

# LATITUDE

SUBROGATION SERVICES

1760 S. Telegraph Road, Suite 104  
Bloomfield Hills, MI 48302  
Ph (877) 454-3400, Fax (877) 454-3405  
www.latitudesubro.com

April 8, 2009

CITY OF MILWAUKEE

2009 APR 14 PM 3:40

RONALD D. LEONHARDT  
CITY CLERK

City Clerk  
Attn: claims  
200 E. Wells St. room 205  
Milwaukee, WI 53202-3567

Date of Loss: 03/03/2009  
Claim Number: 001000W09E06224  
Employee: Rocky McNollins  
Our Insured: Quality Ceilings Inc  
Damages: Pending

To Whom It May Concern:

Latitude Subrogation Services has been appointed by Frankenmuth Mutual Insurance Company to pursue subrogation recoveries on their behalf. On this date, I am presenting a workers compensation claim on behalf of your client. Once payments are final, a formal demand will be sent to your attention for review.

On the above mentioned date, our employee was walking back to his vehicle and stepped on a curb and twisted his ankle. The curb was covered with snow and had a layer of ice beneath that. The city of Milwaukee is responsible for maintaining their roads, walkways, and curbs so that they are safe for public use. Our investigation of this property and/or injury occurrence determined that you are responsible for the damages sustained by our insured and paid for by Frankenmuth Mutual Insurance Company.

We ask that you promptly respond to this letter and avoid any enforceable actions that could be taken against you.

Sincerely,

Jon Baker  
Subrogation Specialist  
Latitude Subrogation Services, LLC  
Phone: 1-877-454-3400 Ext. 1-2325  
Direct line: 1-248-365-0077  
E-mail: [jbaker@latitudesubro.com](mailto:jbaker@latitudesubro.com)

CITY OF MILWAUKEE  
RECEIVED

2009 APR 14 PM 4:04

CITY ATTORNEY

*The loss happened at  
1890 N. Commerce St.  
(INCLUDE)*

CITY OF MILWAUKEE  
RECEIVED

2009 NOV 25 PM 2:37

November 20, 2009

**LATITUDE**  
SUBROGATION SERVICES

1760 S. Telegraph Road, Suite 104  
Bloomfield Hills, MI 48302  
Ph (877) 454-3400, Fax (877) 454-3405  
www.latitudesubro.com

OFFICE OF  
CITY ATTORNEY

City of Green Bay  
Attn: Steve Carini  
200 E Wells St. Room 205  
Milwaukee, WI 53202  
Re: 09-S-151

Date of Loss: 03/03/2009  
Our Claim Number: 001000W09E06224  
Our Insured: Quality Ceilings Inc  
Your Claim Number: 09-S-151  
Your Insured: City Clerk  
Damages: \$34,819.88

CITY OF MILWAUKEE  
2009 NOV 25 PM 1:07  
RONALD D. LEONARDI  
CITY CLERK

Dear Steve Carini:

Latitude Subrogation Services has been appointed by Frankenmuth Mutual Insurance Company to pursue subrogation recoveries on their behalf.

Our investigation of this claim determined that your insured is responsible for the damages sustained by our insured and paid for by Frankenmuth Mutual Insurance Company.

Enclosed are the supporting documents for your review. Please issue a check for **\$34,819.88** made payable to Latitude Subrogation Services, reference claim number **001000W09E06224** and send to:

Latitude Subrogation Services  
P.O. Box 7932  
Bloomfield Hills, MI 48302-7932

Be advised that no partial payment, which is less than the full amount claimed herein, will be considered satisfaction of this claim without the express written consent of Latitude Subrogation Services and our rights to enforce collection of the remaining amount will not be waived due to any such partial payment.

We look forward to your prompt response and please contact us if you have any questions.

