  
 Yes  No

2. Please proceed with repairs, but call me before continuing if the price will exceed.  
\$  Yes  No

3. I do not want an estimate.  
 Yes  No

4. Additional work authorized by:

DATE TIME NO. CALLED NEW ESTIMATE

5. Do you want the replaced parts you are entitled to?  Yes  No

Authorized by:

Payment made by:  Cash  Credit Card  Other

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Department of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

LIMITED WARRANTY

ALL MATERIALS AND WORKMANSHIP ARE GUARANTEED AGAINST DEFECT (90) DAYS. ALL CLAIMS MUST BE ACCOMPANIED BY THIS INVOICE.

I HEREBY AUTHORIZE the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter.

X THE PRICE FOR THE AUTHORIZED REPAIRS DESCRIBED WILL NOT BE EXCEEDED IF THE MOTOR VEHICLE IS DELIVERED TO THE SHOP WITHIN 30 DAYS.

QTY	PART NUMBER	ARTICLE	PRICE
		EXHAUST PIPE	
		.	
	<i>ALTERATION</i>	.	<i>27500</i>
		MUFFLER	
		.	
		TAIL PIPE	
		.	
		GASKETS	
		CLAMPS	
		HANGERS	
		SHOCK FRONT	
	<i>253238</i>	ABSORBERS: REAR	
	<i>2 outer tie rod</i>		<i>17990</i>
		STAB KITS	
		IDLER ARM	
	<i>FA1760</i>	BALL JOINTS	<i>19995</i>
		SPRINGS	
		ALIGNMENT	
		BRAKE PADS	
		BRAKE SHOES	
		DISC HARDWARE	
		DRUM HARDWARE	
		ROTORS	
		DRUMS	
		REMAN-CALIPERS	
		WHEEL CYLINDER	
		CABLES	
		HOSES	
		RESURFACE ROTOR	
		RESURFACE DRUM	
		BLEED & FLUSH	
		ENVIRONMENTAL FEE	<i>995</i>
		DISCOUNT	
		PARTS	
		LABOR	
		SUBTOTAL	<i>64980</i>
		TAX	<i>3723</i>
		TOTAL	<i>70203</i>

MECHANIC:

*Eui*

This estimate is good for 30 days only.

09/08/2009

10/08/2009

120451391

**BILLING QUESTIONS? PLEASE CALL:**



Phone: 414-326-1900  
Fax: 414-326-1994

**Office Hours:** 9:00am-5pm M-Thur  
9:00am-3:30pm Fridays

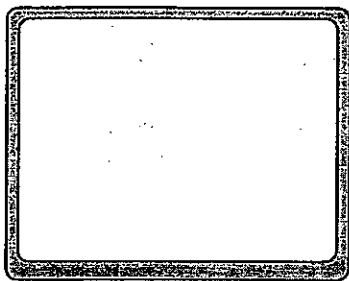
You may receive bills from other providers. Please contact them directly.

WI Radiology Specialists (WRS):  
888-989-2289

Metropolitan (Anesthesia):  
262-787-6700

Northshore Pathology:  
800-601-9825 or 262-241-4030

Infinity (ER doc group):  
414-290-6720



**EXHIBIT**

D

Dear REGINALD H WHEELER,

Thank you for choosing Columbia St. Mary's Hospital as your health care provider. We are dedicated to retaining customer loyalty and providing the highest quality of care and service to our customers. We trust this commitment was demonstrated in the services received on 07/13/09.

Payment is due within 30 days of this invoice. Please return your payment in the envelope provided. If you have any questions, need payment arrangements, or a financial assistance application, please call 414-326-1900. Thank you for your prompt attention to this bill.

If you feel your insurance payment is not correct, please contact your insurance company for clarification.

Our commitment is to your health. We appreciate your confidence in Columbia St. Mary's Hospital.

HOSPITAL SERVICE: Emergency Dept. \$1474.59  
TOTAL CHARGES: \$1474.59  
TOTAL PAYMENTS/DISCOUNTS: \$-294.92

**ALL CSM HOSPITALS AND CLINICS WILL REQUIRE PATIENTS TO PRESENT PICTURE IDS IN ORDER TO VERIFY IDENTIFICATION STARTING AUGUST 1, 2009.**

**PLEASE PAY** →

**\$1179.67**

Please see reverse side for additional information.

To ensure proper credit, detach bottom portion and return in the enclosed envelope.

