



CLAIMANT CONTACT INFORMATION

Name: GARY M. SWANSON Phone: 414-334-0071
Address: 1508 S. 75th St. APT. 102 Email: _____
WEST ALLIS, WI 53214

INSTRUCTIONS

Complete this form and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: AUGUST 6th 2020 Time of day: 4.00 PM
Location: _____ 4.30 PM

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

WHILE WALKING OVER TO GREENFIELD AVE.
ON 74th ST. FROM CARNEGIE PLACE THERE WAS A
DIFFERENCE OF AT LEAST 1 INCH BETWEEN SLAB OF
CONCRETE WHICH CAUSED ME TO TRIP FRACTURING
MY KNEE AND THUMB THIS SHOULD HAVE BEEN
RECOGNIZED BY THE CITY AND REPAIRED MY
INSURANCE AND MEDICARE HAVE PAID FOR THE
MAJORITY OF THIS I HAVE RECEIVED BILLS
THAT I WOULD EXPECT THE CITY OF WEST TO PAY
INCLUDING THE BILL FROM FIRE DEPT.

THANK YOU,

SIDEWALK CRACK 1444 & 1446
S. 74th St.

Check one:

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Gary M. Swanson Date: 1-5-2021

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 343

9 JAN 21 PM 12:12
CITY OF WEST ALLIS

Detail of Previous Services

The Amount Due is seriously past due and may be referred to an outside collection agency. Please pay your Amount Due today. Visit Myadvocateaurora.org to make an online payment or contact us at 1-800-326-2250 to discuss your payment options.

El monto adeudado está muy atrasado y puede remitirse a una agencia de cobranza externa. Sírvase pagar el monto adeudado hoy. Visite Myadvocateaurora.org para realizar un pago en línea o contáctenos al 1-800-326-2250 para discutir sus opciones de pago.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: SWANSBY, GARY M				
08/06/20	191664317 Location: AWAMC Emergency Services Balance Forward	4,581.54	-4,491.54	\$90.00
	Your Responsibility			\$90.00
Patient Name: SWANSBY, GARY M				
08/24/20	192350366 Location: AHCM St Lukes Imaging - Diagnostic Radiology Balance Forward	474.00	-460.00	\$14.00
	Your Responsibility			\$14.00
Patient Name: SWANSBY, GARY M				
09/14/20	192944917 Provider: SIMON, ANDREW D Location: AURORA ADVANCED HEALTHCARE MAYFAIR AMC			
09/14/20	XRAY KNEE 3 VIEW	258.00		
10/23/20	AARP Medicare Advantage Payments		-23.55	
10/23/20	AARP Medicare Advantage Adjustments		-220.45	
	Your Responsibility			\$14.00
	Previous Services Balance Due			\$118.00

Total Amount Owed to Aurora (As of this Statement)

\$118.00

MyAdvocateAurora

MyAdvocateAurora is a free, personalized patient account that lets you manage your health online from absolutely anywhere. Message your doctor, view test results, schedule appointments, and pay your bill online - all from a secure, personalized dashboard.

Claim your MyAdvocateAurora account now (2-minute sign-up)

1. Go to myadvocateaurora.org/activate
2. Enter your activation code: **KS6QS-JGM6X-BZF9T** (expires on: 12/30/2020)
3. Follow the on-screen prompts to set up your free account.

Together let's make healthy happen.

Find out how we're expanding your access to world-class care as one of the 10 largest not-for-profit, integrated health systems in the United States.

Visit AdvocateAuroraHealth.org

 AdvocateAuroraHealth

CITY OF WEST ALLIS FIRE DEPT

C/O Billing Office
N2930 STATE ROAD 22
WAUTOMA, WI 54982-5267



GARY SWANSBY
1508 S 75TH ST APT 102
MILWAUKEE, WI 53214-5718

Visit: www.myambulancebill.com to

- Make a Payment
- Review FAQ's
- Submit/Upload Information (Insurance, Contact, Legal)
- Provide an Electronic Signature
- Submit a Question

Call Number:	07-20-5602
Service Provided By:	CITY OF WEST ALLIS FIRE DEPT
Service ID:	AMB7

Phone: 1-800-786-4911

PATIENT NAME:	GARY SWANSBY
DATE OF CALL:	08/06/2020
TRANSPORTED FROM:	7130 W GREENFIELD AVE
TRANSPORTED TO:	AURORA WEST ALLIS MEDICAL CENTER
REASON(S) FOR TRANSPORT:	S80.911A Z74.3
BILLING DATE:	09/23/2020

Final Notice

Payment is due on this account. You are responsible for the balance due. Please mail your payment or pay online at www.myambulancebill.com.