Sincerely,

Jon Baker  
Subrogation Specialist  
Latitude Subrogation Services, LLC  
Phone: 1-877-454-3400 Ext. 1-2325  
Direct line: 1-248-365-0077  
E-mail: [jbaker@latitudesubro.com](mailto:jbaker@latitudesubro.com)

CITY OF MILWAUKEE  
RECEIVED  
2009 NOV 25 PM 2:37  
OFFICE OF  
CITY ATTORNEY

### **PAYMENT SUMMARY**

Physical Damage	\$0.00
Financial Damage	\$0.00
Rental Vehicle	\$0.00
Bodily Injury	\$0.00
Uninsured Motorist	\$0.00
Underinsured Motorist	\$0.00
Personal Injury Protection	\$0.00
Supplemental	\$0.00
Medical Payments	\$24,507.88
Wage	\$11,312.00
Additional Living Expenses	\$0.00
Loss of Use	\$0.00
Loss of Income	\$0.00
Deductible	\$0.00
Insured Out of Pocket	\$0.00
 Total Damages	 \$34,819.88
 Total Includes Salvage of:	 \$0.00



## Claim Inquiry Detail

Claim Number: 001000W09E06224  
 Loss Date: 03/03/2009  
 Policyholder: QUALITY CEILINGS INC  
 Policy Number: 0784035 28

## Claim Information

**Claim Open Date:**  
03/03/2009

**Policy Symbol:**  
WC

**Line of Business**  
Workers Compensation

**Claim Closed Date:**

**Policy Number:**  
0706458

**Branch Number:**  
0000000

**Claim Type:**

Workers Compensation

**Policy Effective Date**  
01/15/2009

**Claim Status:**

Open

**Policy Expiration Date**  
01/15/2010

Outstanding Subrogation      Outstanding Recovery      Litigation

Special Investigation

## Cause of Loss:

**Loss Description:**

BROKEN FIBULA

## Injured Employee:

Rocky Necollins, 311 MAPLE ST, FORT ATKINSON, WI, 53538-2139, (262)593-2071

## Insured Location:

0001 - W134N5494 CAMPBELL DR, MENOMONEE FALLS, WI 53051-7024

## Claimant Information

## Claimant:

Rocky Necollins, 311 MAPLE ST, FORT ATKINSON, WI, 53538-2139, (262)593-2071

## Financial Summary

## Total Claim Incurred (\$):

53815.88

	<b>Outstanding Reserve (\$)</b>	<b>Total Payment (\$)</b>	<b>Incurred (\$)</b>
<b>Indemnity:</b>	\$17,996.00	\$11,312.00	\$29,308.00
<b>Expense:</b>	\$0.00	\$0.00	\$0.00
<b>Medical:</b>	\$0.00	\$24,507.88	\$24,507.88
	<b>Outstanding Recovery (\$)</b>	<b>Total Receipts (\$)</b>	<b>Incurred (\$)</b>
<b>Subrogation:</b>	\$500.00	\$0.00	\$0.00
<b>Expense Recovery:</b>	\$0.00	\$0.00	\$0.00
<b>Loss Recovery:</b>	\$0.00	\$0.00	\$0.00
<b>Reinsurance:</b>	\$0.00	\$0.00	\$0.00

## Payment Information

Rocky Necollins

## Claimant:

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

## Check/Wire Transfer Number:

0013090510

## Amount (\$):

\$808.00

## Disbursement Status:

Disbursed

## Loss Disability:

WC

## Disbursement Date:

03/12/2009

## Transaction Category:

IP - WI Indemnity  
Payment

## Payment Information

Rocky Necollins

## Claimant:

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

## Check/Wire Transfer Number:

0013092516

## Amount (\$):

\$1,212.00

## Disbursement Status:

Disbursed

## Loss Disability:

WC

## Disbursement Date:

03/19/2009

## Transaction Category:

IP - WI Indemnity  
Payment

## Payment Information

**Payee:**

IOD INCORPORATED

**Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 19058, GREEN BAY, WI, 54307-9058

**Check/Wire Transfer Number:**

0013093003

**Amount (\$):**

\$8.18

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

03/23/2009

**Transaction Category:**

SS - WM Supplies

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

75 REMIT DR # 6385, CHICAGO, IL, 60675-6385

**Check/Wire Transfer Number:**

0013093408

**Amount (\$):**

\$226.50

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

03/24/2009

**Transaction Category:**

DR - WM Physician

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK049217

**Amount (\$):**

\$18.88

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

03/24/2009

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013094053

**Amount (\$):**

\$808.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

03/26/2009

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013095646

**Amount (\$):**

\$808.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/02/2009

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013097192

**Amount (\$):****Disbursement Status:**

Disbursed

**Loss Disability:****Disbursement Date:**

04/09/2009

**Transaction Category:**

IP - WI Indemnity

\$808.00	WC	Payment
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**Payment Information**  
**Payee:**  
**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
PO BOX 341457, MILWAUKEE, WI, 53234-1457  
**Check/Wire Transfer Number:**  
0013097182  
**Amount (\$):**  
\$1,297.60

