

TMS
02-13-2020
1525

NOTICE OF CLAIM AND CLAIM

PURSUANT TO SECTION 893.80

To: City of Milwaukee
City Clerk Jim Owezarski
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

RECEIVED
OFFICE OF CITY ATTORNEY

FEB 17 2020

2:45 A.M./P.M.

CITY CLERK'S OFFICE

2020 FEB 13 PM 3:26

CITY OF MILWAUKEE

Pursuant to § 893.80(1d)(a) and § 893.80(1d)(b), Wis. Stats., the claimants, Ana Saavedra ("Ms. Saavedra") and Jake Kromanaker ("Mr. Kromanaker"), both adults, hereby give their Notice of Claim and Claim as set forth below:

1. The attorneys for Ms. Saavedra are Axley Brynelson, LLP, 2 E. Mifflin Street, Suite 200, Madison, Wisconsin 53703, by Attorney Heath P. Straka.
2. The attorneys for Mr. Kromanaker are Axley Brynelson, LLP 2 E. Mifflin Street, Suite 200, Madison, Wisconsin 53703, by Attorney Heath P. Straka.
3. Ms. Saavedra and Mr. Kromanaker currently reside at 10115 Armando Circle, Orlando, Florida.
4. In October 2019, Ms. Saavedra and Mr. Kromanaker were visiting Milwaukee, Wisconsin.
5. On October 26, 2019, Ms. Saavedra sustained serious personal injuries, including but not limited to a fractured and dislocated knee cap. The injury occurred when she tripped and fell on an uneven elevation with a wide gap of sidewalk slabs, located at the corner of East Clybourn and North Water Streets in Milwaukee, Wisconsin. Ms. Saavedra's foot slipped on the so-called "detectable warning surface" of the sidewalk ramp, and then got caught in the wide gap, elevated section of the sidewalk ramp where it intersects with the street. She fell forward and landed directly on her kneecap thereby causing the fracture and dislocation.
6. Ms. Saavedra required emergent medical care in Milwaukee, Wisconsin. She subsequently returned to her home in Florida, and she had to undergo surgery on her knee.
7. Attached hereto as Exhibit A are photographs depicting the exceedingly wide gap and uneven sidewalk slabs.
8. Pursuant to the Wisconsin Department of Transportation ("SDD 08D05-a: Curb Ramps Types 1 and 1-A"), "[N]o vertical lips or discontinuities greater than 1/4 inch are allowed." Attached hereto as Exhibit B is the DOT Standard Detail Drawing.

9. Pursuant to Wisconsin Department of Transportation Wisconsin Guide to Pedestrian Best Practices (Ch. 5, pp. 5-22 attached as Exhibit C), changes in sidewalk level can create tripping hazards, and any changes in level between ¼ and ½ inch should be beveled. In addition, a municipality should have an annual maintenance program in order to bring non-conforming sidewalk slabs into compliance.

10. As can be seen in Exhibit A, the sidewalk area where Ms. Saavedra fell has a change in level, vertical lip and discontinuity of greater than 1/4 inch.

11. As a direct and proximate result of such, change in level, vertical lip and/or discontinuity, Ms. Saavedra fell and was injured and suffered the damages described herein.

12. That as a result of the aforesaid incident, Claimant, Ms. Saavedra, sustained serious personal injuries, pain, suffering and disability, incurred medical expenses and loss of earnings. Ms. Saavedra has incurred medical expenses as a result of medical care required for the injuries she suffered. To date, the medical bills for care received in Wisconsin total \$12,220.36. Claimants have requested the medical bills incurred for care received in Florida but have not yet received such bills. Attached as Exhibit D is a medical bill summary detailing the medical bills incurred and received to date.

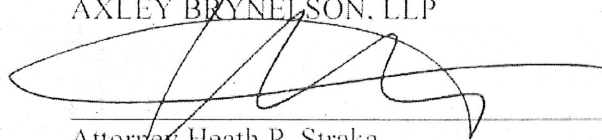
13. That as a result of the aforesaid incident, Claimant, Mr. Kromanaker, sustained a loss of society and companionship of his wife, Ms. Saavedra.

14. Claimants hereby demand the statutory maximum amount of damages as follows: Ms. Saavedra - \$50,000; Mr. Kromanaker -- \$50,000.

15. The undersigned is one of the attorneys for Claimants and is therefore authorized to provide this Notice of Claim and Claim.

Dated this 13th day of February, 2020.

AXLEY BRYNELSON, LLP



Attorney Heath P. Straka

State Bar No. 1031351

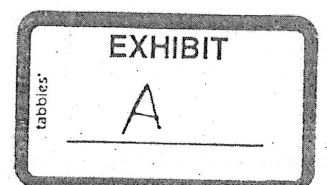
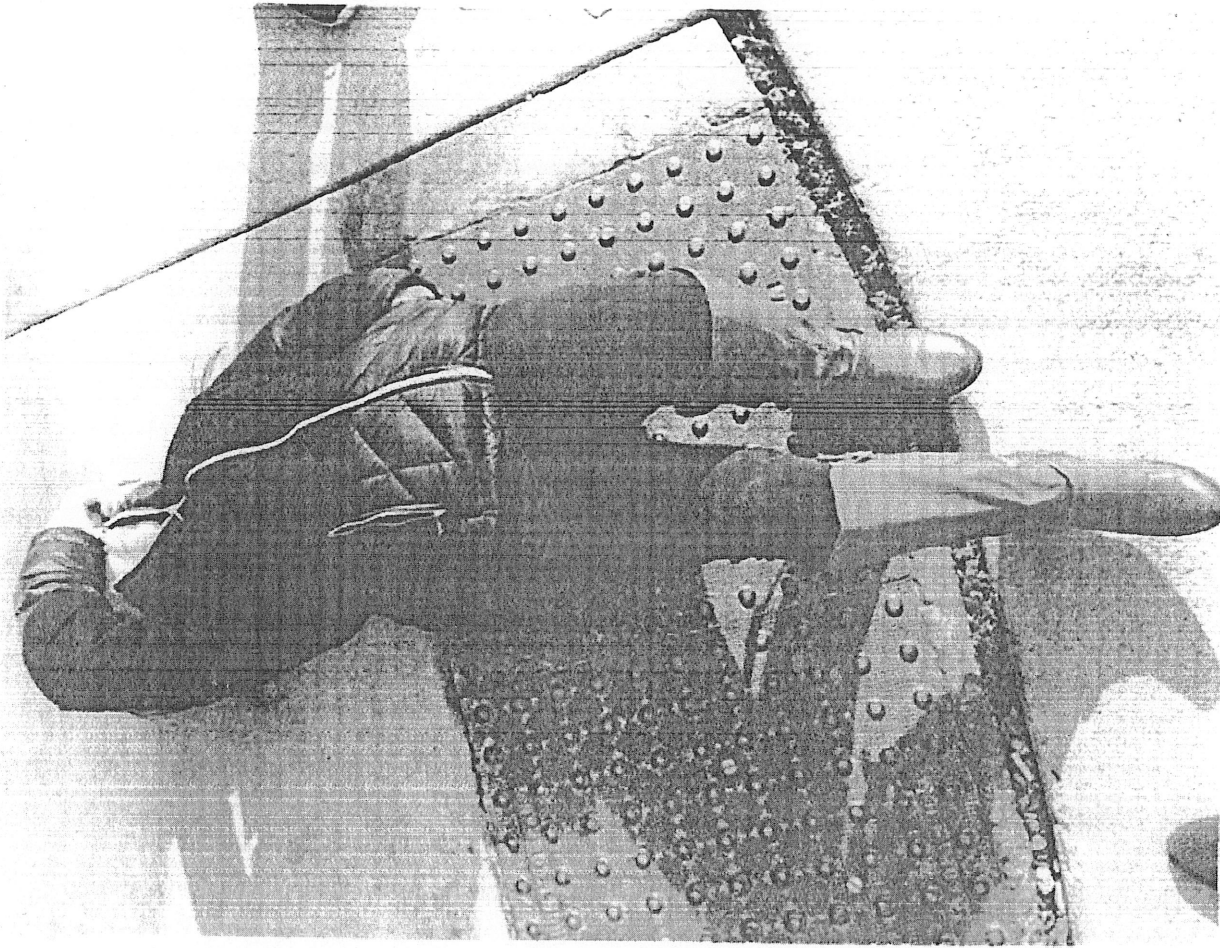
Attorneys for Claimants