PO BOX 2960, MILWAUKEE WI 53201-2960

**If Paying By Credit Card, Please Fill Out Below:**



Card Number \_\_\_\_\_ V-Code \_\_\_\_\_  
Print Name \_\_\_\_\_ Amt. Paid \_\_\_\_\_  
Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

DUE DATE

AMOUNT DUE

ACCOUNT #

10/08/2009

\$1179.67

120451391

\*Please check box and make address or insurance changes on reverse side.

**ADDRESSEE:**

**MAKE CHECKS PAYABLE AND REMIT TO:**

01-A 20090910 T003 S 00839

REGINALD H WHEELER  
4320 N 42ND ST  
MILWAUKEE WI 53216-1620

ST. MARY'S MILWAUKEE  
PAYMENT PROCESSING CENTER  
PO BOX 2960  
MILWAUKEE WI 53201-2960



00000120451391 00000001275 0 00117967 00000000 00117967 000000 9





<b>Account Number</b> 6149655	<b>Date of Service</b> 07/13/09	<b>Patient</b> Reginald H Wheeler
<b>Total Charges</b> \$205.00	<b>Total Payments and Adjustments</b> \$0.00	<b>Balance Due</b> \$205.00

Dear Reginald H Wheeler:

Thank you for selecting Infinity Healthcare Physicians LLC for your health care services rendered at St Marys Milwaukee Campus. For your records, a summary of your account balance is listed above. These charges are not included in your hospital bill.

Please contact our billing office toll free at **1-866-575-7812** to pay the remaining balance using our automated system or establish arrangements for a payment plan. To make a payment using Visa, MasterCard, American Express or Discover, please list your information on the reverse side of this notice.

It is important for you to know that making partial payments without an established arrangement will not keep your account in good standing. If you have any questions regarding the balance on your account, please contact our billing office at the number listed above.

If payment or arrangements have been made since the date of this letter, please accept our thank you in advance.

All correspondence should be sent to the following address: 111 E Wisconsin Avenue, Suite 2000, Milwaukee, WI 53202. **Payment should be forwarded to the address below.** A return envelope is enclosed for your convenience.

Sincerely,

Infinity Healthcare Physicians LLC

\*\*\*Detach Lower Portion and Return with Payment\*\*\*

IONSTAT20430

See Reverse Side

Address or insurance changes  Credit card information

Account Number: 8-6149655
Statement Date: 08/11/2009
Payment Due Date: 08/25/2009
Balance Due: \$205.00

Amount Paid: \$ \_\_\_\_\_



PO Box 1022  
Wixom MI 48393-1022

August 11, 2009

8-6149655-430-S2 206692187



Reginald H Wheeler  
4320 N 42nd St  
Milwaukee WI 53216-1620

Infinity Healthcare Physicians LLC  
PO Box 3261  
Milwaukee, WI 53201-3261



00800000061496550002050000000000000003

# Horizon Financial Management

8585 S. Broadway, Suite 880 ■ Merrillville, IN 46410-5661

Toll-Free: (877) 794-1003

Office Hours: 8:00 a.m. to 5:00 p.m.



August 26, 2009

Client: St. Marys Hospital-Milwaukee  
File #: 000117994449  
Account #: 1268497  
Amount Due: \$352.49

Dear Reggie Wheeler:

Our client specified above, has requested that we assist in the collection of your delinquent account.

We would like to see this matter resolved immediately.

Unless you notify this office within 30 days after receiving this letter that you dispute the validity of this debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt, a copy of a judgment and mail you a copy of such judgment or verification.

To insure proper credit of your payment you must send your payment along with this letter to the remit to address on this letter. If you have any questions or are unable to make your payment, please contact this office at the address or phone number listed on the letter.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

Sincerely,

Account Representative

60CU102587V-MILW1

\*\*\*PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT\*\*\*



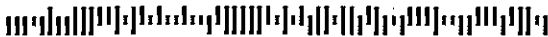
8585 S. Broadway Ste 880  
Merrillville IN 46410-5661

RETURN SERVICE REQUESTED

Patient: Reggie Wheeler  
Acct. #: 1268497  
000117994449

August 26, 2009

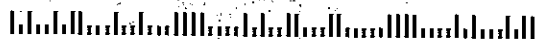
1268497-V-MILW1 213452612



Reggie Wheeler  
4320 N 42nd St  
Milwaukee WI 53216-1620

### SEND PAYMENTS TO:




**HORIZON FINANCIAL MANAGEMENT**  
8585 S Broadway Ste 880  
Merrillville IN 46410-5661



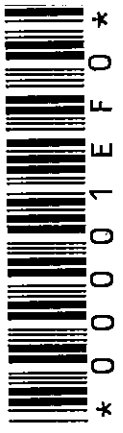
AMOUNT DUE: \$352.49	AMOUNT PAID: \$
-------------------------	--------------------