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
04/09/2009  
**Transaction Category:**  
DR - WM Physician

---

**Payment Information**  
**Payee:**  
**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987  
**Check/Wire Transfer Number:**  
BULK051067  
**Amount (\$):**  
\$36.04

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
04/09/2009  
**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information**  
**Payee:**  
**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
PO BOX 689510, MILWAUKEE, WI, 53268-9510  
**Check/Wire Transfer Number:**  
0013097210  
**Amount (\$):**  
\$851.40

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
04/09/2009  
**Transaction Category:**  
HO - WM Hospital-  
Outpatient

---

**Payment Information**  
**Payee:**  
**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987  
**Check/Wire Transfer Number:**  
BULK051068  
**Amount (\$):**  
\$23.65

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
04/09/2009  
**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information**  
**Payee:**  
**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
P.O. BOX 504591, SAINT LOUIS, MO, 63150-0001  
**Check/Wire Transfer Number:**  
0013097110  
**Amount (\$):**  
\$36.63

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
04/09/2009  
**Transaction Category:**  
PH - WM Pharmacy

---

**Payment Information**  
Rocky Necollins  
**Claimant:**  
Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013098638

**Amount (\$):**

\$808.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/16/2009

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK053640

**Amount (\$):**

\$1.69

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/20/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK053747

**Amount (\$):**

\$1.69

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/20/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

0013100823

**Amount (\$):**

\$261.12

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/27/2009

**Transaction Category:**

RA - WM Radiology

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK055580

**Amount (\$):**

\$7.25

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/27/2009

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

0013100702

**Amount (\$):**

\$378.90

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/27/2009

**Transaction Category:**

DR - WM Physician

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK055581

**Amount (\$):**

\$10.53

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/27/2009

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013101301

**Amount (\$):**

\$808.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/28/2009

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

0013101682

**Amount (\$):**

\$140.40

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/29/2009

**Transaction Category:**

RA - WM Radiology

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK055868

**Amount (\$):**

\$3.90

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/29/2009

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013101971

**Amount (\$):**

\$808.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

04/30/2009

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341100, MILWAUKEE, WI, 53234-1100

**Check/Wire Transfer Number:****Disbursement Status:****Disbursement Date:**



0013103246

Disbursed

05/06/2009

**Amount (\$):**  
\$733.73**Loss Disability:**  
WC**Transaction Category:**  
HO - WM Hospital-  
Outpatient

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK056582

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/06/2009

**Amount (\$):**  
\$20.38**Loss Disability:**  
WC**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013103484

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/07/2009

**Amount (\$):**  
\$808.00**Loss Disability:**  
WC**Transaction Category:**  
IP - WI Indemnity  
Payment

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**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

DEPT 377, PO BOX 1000, MEMPHIS, TN, 38148-0001

**Check/Wire Transfer Number:**

BULK056716

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/07/2009

**Amount (\$):**  
\$3.45**Loss Disability:**  
WC**Transaction Category:**  
BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK060121

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/13/2009

**Amount (\$):**  
\$6.15**Loss Disability:**  
WC**Transaction Category:**  
BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK060122

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/13/2009

**Amount (\$):**  
\$6.15**Loss Disability:**  
WC**Transaction Category:**  
BP - Monthly Fee Bill

---

**Payment Information**

Rocky Necollins

**Claimant:**  
Rocky Necollins  
311 MAPLE ST, FORT ATKINSON, WI, 53538-2139  
**Check/Wire Transfer Number:**  
0013105225

**Amount (\$):**  
\$808.00

**Disbursement Status:**  
Disbursed

**Loss Disability:**  
WC

**Disbursement Date:**  
05/14/2009  
**Transaction Category:**  
IP - WI Indemnity  
Payment

---

**Payment Information****Payee:**

**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
PO BOX 341457, MILWAUKEE, WI, 53234-1457  
**Check/Wire Transfer Number:**  
0013105993

**Amount (\$):**  
\$3,963.96

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
05/18/2009  
**Transaction Category:**  
DR - WM Physician

---

**Payment Information****Payee:**

**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987  
**Check/Wire Transfer Number:**  
BULK060699

**Amount (\$):**  
\$35.03

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
05/18/2009  
**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information****Payee:**

**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
PO BOX 341100, MILWAUKEE, WI, 53234-1100  
**Check/Wire Transfer Number:**  
0013106666