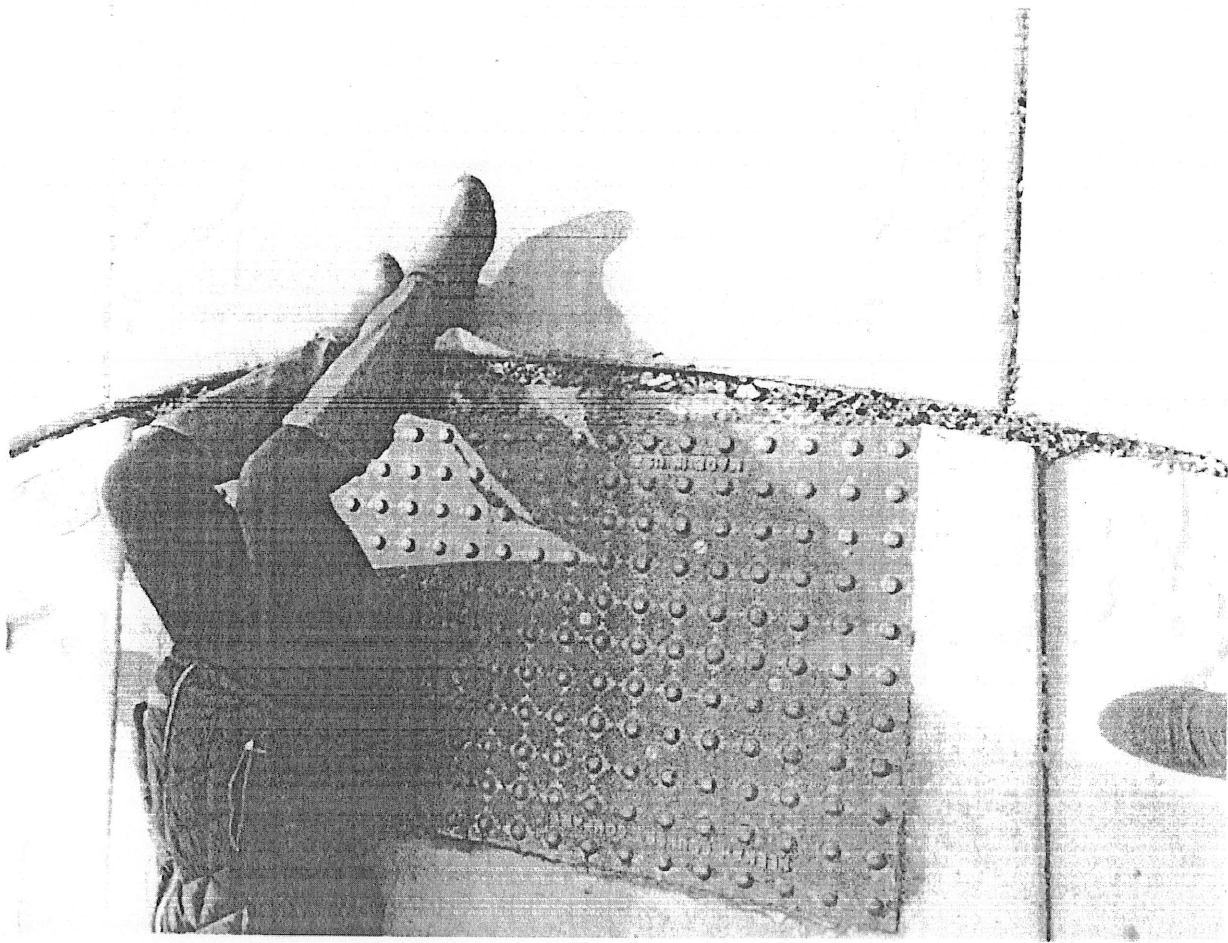
2 East Mifflin Street, Suite 200

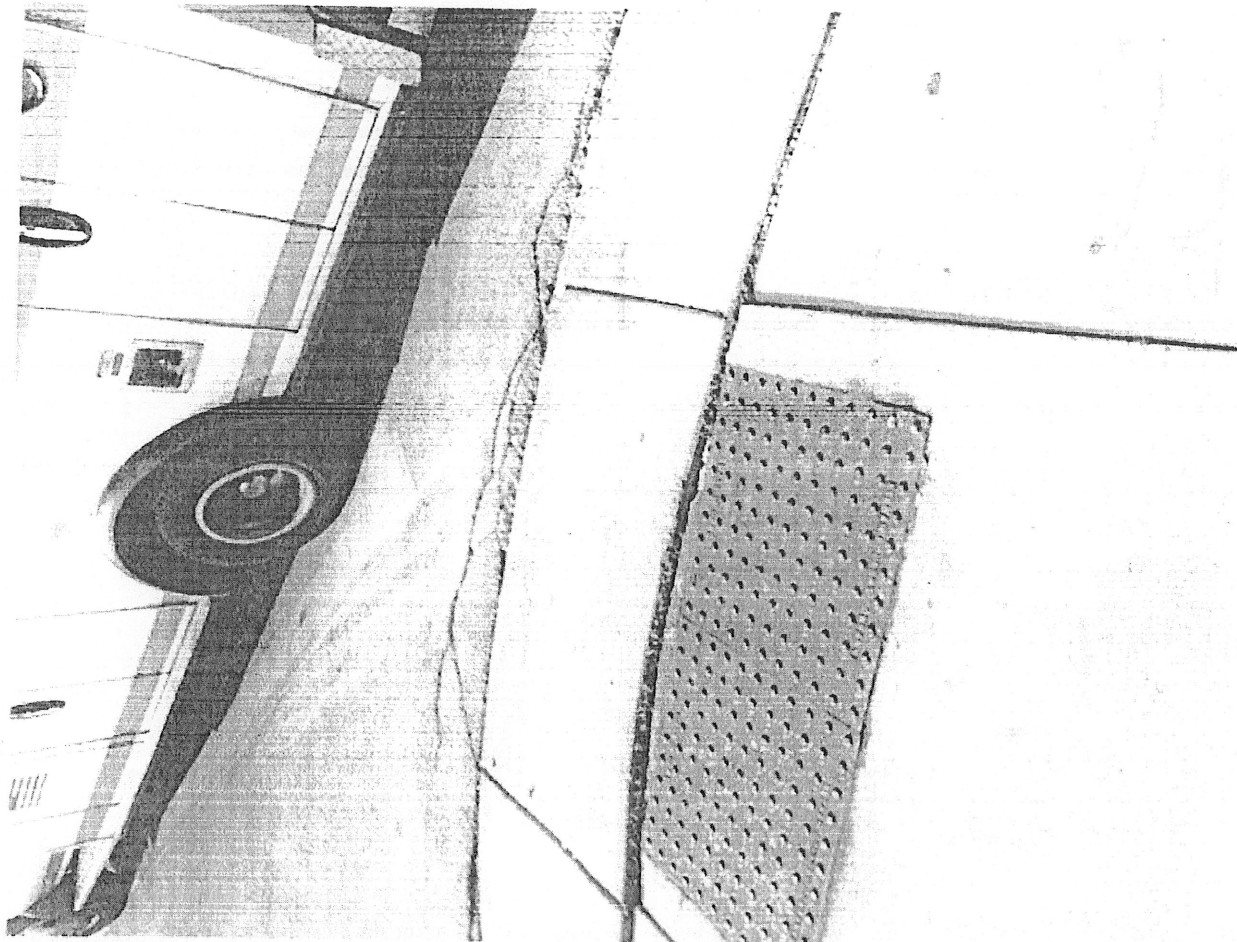
Madison, WI 53703

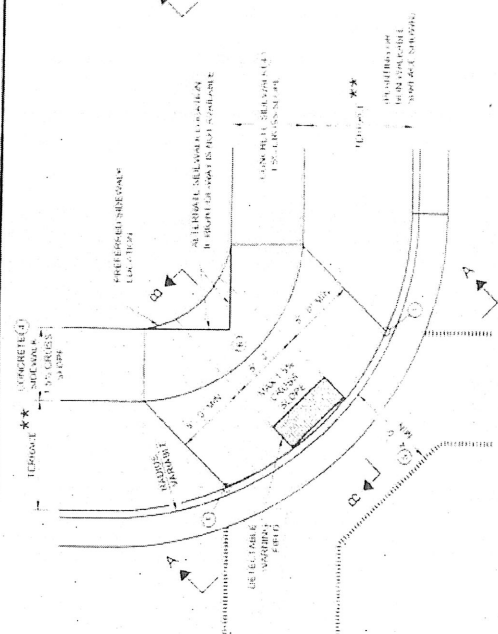
Tel: (608) 257-5661

E-mail: hstraka@axley.com

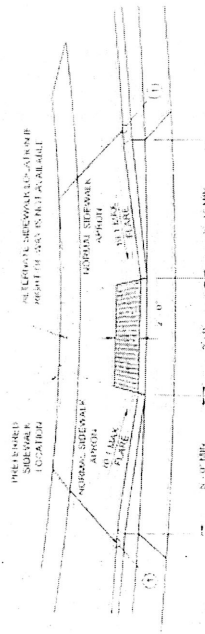




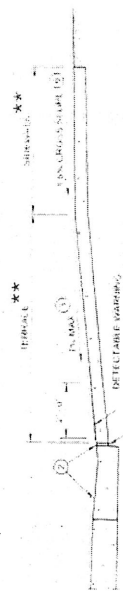




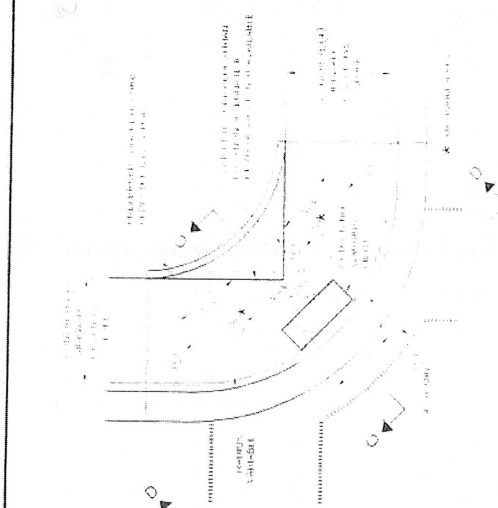
PLAN VIEW
CURB RAMP TYPE 1
CENTER OF CORNER RADIUS)