(EXTRA BILL) ADD ON PLEASE

CHARGES APPEARING ON THIS INVOICE ARE NOT INCLUDED ON ANY HOSPITAL BILL OR INVOICE

  	
CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE

PATIENT			
REGINALD H WHEELER			
INVOICE DATE	ACCOUNT NUMBER	DUE DATE	AMOUNT PAID
09/22/2009	WRS 134128	10/06/2009	



PHONE NUMBER: (888) 989-2289  
 pay online at <https://pay.instamed.com/WRS>  
 Make Checks Payable to:

REGINALD H WHEELER  
 4320 N 42nd St  
 Milwaukee WI 53216-1620

13  
 WRS

WISCONSIN RADIOLOGY SPEC. S.C.  
 PO BOX 2350  
 BROOKFIELD WI 53008-2350



Please check box if above address is incorrect or Insurance information has changed. Indicate change(s) on reverse side.

**INVOICE**

^^ Please detach and return top portion with payment.^^

DATE	PLACE OF SERVICE	DESCRIPTION	CHARGE	PAYMENTS/ ADJUSTMENTS	AMOUNT DUE
07/13/09	ST MARYS H	X-RAY EXAM OF NECK SPINE	75.00		75.00
08/05/09		BLUE CROSS PAYMENT EXPENSES INCURRED PRIOR TO COVERAGE PLEASE CALL OR SEND INSURANCE INFO		.00	

| check autho

\*\*\* YOU MAY NOW PAY ONLINE \*\*\*

.00	75.00	.00	.00	.00	<b>PLEASE PAY THIS AMOUNT</b>	75.00
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS		

09/22/2009	WRS 134128	10/06/2009
INVOICE DATE	ACCOUNT NUMBER	DUE DATE

MAKE CHECKS PAYABLE TO:  
 WISCONSIN RADIOLOGY SPEC. S.C.

CALL US TOLL-FREE AT 1-888-989-2289 Mon-Fri 8 am TO 5 pm

**EMERGENCY SERVICES**

**HOME MEDICATION LIST AND DISCHARGE INSTRUCTIONS**

Prescription, over-the-counter, and herbal/natural medications taken routinely prior to admission.

WHEELER REGINALD H  
MR 233871 06/04/1967 42Y PT 120451391 M  
120451391  
ATN BRACKETT, NATHANIEL S  
ADM 07/13/09 Tube E EMR SMM

Data Source:  Patient  Family  MD  Pharmacies  Old Records  Nursing Home / other facility  EHR

Patient's Pharmacy \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Latex Allergy:  yes  no Reaction: \_\_\_\_\_

Medicine / Food / Other Allergy	Reaction	Medicine / Food / Other Allergy	Reaction
NKDA			

HOME MEDICATIONS						MD TO COMPLETE THIS SECTION
MEDICATION NAME	DOSE	ROUTE	Frequency	Indication	Last Taken	Medication Changes / Special Instructions
Demio						

RN Recording Home Medications: *M/Sullivan*

**PHYSICIAN DISCHARGE ORDERS:**

NEW MEDICATIONS	REASON	INSTRUCTIONS
Demio N-100 PO #15		

**MEDICATION INSTRUCTIONS:**

- Take all home medications listed above.
- Take home medications following instructions above.
- Follow up with your primary doctor about your home medications.
- Start new medications listed above.

**DIAGNOSES:**

1. Acute posterior neck strain
2. neck strain
- 3.

INSTRUCTIONS:  Sedative / Narcotic  Wound  Head Injury  Sprain/Fracture  Back Pain

Other:  Return to Emergency Department if condition worsens or excessive and persistent pain, or

\*rest, soft neck collar for 3-5 days, hot compress to neck muscles, call an MD if not better in 3-5 days

FOLLOW-UP: as above (Work/School) Excuse:  N  Y until (date) 7/16/09

Call Dr. \_\_\_\_\_ for appointment / to be seen in \_\_\_\_\_ days Phone: \_\_\_\_\_

Call Dr. \_\_\_\_\_ for appointment / to be seen in \_\_\_\_\_ days Phone: \_\_\_\_\_

Emergency Physician Signature: DATE \_\_\_\_\_ TIME \_\_\_\_\_ Signature *W. Jay*

RN Reviewing Instructions: DATE \_\_\_\_\_ TIME \_\_\_\_\_ Signature \_\_\_\_\_

Patient Signature: \_\_\_\_\_