**Amount (\$):**  
\$1,184.65

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
05/20/2009  
**Transaction Category:**  
HO - WM Hospital-  
Outpatient

---

**Payment Information****Payee:**

**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987  
**Check/Wire Transfer Number:**  
BULK060998

**Amount (\$):**  
\$32.91

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
05/20/2009  
**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information****Payee:**

**Claimant:**  
Rocky Necollins  
**Mail To Address:**  
PO BOX 14367, WEST ALLIS, WI, 53214-0367  
**Check/Wire Transfer Number:**  
0013106595

**Disbursement Status:**  
Disbursed

**Disbursement Date:**  
05/20/2009

<b>Amount (\$):</b> \$44.10	<b>Loss Disability:</b> WC	<b>Transaction Category:</b> DR - WM Physician
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**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK060999

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/20/2009

**Amount (\$):**

\$1.23

**Loss Disability:**

WC

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

0013106580

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/20/2009

**Amount (\$):**

\$1,380.60

**Loss Disability:**

WC

**Transaction Category:**

DR - WM Physician

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK061023

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/20/2009

**Amount (\$):**

\$38.35

**Loss Disability:**

WC

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013106978

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/21/2009

**Amount (\$):**

\$808.00

**Loss Disability:**

WC

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013108300

**Disbursement Status:**

Disbursed

**Disbursement Date:**

05/28/2009

**Amount (\$):**

\$808.00

**Loss Disability:**

WC

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

0013109423

**Amount (\$):**

\$140.40

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/02/2009

**Transaction Category:**

RA - WM Radiology

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK062605

**Amount (\$):**

\$3.90

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/02/2009

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013110026

**Amount (\$):**

\$808.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/04/2009

**Transaction Category:**IP - WI Indemnity  
Payment**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK063689

**Amount (\$):**

\$2.17

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/08/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK064491

**Amount (\$):**

\$2.17

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/08/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK064693

**Amount (\$):**

\$2.17

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/08/2009

**Transaction Category:**

BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK064694

**Amount (\$):**

\$2.17

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/08/2009

**Transaction Category:**

BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK064716

**Amount (\$):**

\$2.17

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/08/2009

**Transaction Category:**

BP - Monthly Fee Bill

---

**Payment Information**

Rocky Necollins

**Claimant:**

Rocky Necollins

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**

0013112267

**Amount (\$):**

\$404.00

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/12/2009

**Transaction Category:**IP - WI Indemnity  
Payment

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341100, MILWAUKEE, WI, 53234-1100

**Check/Wire Transfer Number:**

0013112870

**Amount (\$):**

\$6,729.89

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/16/2009

**Transaction Category:**HO - WM Hospital-  
Outpatient

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

133 W WASHINGTON ST, OSCEOLA, IA, 50213-1248

**Check/Wire Transfer Number:**

0013115425

**Amount (\$):**

\$85.59

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

06/26/2009

**Transaction Category:**PO - PPOM Medical  
Savings

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 49, PITTSBURGH, PA, 15230-0049

**Check/Wire Transfer Number:**  
BULK068044  
**Amount (\$):**  
\$963.00

**Disbursement Status:**  
Disbursed  
**Loss Disability:**  
WC

**Disbursement Date:**  
06/26/2009  
**Transaction Category:**  
DR - WM Physician

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987

**Check/Wire Transfer Number:**  
BULK068045

**Disbursement Status:**  
Disbursed

**Disbursement Date:**  
06/26/2009

**Amount (\$):**  
\$26.75

**Loss Disability:**  
WC

**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information****Payee:**

Rocky Necollins

**Claimant:**

Rocky Necollins

**Mail To Address:**

311 MAPLE ST, FORT ATKINSON, WI, 53538-2139

**Check/Wire Transfer Number:**  
0013117135

**Disbursement Status:**  
Disbursed

**Disbursement Date:**  
07/06/2009

**Amount (\$):**  
\$688.70

**Loss Disability:**  
WC

**Transaction Category:**  
MR - WM Medical  
Reimbursement

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341100, MILWAUKEE, WI, 53234-1100