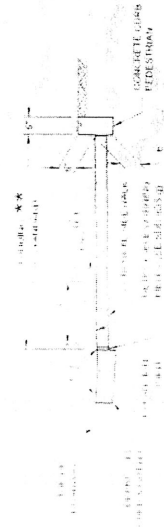
VIEW A - A FOR TYPE 1



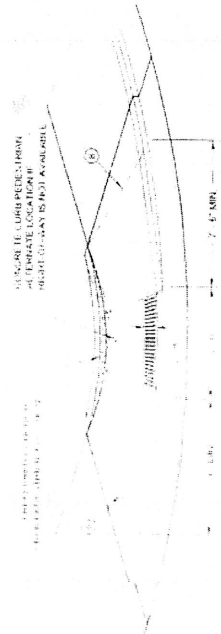
SECTION B - B FOR TYPE 1



PLAN VIEW
CURB RAMP TYPE 1 - A
(NO TERRACE)



SECTION C - C FOR TYPE 1 - A



VIEW D - D FOR TYPE 1 - A

GENERAL NOTES

AVOID PLACING DRAINAGE STRUCTURES IN THE HIGHWAY CROSS SECTION TO PREVENT UNNECESSARY EROSION

WHEN NECESSARY, THE SURFACE ELEVATION MAY BE LOWERED TO MEET THE REQUIREMENTS OF THE OWNER.

DETECTABLE WARNING FIELD SHALL BE MARKED AND PAID BY THE SQUARE FOOT AS FOLLOWS:

WARNING FIELD THE CONCRETE PESTHICIDE CUBE IF LOST SHALL BE REPLACED AND PAID BY THE SQUARE

AND PAID BY THE SQUARE FOOT AS COMBINE THE SIDE WALK, INCLUDING THE AREA UNDER TOP OF THE TABLE DRAINING FIELD.

TO THE AND ITEM OF "CLUB HOUSE OF THE TABLE WARDROBE" OF 17"

WORKING PAPER NO. 10000

THIS POINT IS AN EXTENSION OF OUTSIDE EDGE OF APPROACHING SIDEWALK WHERE IT MEETS THE BACK OF CURB OF THE CURB. POINT LOCATION MAY BE ADJUSTED TO ALIGN WITH THE CORNER OF THE NEAREST CURB IF THIS DISTANCE IS SHORT.

SPACE CHANGE BETWEEN GUTTER FLAG SLOPE AND THE CURB RAMP SLOPE SHALL NOT EXCEED 1/8". MAXIMUM GUTTER FLAG SLOPE IS 4%. PROVIDE LONGITUDINAL DRAINAGE SURROUNDING CURB AND AWAY FROM CURB RAMP. NO VERTICAL CURBS OR SLOPES GREATER THAN 1/8" SHALL BE USED.

ANALYSIS OF THE ROAD SLOPE. MINORITY TURNED NO TO EXCEED 1% WHEN ADJUSTED TO 1% LATERAL. MAJORITY TURNED HEAD ONWARD AT 1% IN THE DIRECTION OF PEDESTRIAN INFLUENCE.

5% CONSTRUCTION TOLERANCE IN SIDEWALK CROSS SLOPE. THE SIDEWALK CROSS SLOPE SHALL NOT EXCEED 5% WITHOUT PRIOR APPROVAL FROM THE ENGINEER.

PROVIDE A LEVEL LANDING IN THE STREET AND GUTTER AREA A 12% MAXIMUM SLOPE IN ANY DIRECTION. GUTTER SLOPE EXCEEDS 2%, CONSTRUCT 10' FLAT LANDING IN THE STREET AND A

TO PROVIDE GRADE BREAK PERPENDICULAR TO DIRECTION OF WHEELCHAIR TRAVEL

LEGEND

$$4 \text{ Fe}^{2+} \text{O}_4^{2-} + 10 \text{ H}^+ + 1 \text{ Fe}^{3+} \text{O}_4^{2-} + 2 \text{ H}_2\text{O} + 5 \text{ H}_2\text{O}_2 + 4 \text{ H}^+ \rightarrow 2 \text{ Fe}^{3+} \text{O}_4^{2-} + 10 \text{ H}_2\text{O}$$

DOI: 10.1002/for

CURB RAMPS
TYPE 1 AND 1-A

STATE OF WISCONSIN
DEPARTMENT OF TRANSPORTATION

EXHIBIT

2

*Curb Ramps Types 1 and 1-A***References:**FDM 11-20-1FDM 11-46-10**Bid items associated with this drawing:**

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
601.0600	Concrete Curb Pedestrian	LF
602.0505	Curb Ramp Detectable Warning Field Yellow	SF
602.0510	Curb Ramp Detectable Warning Field White	SF
602.0515	Curb Ramp Detectable Warning Field Natural Patina	SF
602.0405	Concrete Sidewalk 4"	SF
602.0410	Concrete Sidewalk 5"	SF
602.0415	Concrete Sidewalk 6"	SF
602.0420	Concrete Sidewalk 7"	SF
646.0113 - 0119	Pavement Marking (material) 6-Inch	LF
647.0763 - 0769	Pavement Marking Crosswalk (material) 6-Inch	LF
647.0773 - 0779	Pavement Marking Crosswalk (material) 12-Inch	LF
647.0783 - 0789	Pavement Marking Crosswalk (material) 18-Inch	LF
647.0793 - 0799	Pavement Marking Crosswalk (material) 24-Inch	LF

Standardized Special Provisions associated with this drawing:

NONE

Other SDDs associated with this drawing:

<u>SDD 8D5</u>	Curb Ramps sheets "b", "c", "d", "e", "f" and "g" are required.
<u>SDD 15C33</u>	Stop Line and Crosswalk Pavement Marking is required when this drawing is called for in the plans.

Design Notes:

The Type 3 should be used only when there may be utilities or other fixed objects in the way of the curb ramp installation and cannot be relocated.

If other ramp types are not technically feasible, Type 1 and 1-A curb ramps may be constructed per FDM 11-46-10.2. If Type 1-A curb ramps are constructed within constrained site locations, the landing width may be reduced to 5 feet.

These SDDs may not satisfy all field conditions. Develop special details showing elevations or other layout considerations.

The Product Acceptable List (PAL) has only cast-iron products for the Detectable Warning Field (DWF). The typical size of DWF panel in cast iron is 2 ft x 2 ft. Other cast iron panel sizes available include 2 ft x 1 ft, 2 ft x 1.5 ft, 2 ft x 2.5 ft, and 2 ft x 3 ft.

For the development of radial detectable warning fields (DWFs), radial plates are available from manufacturers listed on the PAL. Some manufacturers have also developed radial/rectangular plate combinations to form a prescribed radius.

Refer to FDM 11-46-10.2 and sheets "b", "c", "d", "f" and "g" of SDD 8D5 for further guidance when to apply rectangular or radial DWFs at curb ramps and for DWF plan layouts. Grade break distances greater than 5 feet will require radial DWFs. When radial DWFs are required, include back of curb radius, curb ramp landing length 'XR' (i.e. grade break distance), radial warning field area and radial long chord dimension in contract plans.

Cover the entire curb ramp width (excluding concrete flares) with detectable warning fields. Do not leave gaps between adjacent warning plates.

The Detectable Warning Field shall be installed in plastic concrete. The area under the Detectable Warning Field is paid as concrete sidewalk. Do not install the Detectable Warning Field in or on asphaltic pavement.

Do not install drainage grates in the path of curb ramp or sidewalk users. Slope the gutter pan so the curb ramp area will drain away from the pedestrian crossing.

The yellow border pavement marking is not required with the use of the Detectable Warning Field. See SDD 8D5-sheet b for Curb Ramp pay items used for restriping of curb ramp markings.

Contact Person:

Gary Corcoran (608) 264-9426



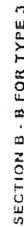
PLAN VIEW



PLAN VIEW



SECTION A - A FOR TYPE 2



VIEW C - C FOR TYPE 3

AVOID PLACING OBSTACLE STRUCTURES, SUCH AS MOULDS, IN HIGH OBSTACLE THREAT ZONE OR GAMP ACCESS AREAS

GRADE CHANGE BETWEEN GUTTER FLOOD SLOPE AND THE EXISTING ROAD SLOPE, SHALL NOT EXCEED FIVE PERCENT. GUTTER FLOOD SLOPE IS TO BE PROVIDED LONGITUDINALLY, WHERE APPROPRIATE AND AVAILABLE, THROUGHOUT THE ENTIRE LENGTH OF THE ROAD. WHERE A GUTTER FLOOD SLOPE IS NOT AVAILABLE, THE ROAD SLOPE SHALL MATCH THE ROAD SLOPE. MINIMUM 1% SLOPE MUST BE MAINTAINED THROUGHOUT THE ENTIRE LENGTH OF THE ROAD. THE ROAD SLOPE SHALL NOT EXCEED FIVE PERCENT.

60-52% COPOLYMERIZATION OF ETHYLENE WITH STYRENE IN THE PRESENCE OF A ZINC-DIETHYL ZINC COMPLEX. *Journal of Polymer Science: Part A: Polymer Chemistry*, 1971, 9, 1111-1121.

