CITY OF WEST ALLIS 17 FEB '21 PMG: 38

RECEIVED

FEB 1 9 2021

WEST ALLIS CITY ATTORNEY

> Rebecca Hamock City Attorney's Office

Kathleen Kasinski

FEB 1 9 2021

WEST ALLIS CITY ATTORNEY

accident occurred June 25, 2020

wages lost

hourly rate = \$35.50/hr.

normal 80 hr. pay period gross =
\$2840

Short term disability paid 70%

30% of \$ 2840 = \$852

\$ 852 × 4 pay periods = \$ 3408 \$ 426 × 1 (2 pay period) = 426 \$ 3834

Qut-of-pocket medical

urgent care vesit orthopedic visits physical therapy

\$172.58

189.04

150.75

\$ 512.37

\$ 3834

\$ 512

\$ 4346

total

# **CLAIMANT CONTACT INFORMATION**



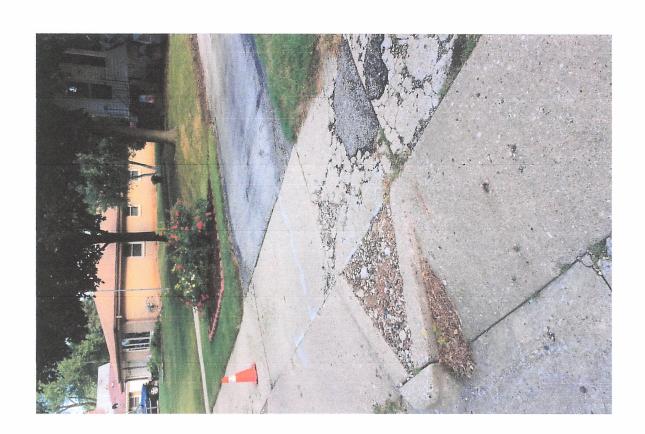
Name: Address:	Kathleen Kasinski 8709 W. Arthur Ave.		414-708-0072 katkas816@gmail.com
Complete you have assist you	this form, print and sign it, and serve a questions about how to fill out this form NOTICE OF	hard co , please	py upon the West Allis City Clerk. If contact a private attorney who can
	cident: June 25, 2020 2 doors down from my address on Arthur Ave.		Time of day: 7 PM
Some he diagram informatic circumsta My husban broken-up s concrete ar stood up, I house and The next daurgent care	the circumstances of your claim here. Yalpful information may be the police report the location, a list of injuries, a list on for witnesses to the incident, and nees.  If and I were taking our usual after-dinner walk arousection of sidewalk 2 doors down from our house. To all was stuck there, and I went down on my right side found that it was painful to put weight on my left for out ice on the ankle. It didn't seem to swell up, so I say, it was swollen and very painful to stand on. I call near Hwy 100 and Bluemound. They did an x-ray are equently off of work until Aug. 31, 2020.	oort, pict of produced any und our net he toe of ite. I had to to With m figured it willed in sick	perty damage, names and contact other information relevant to the eighborhood when I tripped and fell on a my left shoe got caught in a divot in the pull my left shoe out of the divot. When I y husband's help, I hobbled back to our was sprained and went to bed.
Fortunately good health	I had a short term disability policy at work that paid insurance policy that paid the majority of my medic	d me 70% cal expens	of my wages. Also through work I have a ses.
The damag	es I am seeking are the remaining 30% of my wage	es and the	medical expenses I paid out of pocket.
[ ] I &	e: im seeking damages at this time (complete im submitting this notice without a claim fo Il not be processed until I submit a claim fo	or damag	ges. This claim is not complete and
Signed:	Kathleen M. Rasinsk	<u> </u>	Date: 2-15-21
To completor repair	CLAIM AMO ete this claim, attach an itemized statement to property, include at least 2 estimates fo	nt of da	mages sought. If any damages are
The total	amount sought is: \$ 4346		RECEIVED
			FFR 1 9 2021

SAVE

PRINT

FEB 1 9 2021

WEST ALLIS CITY ATTORNEY





Pay Group: Pay Begin Date: Pay End Date: WHE-Wheaton Franciscan Healthcare

Business Unit: 74016

000000031080390

07/17/2020

Federal

125.00

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227

Employee ID: Department: Location: 10324110 35925-Lab Chemistry Amb 001

07/11/2020

Job Title: Me Pay Rate: \$2,

St. Francis Medical Lab Scientist (MLS) \$2,840.00 Biweekly Tax Status: Allowances: Addl. Percent: Addl. Amount:

Advice #:

Advice Date:

TAX DATA:

Married Married 0 1

WI State

HOURS AND EARNINGS TAXES YTD Description Earnings Hours **Earnings** Hours Description Current 141.54 YTD 35 500000 28.58 1,014.59 3,502.81 Fed Withholdng 4.558.30 CALLBACK 1.5 0.00 11.12 592.15 Fed MED/EE 11.98 572.61 **EDUCATION - ORIENTATION** Fed OASDI/EE 0.00 4.00 142.00 51.21 2,448.40 HOLIDAY - WRKD TIME-AND-A-HALF 0.00 8.10 WI Withholding 431.33 11.97 1,717.76 ON CALL OFF PREMISES 0.00 3.88 9.70 OVERTIME 0.00 10.08 537.52 PTO - UNSCHEDULED 0.00 16.00 568.00 PAY CONTINUATION 0.00 4.00 142.00 REGULAR 0.00 1.021.37 36.258.68 SHIFT PAY - NIGHT DIFF 0.00 4.10 10.25 SHIFT PAY - WEEKEND 0.00 83.71 125.57 TOTAL: 28.58 42 320 01 TOTAL. 1.014 59 1 265 03 716 70 0 207 07

				11071107	72,020,01	TOTAL.	210.70	9,297.07
BEFORE-TA	X DEDUCTIONS			AFTER-TAX DEDUCTIONS		EMPLOYER	PAID BENEFITS	
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical	164.53	2,467.95				Medical	493.60	7,404,00
Dental	12.77	191.55				Dental	11.63	175.09
Vision	6.40	95.44				Basic Life	2.08	31.20
Voluntary AD & D	2.31	34.65				Basic Life*	7.31	109.65
Short Term Disability	9.92	149.80				Basic AD & D	0.34	5.10
403b	202.92	8,464.00				Short Term Disability	16.08	239.70
		1				Long Term Disability	5.08	74.81
						403b	30.44	1,269.62
TOTAL:	398,85	11,403.39	TOTAL:	0.00	0.00	*TAXABLE		.,207.02

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,014.59	623.05	216.70	398.85	399.04
YTD	42,320.01	31,026.27	9,297.07	11,403.39	21,619.55
	LEAVE PLANS		NET PAY	DISTRIBUTION	
<u>Description</u> Paid Time Off	End I	3alance 142.83 Advice #0000000310803	Account Type 90 Checking	Account Number *****9556	Deposit Amount 399.04
		TOTAL:			399.04



early sandy

normal 80 hr gross 2840 -852/pp × 4= \$3408

Pay Group: Pay Begin Date: Pay End Date: WHE-Wheaton Franciscan Healthcare 07/12/2020

Business Unit: Advice #: Advice Date: 74016 **000000031273505** 07/31/2020

125.00

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227

Employee ID: Department: Location:

Job Title: Pay Rate: 10324110 35925-Lab Chemistry Amb 001

07/25/2020

St. Francis Medical Lab Scientist (MLS) \$2,840.00 Biweekly Tax Status: Allowances: Addl. Percent: Addl. Amount:

TAX DATA:

Federal WI State
Married Married
0 1

HOURS AND EARNINGS TAXES Current YTD **Description**Short Term Disability
CALLBACK 1.5 Rate Description Fed Withholding Hours Earnings 3,266.00 Hours 131.43 Earnings 3,266.00 <u>YTD</u> 4,904.09 617.23 Current 131.43 345.79 44.62 0.00 11.12 592.15 Fed MED/EE **EDUCATION - ORIENTATION** Fed OASDI/EE WI Withholdng 0.00 4.00 142.00 190.79 2,639.19 HOLIDAY - WRKD TIME-AND-A-HALF ON CALL OFF PREMISES 8.10 3.88 431.33 139.82 1,857.58 0.00 9.70 537.52 OVERTIME 0.00 10.08 PTO 0.00 98.67 3,502.81 PTO - UNSCHEDULED 0.00 16.00 568.00 PAY CONTINUATION 0.00 4.00 142.00 REGULAR 1,021.37 0.00 36,258.68 SHIFT PAY - NIGHT DIFF SHIFT PAY - WEEKEND 0.00 10.25 125.57 4.10 83.71 0.00 TOTAL: 131.43 3,266.00 1,396.46 45,586.01 TOTAL: 721.02 10,018.09

	BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS	T	EMPLOYER PAID BENEFITS		
Description	Current		Description	Current Y	TD	Description	Current	YTD
Medical	164.53	2,632.48				Medical	493.60	7,897.60
Dental	12.77	204.32				Dental	11.63	186.72
Vision	6.40	101.84				Basic Life	2.08	33.28
Voluntary AD & D	2.31	36.96				Basic Life*	7.31	116.96
Short Term Disability	9.92	159.72				Basic AD & D	0.34	5.44
403b	653.20	9,117.20			- 1:	Short Term Disability	16.08	255.78
					- 1	Long Term Disability	5.08	79.89
						403b	97.98	1,367.60
TOTAL:	849.13	12,252,52	TOTAL:	0.00 0.	.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	3,266.00	2,424.18	721.02	849.13	1,695,85
YTD	45,586.01	33,450.45	10,018.09	12.252.52	23.315.40
					23,313.70

LEAVE PLANS		NET PAY DISTRIBUTION			
<u>Description</u> Paid Time Off	End Balance 142.83	Advice #000000031273505	Account Type Checking	Account Number *****9556	<u>Deposit Amount</u> 1,695.85
		TOTAL:			1,695.8

(3)

Who

Pay Group: Pay Begin Date: Pay End Date:

WHE-Wheaton Franciscan Healthcare 07/26/2020 08/08/2020

Business Unit: Advice #: Advice Date:

TAX DATA:

74016 000000031396343 08/14/2020

Federal

125.00

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227

Employee ID: Department: Location:

Job Title:

Pay Rate:

10324110 35925-Lab Chemistry Amb 001

St. Francis

Medical Lab Scientist (MLS) \$2,840.00 Biweekly

Tax Status: Allowances: Addl. Percent: Addl. Amount:

Married Married 0

WI State

HOURS AND EARNINGS TAXES YTD Current Description Short Term Disability **Description** Fed Withholding Earnings 5,254.00 500.00 Rate Hours Earnings Hours Current YTD 5,211.40 650.57 2,781.76 1,988.00 307.31 33.34 211.43 Recognition Payment 500.00 Fed MED/EE CALLBACK 1.5
EDUCATION - ORIENTATION
HOLIDAY - WRKD TIME-AND-A-HALF 11.12 592.15 Fed OASDI/EE 142.57 0.00 4.00 142.00 WI Withholdng 94.09 1,951.67 0.00 8.10 431.33 ON CALL OFF PREMISES 9.70 537.52 3,502.81 0.00 3.88 10.08 OVERTIME 0.00 PTO 0.00 98.67 PTO - UNSCHEDULED 0.00 16.00 568.00 PAY CONTINUATION REGULAR 0.00 4.00 142.00 0.00 1,021.37 36,258.68 SHIFT PAY - NIGHT DIFF 4.10 83.71 0.00 10.25 SHIFT PAY - WEEKEND 0.00 125.57 80.00 TOTAL: 2,488.00 1,476.46 48,074.01 TOTAL: 577.31 10,595.40

	BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD	
Medical	164.53	2,797.01				Medical	493.60	8,391.20	
Dental	12.77	217.09				Dental	11.63	198.35	
Vision	6.40	108.24				Basic Life	2.08	35.36	
Voluntary AD & D	2.31	39.27				Basic Life*	7.31	124.27	
Short Term Disability	9.92	169.64				Basic AD & D	0.34	5.78	
403b	497.60	9,614.80				Short Term Disability	16.08	271.86	
						Long Term Disability	5.08	84.97	
			× 20	Sp. De et a de la		403b	74.64	1,442.24	
TOTAL:	693.53	12,946.05	TOTAL:	0.00	0.00	*TAXABLE			

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,488.00	1,801.78	577.31	693.53	1,217.16
YTD	48,074.01	35,252.23	10,595.40	12,946.05	24,532.56

LEAVE PLA	INS	NET PAY DISTRIBUTION				
Description Paid Time Off	End Balance 142.83	Advice #000000031396343	Account Type Checking	<u>Account Number</u> *****9556	<u>Deposit Amount</u> 1,217.16	
		TOTAL:			1,217.16	



Pay Group: Pay Begin Date: Pay End Date: WHE-Wheaton Franciscan Healthcare 08/09/2020

Business Unit: Advice #: Advice Date:

Addl. Amount:

74016 **000000031529008** 08/28/2020

Federal

125.00

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227

Employee ID: Department: Location: Job Title:

Pay Rate:

10324110 35925-Lab Chemistry Amb 001

08/22/2020

St. Francis Medical Lab Scientist (MLS) \$2,840.00 Biweekly TAX DATA:
Tax Status:
Allowances:
Addl. Percent:

Married Married 0 1

WI State

HOURS AND EARNINGS TAXES Current Description Short Term Disability CALLBACK 1.5 Hours Earnings Description Hours Earnings Current YTD Fed Withholding Fed MED/EE 1,988.00 291.43 7,242.00 223.10 5,434.50 0.00 11.12 592.15 26.09 676.66 EDUCATION - ORIENTATION HOLIDAY - WRKD TIME-AND-A-HALF ON CALL OFF PREMISES 142.00 431.33 Fed OASDI/EE 0.00 4.00 111.56 2,893.32 8.10 3.88 WI Withholdng 0.00 63.99 2,015.66 0.00 9.70 **OVERTIME** 0.00 10.08 537.52 PTO 0.00 98.67 3,502.81 PTO - UNSCHEDULED 0.00 16.00 568.00 PAY CONTINUATION 0.00 4.00 142.00 Recognition Payment 0.00 500.00 REGULAR 0.00 1,021.37 36,258.68 SHIFT PAY - NIGHT DIFF SHIFT PAY - WEEKEND 0.00 4.10 10.25 0.00 83.71 125.57 TOTAL: 80.00 1,988.00 1,556.46 50,062.01 TOTAL: 424.74 11,020.14

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS	EMPLOYER	EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current YTD	Description	Current	YTD	
Medical	164.53	2,961.54			Medical	493.60	8,884.80	
Dental	12.77	229.86			Dental	11.63	209.98	
Vision	6.40	114.64			Basic Life	2.08	37.44	
Voluntary AD & D	2.31	41.58			Basic Life*	7.31	131.58	
Short Term Disability	9.92	179.56			Basic AD & D	0.34	6.12	
403b	397.60	10,012.40			Short Term Disability	16.08	287.94	
					Long Term Disability	5.08	90.05	
					403b	59.64	1,501.88	
TOTAL:	593,53	13,539.58	TOTAL:	0.00 0.00	*TAXABLE	***************************************		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,988.00	1,401.78	424.74	593.53	969.73
YTD	50,062.01	36,654.01	11,020.14	13,539.58	25,502.29
part in part of the second in	Commence in the second contract of the second		Market Control of the		

LEAVE F	PLANS	NET PAY DISTRIBUTION				
Description Paid Time Off	End Balance 142.83	Advice #000000031529008	Account Type Checking	<u>Account Number</u> *****9556	<u>Deposit Amoun</u> 969.73	
		TOTAL:			969.7	

(5)

Whole

Pay Group: Pay Begin Date: Pay End Date:

WHE-Wheaton Franciscan Healthcare 08/23/2020

Business Unit: Advice #: Advice Date:

74016

000000031687503 09/11/2020

125.00

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227

Employee ID: Department: Location:

10324110 35925-Lab Chemistry Amb 001 St. Francis

09/05/2020

Medical Lab Scientist (MLS) Job Title: Pay Rate: \$2,840.00 Biweekly

TAX DATA: Tax Status: Allowances Addl. Percent: Addl. Amount: Federal WI State Married Married 0

HOURS AND EARNINGS TAXES Current Description YTD Description Rate Hours Earnings Current Hours Earnings Short Term Disability 45.71 1,136.00 337.14 8,378.00 Fed Withholdng 278.14 5,712.64 34.41 147.11 **OVERTIME** 53 250000 Fed MED/EE 0.10 5.33 10.18 542.85 711.07 Fed OASDI/EE 1,420.00 REGULAR. 35.500000 3 040 43 40.00 1,061.37 37,678.68 CALLBACK 1.5 WI Withholdng 592.15 98.50 2,114.16 0.00 11.12 EDUCATION - ORIENTATION 142.00 0.00 4.00 HOLIDAY - WRKD TIME-AND-A-HALF 8.10 431.33 ON CALL OFF PREMISES 0.00 3.88 9.70 3,502.81 PTO 0.00 98 67 PTO - UNSCHEDULED 568 00 0.00 16 00 PAY CONTINUATION 0.00 142.00 4.00 Recognition Payment 0.00 500.00 SHIFT PAY - NIGHT DIFF 0.00 4.10 10.25 SHIFT PAY - WEEKEND 0.00 83.71 125.57 TOTAL: 85.81 2,561.33 1,642.27 52,623.34 TOTAL: 558.16 11,578.30