DESCRIPTION OF CHARGES	HCPC	QUANTITY	UNIT PRICE	AMOUNT
BLS EMERGENCY BASE RATE -RES	A0429	1.0	\$1,014.66	\$1,014.66
MILEAGE RESIDENT	A0425	2.1	\$22.00	\$46.20
			Total Charges	\$1,060.86

DESCRIPTION OF PAYMENT	CHECK #	PAYMENT DATE	AMOUNT	
MANDATORY ADJUSTMENT		09/22/2020	\$679.78	
INSURANCE PAYMENT	41015896	09/22/2020	\$156.08	
			Total Credits	\$835.86
			Current Balance	\$225.00

LIFB/OSP2FN/07-20-5602 880012664350

341/0000293/

IMPORTANT: PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT.

To pay this bill with a



Credit/Debit/HSA/Flex Spending Card

Please visit our website at
www.myambulancebill.com

or call our office at:
1-800-786-4911

Convenience charges may be applicable per state laws and regulations.

Pay Online at: www.myambulancebill.com

Amount Enclosed:

Make Checks Payable To: CITY OF WEST ALLIS FIRE DEPT

Patient: SWANSBY, GARY M

Date of Service: 08/06/2020

Call Number: 07-20-5602

Current Balance: \$225.00

Amount Due: \$225.00

RETURN IN PROVIDED ENVELOPE TO:



CITY OF WEST ALLIS FIRE DEPT
C/O Billing Office
N2930 STATE ROAD 22
WAUTOMA, WI 54982-5267

Returned Check Charges: Bank charges and/or fees may apply for any check returned unpaid, applicable within State Law.

Life Line Billing Systems, LLC
d/b/a LifeQuest Services:911 Pro Billing
N2930 State Rd 22
Wautoma, WI 54982-5267



December 17, 2020



Gary M Swansby
1508 S 75th St Apt 102
Milwaukee, WI 53214-5718

Call 1-877-663-3729

www.MyPastDueBill.com

Original Creditor:	City of West Allis
Name:	SWANSBY, GARY M
Date of Service:	08/06/20
Service ID:	AMB 7
File Number:	964142
Amount Due:	\$225.00

STATEMENT OF ACCOUNT

VALIDATION OF DEBT

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

As of the date of this letter, you owe \$225.00 to City of West Allis. Because of interest, the amount due will increase. However, if you pay the amount due as noted in this letter before any further contact with you or we send another written notice, we will accept that payment to satisfy this debt. Please contact our office at 1-877-663-3729 to resolve your account.

IMPORTANT CONSUMER NOTICE

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days of receiving that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such judgement or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org.

LIFE/84 879003376420

100/0000100/0002

ENCLOSE THIS PORTION WITH YOUR PAYMENT DUE

To pay this bill with a



Credit/Debit/HSA/Flex Spending Card

Please visit our website at

www.MyPastDueBill.com

or call our office at:

1-877-663-3729

Convenience charges may be applicable per state laws and regulations.

Original Creditor: City of West Allis	
Debtor: Gary Swansby	
Service ID: AMB 7	
Call Number: 07-20-5602	File Number: 964142
Amount Due: \$225.00	
Amount Enclosed:	
Make Checks Payable To: Life Line Billing Systems, LLC	

RETURN IN PROVIDED ENVELOPE TO: Life Line Billing Systems, LLC



Life Line Billing Systems, LLC
N2930 State Rd 22
Wautoma, WI 54982-5267

Pay Online at: www.MyPastDueBill.com
(877) 663-3729