WITH GRAPH BREAK INSTANT EXCEEDED USE INSTANT DEFECTABLE VASCOLO. 411014-6 SHIP-1215 *

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LEGEND

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$$\mathbb{P}^{\text{unif}}_{\mathcal{A}}(A) = \frac{1}{|\mathcal{A}|} \sum_{A' \in \mathcal{A}} \mathbb{P}(A|A')$$

Version 20

Standard Detail Drawing 8D5 (sheet b)

May 2019

Curb Ramps Types 2 and 3

References:

FDM 11-20-1

FDM 11-46-10

Bid items associated with this drawing:

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
601.0600	Concrete Curb Pedestrian	LF
See Sheet "a".		

Standardized Special Provisions associated with this drawing:

See Sheet "a".

Other SDDs associated with this drawing:

SDD 8D5 Curb Ramps sheet "a", "c", "d", "e", "f" and "g" are required.
SDD 15C33 Stop Line and Crosswalk Pavement Marking is required.

Design Notes:

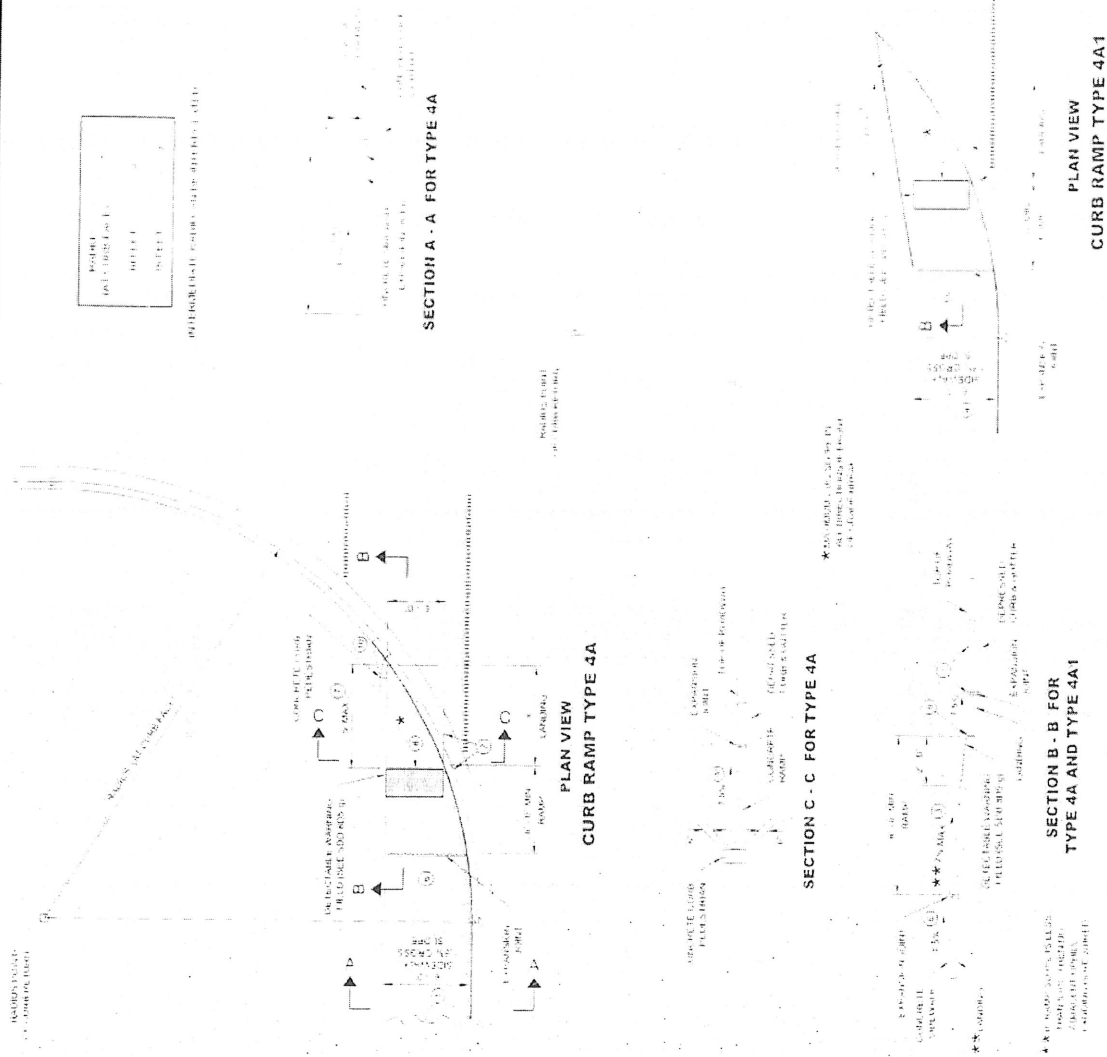
See Sheet "a".

Curb Ramp pay items used for restriping of curb ramp markings are as follows (do not use these pavement markings when using Curb Ramp Detectable Warning Fields):

1. 647.0503 Pavement Marking Curb Ramp Paint
2. 647.0506 Pavement Marking Curb Ramp Epoxy
3. 647.0509 Pavement Marking Curb Ramp Preformed Plastic

Contact Person:

Gary Corcoran (617) 294-4435



GENERAL NOTES

- [illegible]

LEGEND

- [illegible]

ISOMETRIC VIEW FOR TYPE 4A

ISOMETRIC VIEW FOR TYPE AA1

CURB RAMPS
TYPE 4A AND 4A1

STATE OF WISCONSIN
DEPARTMENT OF TRANSPORTATION

Version 20

Standard Detail Drawing 8D5 (sheet c)

May 2019

Curb Ramps Type 4A and 4A1

References:

FDM 11-20-1

FDM 11-46-10

Bid items associated with this drawing:

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
601.0600	Concrete Curb Pedestrian	LF
See Sheet "a".		
620.0300	Concrete Median Sloped Nose	SF

Standardized Special Provisions associated with this drawing:

See Sheet 'a'.

Other SDDs associated with this drawing:

<u>SDD 8D5</u>	Curb Ramps sheet "a" "b" "d" "e", "f" and "g" are required.
<u>SDD 11B2</u>	Concrete Median Nose is required
<u>SDD 15C33</u>	Stop Line and Crosswalk Pavement Marking is required.

Design Notes:

See Sheet 'a'.

Contact Person:

Ben Compton 800 364-3425

Version 20

Standard Detail Drawing 6D5 (sheet d)

May 2019

Curb Ramps Type 4B and 4B1

References:

FDM 11-20-1

FDM 11-46-10

Bid items associated with this drawing:

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
601.0600	Concrete Curb Pedestrian.....	LF
See Sheet "a".		
620.0300	Concrete Median Sloped Nose.....	SF

Standardized Special Provisions associated with this drawing:

See Sheet a.

Other SDDs associated with this drawing:

SDD 8D5 Curb Ramps sheet "a", "b", "c", "e", "f" and "g" are required.

SDD 11B2 Concrete Median Nose is required.

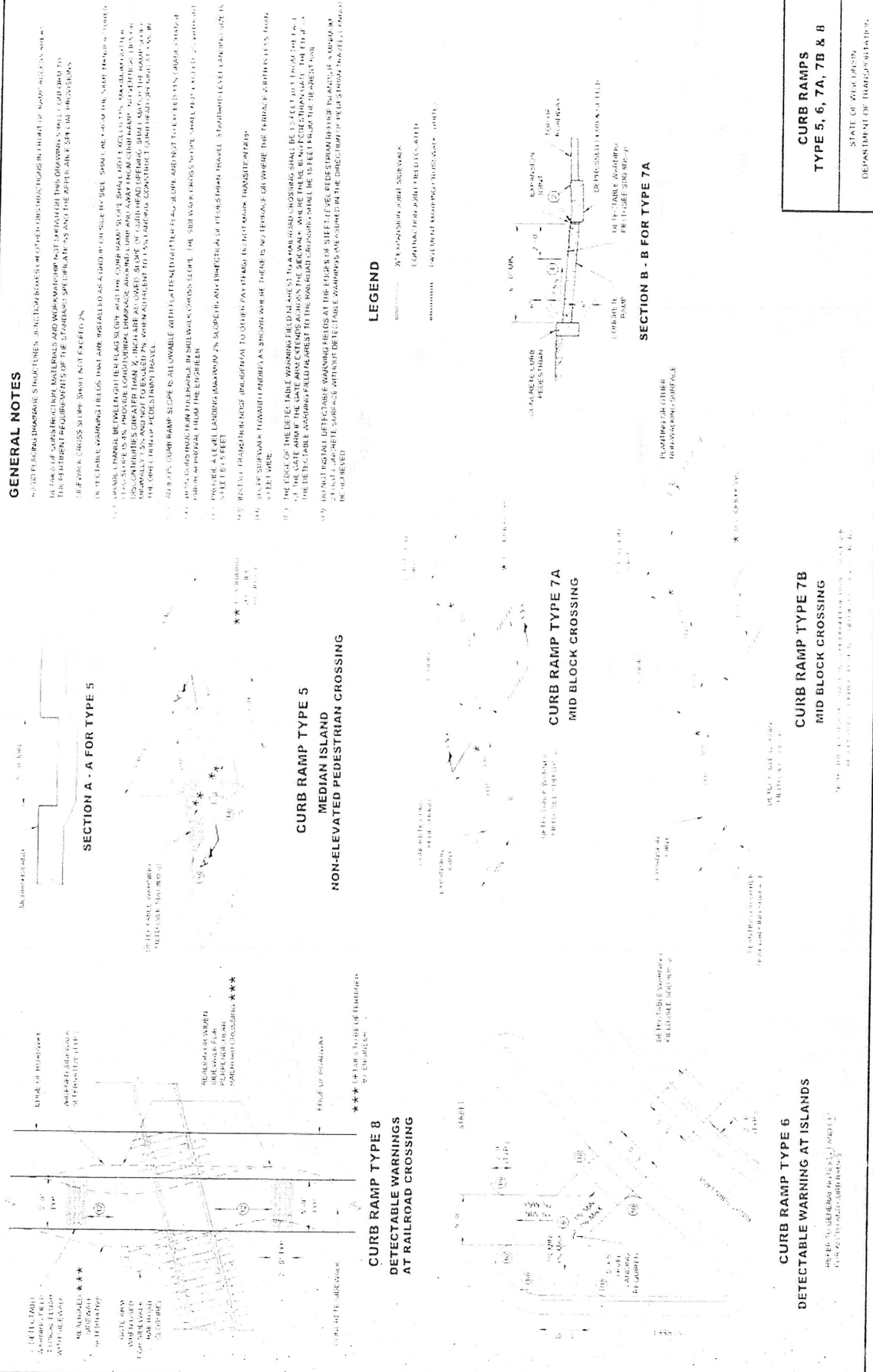
SDD 15C33 Stop Line and Crosswalk Pavement Marking is required.