**Check/Wire Transfer Number:**  
0013118326

**Disbursement Status:**  
Disbursed

**Disbursement Date:**  
07/09/2009

**Amount (\$):**  
\$1,251.45

**Loss Disability:**  
WC

**Transaction Category:**  
HO - WM Hospital-  
Outpatient

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987

**Check/Wire Transfer Number:**  
BULK069555

**Disbursement Status:**  
Disbursed

**Disbursement Date:**  
07/09/2009

**Amount (\$):**  
\$34.76

**Loss Disability:**  
WC

**Transaction Category:**  
PO - PPOM Medical  
Savings

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341100, MILWAUKEE, WI, 53234-1100

**Check/Wire Transfer Number:**  
0013118344

**Disbursement Status:**  
Disbursed

**Disbursement Date:**  
07/09/2009

**Amount (\$):**  
\$1,147.28

**Loss Disability:**  
WC

**Transaction Category:**  
HO - WM Hospital-

Outpatient

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK069559

**Disbursement Status:**

Disbursed

**Disbursement Date:**

07/09/2009

**Amount (\$):**

\$31.87

**Loss Disability:**

WC

**Transaction Category:**PO - PPOM Medical  
Savings

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341100, MILWAUKEE, WI, 53234-1100

**Check/Wire Transfer Number:**

0013118026

**Disbursement Status:**

Disbursed

**Disbursement Date:**

07/09/2009

**Amount (\$):**

\$1,255.50

**Loss Disability:**

WC

**Transaction Category:**HO - WM Hospital-  
Outpatient

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK069560

**Disbursement Status:**

Disbursed

**Disbursement Date:**

07/09/2009

**Amount (\$):**

\$34.88

**Loss Disability:**

WC

**Transaction Category:**PO - PPOM Medical  
Savings

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK070278

**Disbursement Status:**

Disbursed

**Disbursement Date:**

07/13/2009

**Amount (\$):**

\$2.03

**Loss Disability:**

WC

**Transaction Category:**BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK071210

**Disbursement Status:**

Disbursed

**Disbursement Date:**

07/13/2009

**Amount (\$):**

\$2.03

**Loss Disability:**

WC

**Transaction Category:**BP - Monthly Fee Bill

---

**Payment Information****Payee:**

**Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK072106

**Amount (\$):**

\$2.02

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

07/13/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

133 W WASHINGTON ST, OSCEOLA, IA, 50213-1248

**Check/Wire Transfer Number:**

0013124244

**Amount (\$):**

\$85.77

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

08/03/2009

**Transaction Category:**PO - PPOM Medical  
Savings**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

999 N PLAZA DR STE 690, SCHAUMBURG, IL, 60173-5408

**Check/Wire Transfer Number:**

0013125588

**Amount (\$):**

\$8.11

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

08/07/2009

**Transaction Category:**

SS - WM Supplies

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:****Disbursement Status:**Selected for Combined Payment  
Processing**Disbursement Date:**

08/10/2009

**Amount (\$):**

\$2.27

**Loss Disability:**

WC

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK076580

**Amount (\$):**

\$2.27

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

08/10/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:****Disbursement Status:****Disbursement Date:**



BULK076581  
**Amount (\$):**  
\$2.27

Disbursed  
**Loss Disability:**  
WC

08/10/2009  
**Transaction Category:**  
BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK082808

**Amount (\$):**

\$2.24

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

09/14/2009

**Transaction Category:**

BP - Monthly Fee Bill

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

BULK086215

**Amount (\$):**

\$115.20

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

09/24/2009

**Transaction Category:**

DR - WM Physician

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK086216

**Amount (\$):**

\$3.84

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

09/24/2009

**Transaction Category:**PO - PPOM Medical  
Savings

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**

PO BOX 341457, MILWAUKEE, WI, 53234-1457

**Check/Wire Transfer Number:**

BULK087397

**Amount (\$):**

\$1,081.53

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

10/06/2009

**Transaction Category:**

DR - WM Physician

---

**Payment Information****Payee:****Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK087398

**Amount (\$):**

\$36.05

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

10/06/2009

**Transaction Category:**PO - PPOM Medical  
Savings

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**Payment Information****Payee:**

**Claimant:**

Rocky Necollins

**Mail To Address:**28530 ORCHARD LAKE RD STE 101, FARMINGTON HILLS,  
MI, 48334-2987**Check/Wire Transfer Number:**

BULK089963

**Amount (\$):**

\$2.38

**Disbursement Status:**

Disbursed

**Loss Disability:**

WC

**Disbursement Date:**

10/12/2009

**Transaction Category:**

BP - Monthly Fee Bill

**Policy Index****Policy Number:**0706458**Policyholder:**

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