Design Notes:

See Sheet "a".

Contact Person:

Ben Davidson 608 244-1428



Version 20

Standard Detail Drawing 8D5 (sheet e)

May 2019

Curb Ramps Type 5, 6, 7A, 7B & 8

References:

FDM 11-20-1
FDM 11-46-10

Bid items associated with this drawing:

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
601.0600	Concrete Curb Pedestrian	LF
See Sheet 'a'.		
620.0300	Concrete Median Sloped Nose	LF

Standardized Special Provisions associated with this drawing:

See Sheet 'a'.

Other SDDs associated with this drawing:

<u>SDD 8D5</u>	Curb Ramps sheet "a", "b", "c", "d", "f" and "g" are required.
<u>SDD 11B2</u>	Concrete Median Nose is required.
<u>SDD 15C33</u>	Stop Line and Crosswalk Pavement Marking is required.

Design Notes:

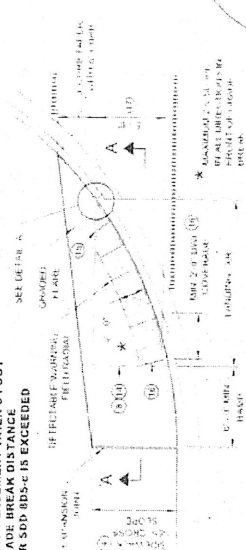
See Sheet "a"

Contact Person:

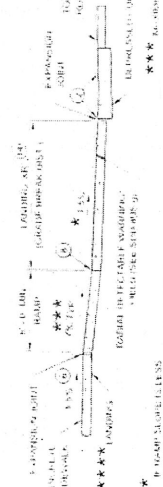
See Drawing 8D5, 8D6, 8D7

U SDD 08D05-f Curb Ramps Radial Detectable Warning Field Applications

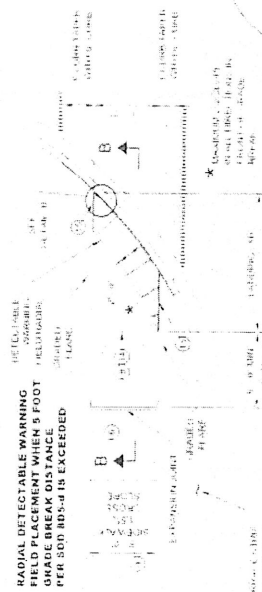
RADIAL DETECTABLE WARNING
FIELD PLACEMENT WHEN 5 FOOT
GRADE BREAK DISTANCE
PER SDP 8D5-C IS EXCEEDED



PLAN VIEW
CURB RAMP TYPE 4A1
(GRADE BREAK DISTANCE GREATER THAN 5 FEET)



SECTION A - A FOR TYPE 4A1



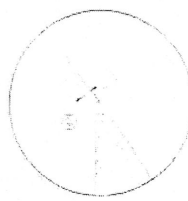
PLAN VIEW
CURB RAMP TYPE 4B1
(GRADE BREAK DISTANCE GREATER THAN 5 FEET)



SECTION B - B FOR TYPE 4B1

LEGEND

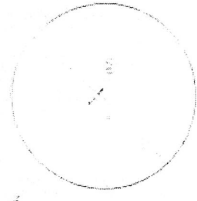
- [illegible]



DETAIL A


$$\begin{aligned} \text{find } & \gamma \in \mathbb{R}, \quad \gamma \in [0, 1] \\ \text{subject to } & \gamma \leq \gamma_{\text{max}} \\ & \gamma \geq \gamma_{\text{min}} \end{aligned}$$

RADIAL DETECTABLE WARNING
FIELD PLACEMENT WHEN 5 FT
GRADE BREAK DISTANCE
PER SDG BDS-2 IS EXCEEDED



DETAIL B

B-60897 (104) IS 1, 2, 3
TERRY G. COX, Defendant
vs. THE UNITED STATES
= ADJUDICATING OFFICIAL =

GENERAL NOTES

the 1990s, the fact that the number of people who are not doing well is growing is not a good sign. The fact that the number of people who are not doing well is growing is not a good sign. The fact that the number of people who are not doing well is growing is not a good sign.

THEY ARE COMMONLY USED TO IDENTIFY THE NAME MONUMENTS. THEY ARE COMMONLY USED TO IDENTIFY THE NAME MONUMENTS.

THESE RESULTS WERE OBTAINED USING A 100-MHz NMR SPECTROMETER. THE SAMPLES WERE PREPARED BY THE METHOD OF KIM AND KIM (1990). THE SAMPLES WERE PREPARED BY THE METHOD OF KIM AND KIM (1990). THE SAMPLES WERE PREPARED BY THE METHOD OF KIM AND KIM (1990).

the other hand, the low temperature of the water in the cooling tower (13°C) and the low temperature of the water in the condenser (13°C) are not sufficient to ensure a high rate of condensation. The condenser is a vertical tube bundle with a diameter of 1.5 m and a height of 12 m. The condenser is a vertical tube bundle with a diameter of 1.5 m and a height of 12 m. The condenser is a vertical tube bundle with a diameter of 1.5 m and a height of 12 m.

[illegible]

THEORY OF THE EARTH AND PLANETARY INTERIORS

[illegible]

Figure 1. The estimated hazard function of the time to death for patients with stage I breast cancer. The fitted logistic model is based on 1000 bootstrap samples.

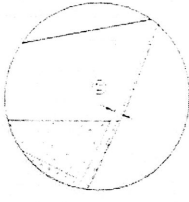
RADIAL DETECTABLE WARNING
FIELD PLACEMENT WHEN 8 FOOT
GRADE BREAK DISTANCE
PER SDD RD5-b IS EXCEEDED



PLAN VIEW

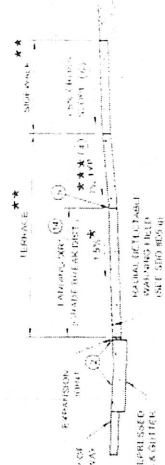
CURB RAMP TYPE 2

(GRADE BREAK DISTANCE GREATER THAN 5 FEET)
(ON LINE WITH SIDEWALK)



DETAIL C

SECTION C - C FOR TYPE 2



**CURB RAMPS
RADIAL DETECTABLE WARNING
FIELD APPLICATIONS**

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

*Curb Ramps Radial Detectable Warning Field Applications***References:**

FDM 11-20-1
FDM 11-46-10

Bid items associated with this drawing:

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
601.0600	Concrete Curb Pedestrian	LF
602.0605	Curb Ramp Detectable Warning Field Radial Yellow.....	SF
602.0610	Curb Ramp Detectable Warning Field Radial White.....	SF
602.0615	Curb Ramp Detectable Warning Field Radial Natural Patina.....	SF
See Sheet 'a' except exclude item numbers 602.0505, 602.0510 and 602.0515. The radial DWF bid items replaces these bid items.		
620.0300	Concrete Median Sloped Nose	LF

Standardized Special Provisions associated with this drawing:

See Sheet 'a'.

Other SDDs associated with this drawing:

SDD 8D5 Curb Ramps sheet "a", "b", "c", "d", "e" and "g" are required.
SDD 11B2 Concrete Median Nose is required.
SDD 15C33 Stop Line and Crosswalk Pavement Marking is required.

Design Notes:

See Sheet "a"

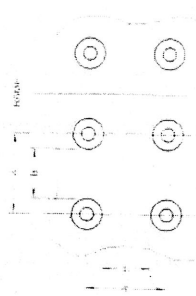
Contact Person:

Gary Conneran 813-294-8426

SDD 08D05-g: Curb Ramps Rectangular and Radial Detectable Warning Plates

GENERAL NOTES

1. ALL WARNING PLATES SHALL BE INSTALLED AT CURB RAMP SLOPES IN ACCORDANCE WITH THE SDD 08D05-g.
2. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
3. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
4. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
5. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
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7. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
8. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
9. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.
10. ALL WARNING PLATES SHALL BE INSTALLED IN ACCORDANCE WITH THE SDD 08D05-g.



PLAN VIEW

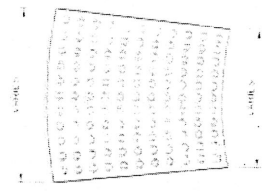
	MIN.	MAX.
A	18"	24"
B	0.65'	1.5'
C	*	*
D	0.5'	1.5'

* THE C DIMENSION IS 50% TO 65% OF THE D DIMENSION



ELEVATION VIEW

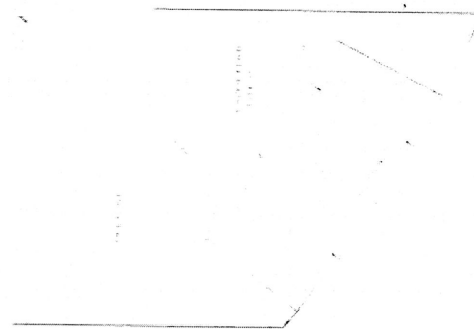
TRUNCATED DOMES DETECTABLE WARNING PATTERN DETAIL



RECTANGULAR
PLATES

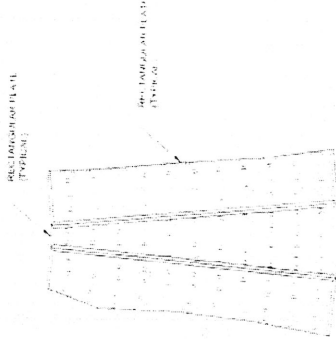
PLAN VIEW

DETECTABLE WARNING FIELDS (TYPICAL)



PLAN VIEW

RADIAL DETECTABLE WARNING FIELD ATTRIBUTES



PLAN VIEW
RADIAL WEDGE PLATE
CONNECTION DETAIL

CURB RAMPS RECTANGULAR AND RADIAL DETECTABLE WARNING PLATES	
STATE OF MISSOURI	DEPARTMENT OF TRANSPORTATION
APPROVED	DATE
SDD 08D05 - 20g	

*Curb Ramps Rectangular and Radial Detectable Warning Plates***References:**FDM 11-20-1FDM 11-46-10**Bid items associated with this drawing:**

<u>ITEM NUMBER</u>	<u>DESCRIPTION</u>	<u>UNIT</u>
602.0505	Curb Ramp Detectable Warning Field Yellow	SF
602.0510	Curb Ramp Detectable Warning Field White.....	SF
602.0515	Curb Ramp Detectable Warning Field Natural Patina	SF
602.0605	Curb Ramp Detectable Warning Field Radial Yellow	SF
602.0610	Curb Ramp Detectable Warning Field Radial White	SF
602.0615	Curb Ramp Detectable Warning Field Radial Natural Patina.....	SF

Standardized Special Provisions associated with this drawing:

See Sheet 'a'.

Other SDDs associated with this drawing:SDD 8D5 Curb Ramps sheet "a", "b", "c", "d", "e" and "f" are required.**Design Notes:**

See Sheet "a".

Contact Person:

Curb Ramps 11-20-1, 11-46-10

If the bottom of the drop is water or a hard surface, railings are recommended. A grassy landing at the bottom of a steep side slope is less problematic. Typically, 4:1 grades sloping downward do not require flat shoulders or railings. However, a six-inch shoulder is still recommended even if it increases the down slope a slight amount.

Retaining walls have steep vertical drops. A barrier is necessary if pedestrians, bicycles or children are likely to be within five feet of the top of the wall. A barrier must be installed at the top of any wall that is over one-foot tall, if the top of the wall is adjacent to a sidewalk, trail, parking lot or stairway landing. Walls located farther from human or vehicular activity may be higher before a barrier is considered necessary. In any case, a barrier must be provided if it is determined to be necessary, regardless of the wall's height. The barrier on top of a wall could be a fence, beam guard or railing. The selection, location and installation details of a proposed barrier should be coordinated with the structural designer. The aesthetics of any barrier, especially in urban areas where the wall and barrier are located adjacent to private property, may also be considered.

5.3.1.2.7. Obstructions and other pedestrian obstacles

To maximize pedestrian accessibility, the walking area should be clear of all potential obstructions. The following subsection describes common obstructions and pedestrian obstacles, and discusses solutions to these obstacles.

Changes in level. Abrupt vertical rises between adjacent surfaces within the walking area are changes in level. There are many causes of changes in level, such as tree roots pushing up under the walking area or frost heaving and settling the walking surface. Changes in level can create tripping hazards for pedestrians, especially pedestrians with visual or mobility impairments. According to ADAAG standards, changes in level between $\frac{1}{4}$ and $\frac{1}{2}$ inch should be beveled, with a maximum slope of 50 percent (Exhibit 5-28). Changes in level above $\frac{1}{2}$ inch should be patched or restored to a maximum grade of 8.3 percent and should conform to ADA ramp guidelines (See Chapter 4, Section 405 of ADAAG).

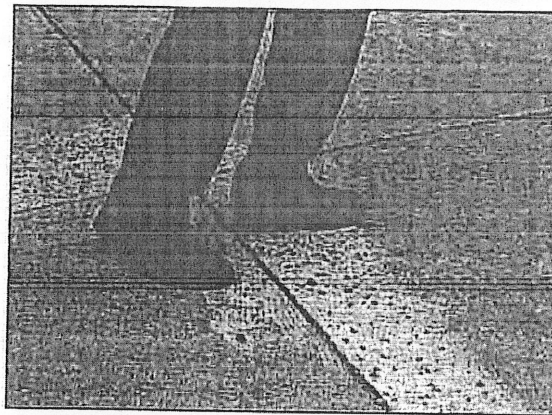


Exhibit 5-28. Changes in level can create tripping hazards. Any changes in level between $\frac{1}{4}$ and $\frac{1}{2}$ inch should be beveled.

Sidewalk displacement is common in Wisconsin due to frost heaves and tree roots. Although reducing changes in level are recommended when displacement reaches $\frac{1}{2}$ inch, it is not expected that the entire stock of a community's sidewalk system be in compliance. It is more likely for municipalities, as a common and acceptable practice, to follow an annual maintenance program that will bring sub-areas of a community into compliance. Each area is brought up to standard with permanent repairs on a rotational basis. Consideration may be given to stricter standards or more frequent reviews for areas with heavy pedestrian traffic such as areas around busy downtowns, stadiums and venues. Eventually, the maintenance program will return to the initial neighborhood and the cycle will repeat itself. A maintenance program cycle does not relieve a community from responding to hazardous tripping conditions and making temporary repairs to sidewalks in other parts of the community.

Protruding objects. Objects that extend into the walking area, terrace or frontage zones are especially unsafe for pedestrians with visual impairments. Objects that are protruding between the heights of 27 inches and 80 inches from a wall or a post shall not protrude horizontally more than four inches if they can be approached from the side, and not more than 12 inches if they can only be approached from the front. If an object is mounted between two posts or poles that are separated by more than 12 inches, the lowest edge of the object shall have a maximum height of 80 inches. Common objects in the pedestrian right of way to position properly

MEDICAL BILLS SUMMARY

ANA G. SAAVEDRA

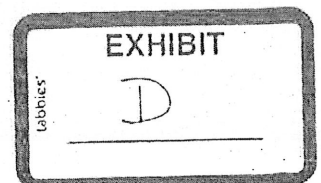
D/O/B: 03/10/1992

D/O/A: 10/26/2019

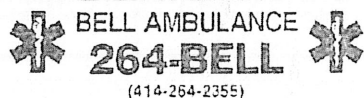
OUR FILE NO: 25445.83689

DATE	PROVIDER	AMOUNT
10/26/19	Bell Ambulance, Inc.	\$ 1,325.05
10/26/19	Ascension Columbia St. Mary's Hospital	1,409.37
10/26/19	Wisconsin Radiology Specialists	60.00
10/26/19	Infinity Healthcare Physicians	1,419.00
10/26/19	Home Care Medical, Inc.	55.00
11/04/19	Central Florida Pathology Associates	110.00
11/04/19	American Spine & Orthopedic Institute	400.00
11/05/19	American Spine & Orthopedic Institute	6,258.25
11/05/19	AdventHealth East Orlando/Advent Health Imaging	153.69
11/05/19	Adventist Health	
11/19/19	Professional Imaging Centers	
11/22/19	Colonial Medical Supplies	30.00
12/02/19	Professional Imaging Centers	
12/05/19	American Spine & Orthopaedic Institute	1,000.00
	TOTAL:	\$ 12,220.36

EFJ 02/11/2020



PLEASE RETURN THIS STUB WITH YOUR PAYMENT



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

2204 SILVERNAIL RD
PEWAUKEE, WI, 53072-9903



Client Name: **SAAVEDRA, ANA**

Trip Number:

19-2990090

Service Date: **10/26/2019**

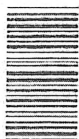
Amount Due: **\$ 1,325.05**

Billing Date: **01/16/2020**

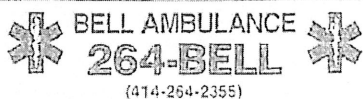
Billing Department: **(414) 486-4055**

Toll-Free Number: **(800) 896-6200**

Se Habla Español: **(414) 486-4016**



ANA SAAVEDRA
10115 ARMANDO CIR
ORLANDO, FL 32825-7725



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

DATE DESCRIPTION OF TRANSACTION

10/26/2019 Emergency Base Rate, ALS-1±
10/26/2019 Oxygen±
10/26/2019 EKG Monitoring 1-3 Lead±
10/26/2019 Fentanyl±
10/26/2019 IV Supplies±
10/26/2019 Electrodes (pack of 3)±
10/26/2019 Supplies, ALS±

± Rate set by City of Milwaukee Ordinance Chapter 75-15

BELL AMBULANCE, INC
2204 SILVERNAIL RD
PEWAUKEE, WI, 53072-9903

Billing Department: (414) 486-4055
Toll-Free Number: (800) 896-6200

Trip Number: **19-2990090**

(220031)

Client Name: **SAAVEDRA, ANA**

Caller Name:

From Location: **N WATER ST & E**

To Location: **ST MARY'S HOSPITAL**

HCPC	QUANTITY	UNIT PRICE	AMOUNT
A0427	1	902.11	902.11
A0422	1	86.71	86.71
93041	1	116.01	116.01
J3010	1	55.18	55.18
A0394	1	89.83	89.83
A0398	1	2.86	2.86
A0398	1	92.35	92.35

PLEASE PAY THIS AMOUNT => **\$1,325.05**

You can now pay online at www.264Bell.com

CERTIFICATION OF PATIENT BILLING

Patient Name:

Ana Saavedra

Facility: Columbia St Mary's Hospitals

I certify that the documents attached to this certificate, consisting of 2 pages, are accurate, legible, and complete duplicates of the original medical bills of the patient listed above, as requested, and for which authorization was granted, for the following time period:

10/26/19 to 10/26/19

Exception:

- ☐ Please reference the attached record notification.
- ☐ Other

Executed on this 31st day of December 2019.

Michelle Pryor

Client Service Representative

QOX Health, Release of Information Vendor for

Columbia St. Mary's

COLUMBIA ST MARYS HOSPITAL- MILWAUKEE CAMPUS
7389 SOLUTION CENTER
CHICAGO, IL 60677-7004

RECORD OF SERVICE

PG# 1

DATE: 12/31/19

ACCT TYPE: O

414 326-2277

PATIENT NAME: SAAVEDRA ,ANA G

PATIENT NUMBER: 142601362 FC: S

ADMIT DATE: 10/26/19 DISCHARGE DATE:

BIRTH DT: 03/10/1992 PT: E

GUARANTOR: ANA G SAAVEDRA

ACCOUNT BAL: 944.28

NAME AND : 10115 ARMANDO CIRCLE

ADDRESS :

PATIENT BAL: 944.28

ORLANDO

FL 32825

TOTAL CHARGES:

1409.37

INS1: S01

.00

INS2:

INS3:

INS4:

1	ADJUSTMENTS	-465.09	-1409.37	944.28
2	X-RAY DIAGNOSTI	456.00	456.00	0.00
3	PHARMACY	26.11	26.11	0.00
4	EMERGENCY DEPT	915.00	915.00	0.00
5	SELF ADMIN DRUG	12.26	12.26	0.00

I49E1521

11:59 12/31/19 FROM IBMO,EDPABLFY



Wisconsin Radiology Specialists is pleased to present our new patient friendly statements. We hope our new format will assist in providing a positive billing experience.

If you have any questions regarding your statement please contact us at (888) 989-2289. To make a payment or set up arrangements for payment, please visit our new online patient portal at:
<https://pay.instamed.com/wrs>

SUMMARY OF SERVICES	
STATEMENT DATE:	11-10-2019
GUARANTOR NAME:	SAAVEDRA, ANA G
GUARANTOR #:	K42660772
SERVICE CHARGES	\$60.00
INSURANCE PAYMENTS/ADJ	\$0.00
PATIENT PAYMENTS	\$0.00

PAYMENT OPTIONS	
	BILLING QUESTIONS? PLEASE CALL: (888) 989-2289 Office Hours: Monday - Friday 8:00am - 5:00pm CST
AMOUNT DUE UPON RECEIPT \$60.00	
WAYS TO PAY: https://pay.instamed.com/wrs (888) 989-2289 By mail, return stub below	

Account Number	Patient Name	Date of Service	Total Charges	Total Pay/Adj	Patient Balance Due
1240406-1	SAAVEDRA, ANA G	10-26-2019	\$60.00	\$0.00	\$60.00

Thank you for choosing Wisconsin Radiology Specialists for your healthcare needs. Quality of patient care and dedication to patient satisfaction are our highest priorities. Our records indicate that there is balance due on your account.

Payments may be made online at <https://pay.instamed.com/wrs>, by phone at (888) 989-2289 or you may mail in a check with the payment stub below.

Please see reverse for account details.

▼ DETACH BOTTOM PORTION AND RETURN WITH PAYMENT ▼



MEDICAL BILLING
PO Box 1790
Brookfield, WI 53008-1790

Please call us at (888) 989-2289 if you have new insurance information, a change of address or any errors.

ANA G SAAVEDRA
10115 ARMANDO CIR
ORLANDO, FL 32825-7725

For credit card payments, complete section below		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER	VCODE	EXP DATE
SIGNATURE	AMOUNT	
AMOUNT DUE NOW	ENCTR#	Balance Owng
\$60.00	1240406-1	\$60.00
SHOW AMOUNT		
PAID HERE \$		

Make check payable and remit payment to:
WISCONSIN RADIOLOGY SPECIALISTS
PO BOX 1790
BROOKFIELD, WI 53008

INFINITY HEALTHCARE PHYS. S.C.
PO BOX 80281
PHILADELPHIA, PA 19101-1281

IHP **STATEMENT OF ACCOUNT (1)**
Statement Date: November 09, 2019

Account Number: IHP142601362
Patient Name: ANA G SAAVEDRA
Access Code: 1947-142601362

Due Date: 11/29/19
Amount You Owe: \$1,419.00

090816-0000142601362-06
#BWNJFDB
#000000IHP1453748#
ANA G SAAVEDRA
10115 ARMANDO CIR
ORLANDO FL 32825-7725

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE.
THANK YOU.

Pay Online
WWW.MYMEDICALPAYMENTS.COM
1-800-355-2470 MON-FRI 9:00AM - 3:00PM

TAX ID # 39-1861457

Services provided at:
AC ST. MARYS HOSPITAL MILWAUKEE - 2301 NORTH LAKE DRIVE - MILWAUKEE WI 53211-4508

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe
10/26/2019	99284	EMERG INJURY EVAL & MGMT-LVL 4	DR. BARBER	\$1,026.00	\$0.00		\$1,026.00
10/26/2019	29505	SPLINTING LONG LEG	DR. BARBER	\$393.00	\$0.00		\$393.00

THIS STATEMENT MAY NOT REFLECT ANY PAYMENTS YOU MADE AT TIME OF SERVICE.

Total Charges: \$1,419.00
Current Patient Responsibility: \$1,419.00

120304-A1-0041

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE.

Pay Online
www.MyMedicalPayments.com

Payment Due By: 11/29/19
Amount Due: \$1,419.00
Amount Enclosed:

Statement Date: 11/09/19
Account Number: IHP142601362
Patient Name: ANA G SAAVEDRA

PAY \$1,419.00 BY DUE DATE

Guarantor:

ANA G SAAVEDRA
10115 ARMANDO CIR
ORLANDO, FL 32825

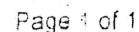
Make Check/Money Order payable to:

INFINITY HEALTHCARE PHYS. S.C. IHP
PO BOX 80281
PHILADELPHIA, PA 19101-1281

☐ If your address has changed, check this box.
and complete the reverse side of this form

0908160000142601362001419000000000000009

COONS ☐ **DISCOVER**





ADVENTHEALTH MED GP RAD CF
PO BOX 864552
ORLANDO, FL 32886-4552



EZ
Ways To Pay...

ANA SAAVEDRA
10115 ARMANDO CIR
ORLANDO FL 32825-7725



Online
www.mydocbill.com/rsfl



Automated Attendant
1.866.481.7571 (24 hours a day)

For Payments Please Call: 1.888.960.7392 For Billing Questions Please Call: 1.866.481.7571

Account Number	Amount Due	Statement Date	Date Due
448990-QRSFL	\$153.69	11/29/19	Upon Receipt

STATEMENT

Account Summary

Account Number	448990-QRSFL
Patient Payments in Last 30 Days	0.00
Current Statement Balance	153.69
Charges Pending w/ Insurance	0.00
Total Account Balance	153.69

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.mydocbill.com/rsfl

PRIMARY

Insurance	BCBS OF FLORIDA
Group/Plan	
ID Number	DZVANB194021

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

New & Improved Online Experience



Go Green

www.mydocbill.com/rsfl

Pay Online | Update Info

Gain the power to pay your bill or update your information at your convenience 24 hours a day. This not only benefits the environment it benefits you and your time!

About Your Statement

Our records indicate there is still an outstanding balance on this account. You may make a payment online. If you have insurance and your statement does not reflect your insurance information or that the claim has been filed please go online and make sure we have your correct insurance information. You can also call our automated phone system 24 hours a day at the number listed above to make a payment or update your insurance. Thank you!

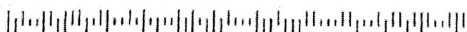
See Statement Details on Back



147310-214

ADVENTHEALTH MED GP RAD CF
PO BOX 864552
ORLANDO, FL 32886-4552

Patient Name: ANA SAAVEDRA
Invoice Number: 6098497
Billing Questions: 1.866.481.7571



ANA SAAVEDRA
10115 ARMANDO CIR
ORLANDO FL 32825-7725

147310-214



Amount Due!

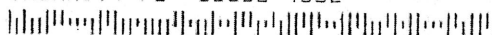
STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
11/29/19	\$153.69	448990-QRSFL

CHARGE CARD CREDITS MADE AFTER
STATEMENT DATE WILL APPEAR ON
NEXT STATEMENT

SHOW AMOUNT PAID HERE	\$
--------------------------	----

MAKE CHECKS PAYABLE / REMIT TO:

ADVENTHEALTH MED GP RAD CF
PO BOX 864552
ORLANDO, FL 32886-4552



0609849700015369000000448990QRSFL2

Pay Online: www.mydocbill.com/rsfl

101921

PHYSICAL ADDRESS:
 7824 Lake Underhill Road
 Suite H
 Orlando, FL 32822

Phone: 8777624234
 Hrs: Mon-Fri 8:30 AM - 5:00 PM Fax: 4103351133

PATIENT NAME
 ANA SAAVEDRA

GUARANTOR:

IF PAYING BY CREDIT CARD, FILL OUT BELOW

☐ M/C ☐ VISA ☐ DISCOVER ☐ AMEX

CARD NUMBER SECURITY CODE

SIGNATURE EXP. DATE

STATEMENT DATE 11/20/2019 CURRENT BALANCE \$108.53 ACCOUNT NUMBER Inv: 50660

PREPAID PAYMENT AMOUNT \$108.53 PAYMENT DUE UPON RECEIPT

MAKE CHECK PAYABLE AND REMIT TO:

ANA SAAVEDRA
 10115 ARMANDO CIR
 ORLANDO, FL 32825

American Spine and Orthopaedic Inst
 7824 Lake Underhill Drive Suite H
 Orlando, FL 32822

Invoice Number: 50660

Page 1 of 1

☐ Please check box if above address is incorrect or insurance information has changed. And indicate change(s) on reverse side. PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

ACCOUNT NUMBER	PATIENT NAME	PRIMARY INSURANCE	SECONDARY INSURANCE
Inv: 50660	ANA SAAVEDRA	BCBS FLORIDA	

Details			Total
Claim: 207811826	Date of Service: 11/5/2019	Pat. Date: 11/18/2019	\$108.53
DOS-11/5/2019	27524 - TREAT KNEECAP FRACTURE		\$800.00
11/18/2019	27524 - BCBS FLORIDA - Pmt		\$0.00
11/18/2019	27524 - BCBS FLORIDA - Adj		-\$691.47
11/18/2019	27524 - BCBS FLORIDA - PR - Deductible Amount - \$108.53		

Important Message From Our Billing Department

7824 Lake Underhill Road, Suite H, Orlando, FL 32822

Amount Due Now
\$108.53

Phone: 8777624234
 Fax: 4103351133
 Hrs: Mon-Fri 8:30 AM - 5:00 PM
 Page 1 of 1

INVOICES# 826640139 PAGE:1
ACCOUNT# OF GUARANTOR: 36988521

AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC
7824 LAKE UNDERHILL ROAD
SUITE H
ORLANDO, FL 32822-8201

DATE: Dec-26-2019

PATIENT ACCOUNT# 36988521
PATIENT: SAAVEDRA, ANA
DATE OF SERVICE: 11-04-19
PLEASE PAY \$6,102.93

Signature _____
Exp.Date _/ _/ _
CC# _____ CID# _____
_ VISA _ CHECK# _

JAKE KROMANAKER
10115 ARMANDO CIR
ORLANDO, FL 32825

PAY TO: AMERICAN SPINE AND ORTHOPAEDIC INSTITU
7824 LAKE UNDERHILL ROAD
SUITE H
ORLANDO, FL 32822-8201

-----Cut Here & Return Above Portion With Payment-----

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	BALANCE
PATIENT: SAAVEDRA, ANA ACCT# 36988521				
Practice : AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC				
Rendering Provider : MANZANARES, JAMES				
11-04-19	INPATIENT CONSULTATION	\$400.00		\$400.00
12-14-19	PAYMENT FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA		\$0.00	\$400.00
12-14-19	PAYMENT FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA		\$275.64	\$124.36
Practice : AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC				
Rendering Provider : MANZANARES, JAMES				
11-05-19	OPTX PATLLR FX W/INT FIXG/PATLLC SOFT TISS RPR	\$5,458.25		\$5,458.25
Practice : AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC				
Rendering Provider : RICHKO, VLAD				
11-05-19	OPTX PATLLR FX W/INT FIXG/PATLLC SOFT TISS RPR	\$800.00		\$800.00
11-18-19	PAYMENT FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA		\$0.00	\$800.00
11-18-19	PAYMENT FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA		\$691.47	\$108.53
Practice : AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC				
Rendering Provider : SALISBURY, TESS PA				
11-19-19	POSTOP FOLLOW-UP VISIT	\$0.00		\$0.00
Practice : AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC				
Rendering Provider : MANZANARES, JAMES				
12-05-19	KO ADJ JOINT POS RIGID SUPPORT	\$1,000.00		\$1,000.00
12-20-19	PAYMENT FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA		\$0.00	\$1,000.00
12-20-19	PAYMENT FROM BLUE CROSS AND BLUE SHIELD OF FLORIDA		\$588.21	\$411.79
Practice : AMERICAN SPINE AND ORTHOPAEDIC INSTITUTE LLC				
Rendering Provider : SALISBURY, TESS PA				
12-17-19	POSTOP FOLLOW-UP VISIT	\$0.00		\$0.00

PLEASE PAY \$6,102.93

NEW

Patient Portal



- Register and manage your account online
- View and pay invoices securely
- Track your payments

Pay online at:
aerocareusa.com

Important Messages

- Go to aerocareusa.com and click on Pay Online to pay your invoice with no associated transaction fee!
- Any insurance provided has been applied, please reference your EOB. The balance shown is your responsibility.
- A service charge may apply if payments are late.

Billing Questions
(262) 957-5206

Monday - Friday
9:00 am - 4:00 pm

150328-MWV-1-50145-8904

Payments not accepted at this address
Home Care Medical, Inc
PO Box 1269 Dept # 140418
Oaks, PA 19456



ANA SAAVEDRA
10115 ARMANDO CIR
ORLANDO FL 32825-7725

Home Care Medical, Inc

PO Box 71249
Charlotte NC 28272-1249

Pay online at: aerocareusa.com

Account Number:

2387687

Patient Name:

Ana G Saavedra

Due by:

Dec 07, 2019

Patient owes:

\$55.00

Date Mailed Nov 12, 2019

Invoice **61882225**

DATE	DESCRIPTION	AMOUNT
10/26/2019	Crutch Not Wood Pair	\$55.00
Total:		\$55.00

Invoice Total
\$55.00



Previously Billed
\$0.00



Total Due
\$55.00

PLEASE DETACH HERE AND RETURN BOTTOM SECTION

Later after: **Dec 07, 2019**

Patient owes: **\$55.00**

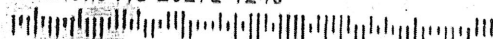
☐ If your address has changed, please check the box and fill in the new address below.

Amount Enclosed: \$

Account #: 2387687 Invoice(s): 61882225

Mail Payment to:

Home Care Medical, Inc
PO Box 71249
Charlotte NC 28272-1249



000210 0002387687 5 0118073769 111219 00005500 3

NEW

Patient Portal



- Register and manage your account online
- View and pay invoices securely
- Track your payments



Pay online at:
www.ColonialMed.com



Important Messages

- Any insurance provided has been applied, please reference your EOS.
- The balance shown is your responsibility.
- A service charge may apply if payments are late.



Insurance on File

CARECENTRIX



Billing Questions
(407) 849-6455

Monday - Friday
9:00 am - 4:00 pm

140421-MINW-1-6433-29962

Payments not accepted at this address
Colonial Medical Supplies
PO Box 1259 Dept # 140418
Oaks, PA 19456



ANA SAAVEDRA

10115 ARMANDO CIR
ORLANDO FL 32825-7725

Colonial Medical Supplies

Orlando
614 E Altamonte Drive
Altamonte Springs FL 32701



Pay online at: www.ColonialMed.com

Account Number:

286181

Patient Name:

ANA SAAVEDRA

Due by:

Dec 23, 2019

Patient owes:

\$30.00

Date Mailed: Dec 03, 2019

Invoice **1856960**

DATE	DESCRIPTION	AMOUNT
11/22/2019	WHEELCHAIR STANDARD 16X16	\$30.00
Total:		\$30.00

Invoice Total
\$30.00

Previously Billed
\$0.00

Total Due
\$30.00

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

Cards Accepted

VISA

Late after: **Dec 23, 2019**

Patient owes: **\$30.00**

Card Number

Card

Amount Enclosed

Expiration Date

Security Code

Billing Zip Code

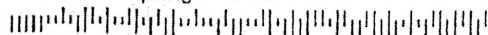
Name On Card print

Signature

Account #: 286181 Invoice(s): 1856960

Mail Payment to:

Colonial Medical Supplies
Orlando
614 E Altamonte Drive
Altamonte Springs FL 32701



01/23/2019

01/23/2019