BEFORE-TAX	DEDUCTIONS			AFTER-TAX DEDUCTIONS		EMPLOYER P.	AID BENEFITS	
Description	Current	YTD	Description	Current Y	YTD	Description	Current	YTD
Medical	164.53	3,126.07				Medical	493.60	9,378.40
Dental	12.77	242.63			1	Dental	11.63	221.61
Vision	6.40	121.04				Basic Life	2.08	39.52
Voluntary AD & D	2.31	43.89			1	Basic Life*	7.31	138.89
Short Term Disability	9.92	189.48			1	Basic AD & D	0.34	6.46
403b	512.27	10,524.67			1	Short Term Disability	16.08	304.02
					-	Long Term Disability	5.08	. 95.13
						403b	76.84	1,578.72
TOTAL:	708.20	14,247.78	TOTAL:	0.00	0.00	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,561.33	1,860.44	558.16	708.20	1,294.97
YTD	52,623.34	38,514.45	11,578.30	14,247,78	26,797.26
	LEAVE PLANS		NET PA	Y DISTRIBUTION	
Description Paid Time Off	End Balz 14	Advice #000000031687503	Account Type Checking	<u>Account Number</u> *****9556	<u>Deposit Amount</u> 1,294.97
		TOTAL:			1,294.97

Partial 1 wk 57D



Guarantor Name

Guarantor Number

Statement Date

Due

**Payment** 

\$172.58

KATHLEEN M KASINSKI

322954

08/08/20

\$82.34 New Charges (Summary Below) \$1,602.00 Amount Paid By You -\$82.34 Your Current Account Balance \$172.58

Your Balance Forward

CONTACT US FOR QUESTIONS ABOUT YOUR BILL (Llamanos si tiene preguntas sobre su factura.)

Online: www.ascension.org/billing

雷

Phone: 1-877-304-6332. Mon-Fri: 8:00am - 5:00pm CST

PATIENT NAME	ACCOUNT NUMBER	PRIMARY/ SECONDARY INSURANCE	DATE	PROVIDER/ LOCATION	SUMMARY	AMOUNT
(I) HOSPITAL SEE	WICES					
Kathleen M Kasinski	40006006120	WI Anthem Blue Cross	5/29/2020	BOBAN, IVICA/ Ascension St. Francis Hospital		
er norganisa varinga figurrinasi orinin on artikafasi si sakih si feninasi sakih s			7/13/2020		PATIENT PAYMENT - Thank You	-\$82.34
63					HOSPITAL SERVICES BALANCE	\$0.00
M HOSPITAL SEI Kathleen M	40006087432	WI Anthem Blue	6/26/2020	PASCHAL, GEHRES	NEW TRANSPORT	E 40.00
Kasinski	40006087432	Cross	6/26/2020	Ascension SE Wisconsin Hospital - St Joseph	emergency Room	548.00
		WI Anthem Blue Cross	6/26/2020	PASCHAL GEHRES/ Ascension SE Wisconsin Hospital - St Joseph	Radiology - Diagnostic	746.00
ar a			6/30/2020		CONTRACTUAL ADJUSTMENT - WI Anthern Blue Cross	-\$698.76
			7/27/2020		INSURANCE PAYMENT - WI Anthem Blue Cross	-\$422.66
					HOSPITAL SERVICES BALANCE	\$172.58
					SUMMARY CONTINUED	ON NEXT PAGE

Ok# 8695

# Orthopedic Institute of Wisconsin

Page 1 of 2

Thank you for choosing ORTHOPEDIC SURGEONS OF WISCONSIN, S.C. for your health care needs.

Statement Date: Responsible Party: Account Number: Due Date:

08/20/20 KATHLEEN M KASINSKI 5961\*410453 Upon Receipt

## REQUEST FOR PAYMENT

Summary	of	Account
---------	----	---------

Total Charges	\$1.034.00
Insurance Payments	-\$282.81
Insurance Adjustments	-\$664.70
Patient Payments	\$0.00
Account Adjustments	\$0.00

**AMOUNT DUE** 

\$86.49

Amount you owe may include deductible amounts. Your prompt payment is appreciated! PLEASE SEE BACK SIDE FOR ADDITIONAL DETAIL ON SERVICES.

#### Payment, Insurance & Billing Information





Pay by credit card online anytime, day or night!

WWW.PERYOURHEALTH.COM

Pay by credit card via phone: 1-844-221-4806 Certified, safe, and secure credit card processing.



Visit us at <a href="www.PerYourHealth.com">www.PerYourHealth.com</a> to update your insurance, address, view your account or send a message to our billing office.

ID: 5961\*410453 Access Key: 9PT8QV



Contact the Billing Office. Please call 844-221-4806 8AM-4PM CST, MON-FRI

### Important Messages:

Thank you for using our services. Your insurance has processed your claim and the balance due is your responsibility.

Ck # 8697

ITPANAL MEDINARY IT

10318-MCKSTM1-354188-150795467-P; 744371-1-86; 32168606-1; 1

658610 (PC2)

# Pay by credit card online anytime, day or night! WWW.PERYOURHEALTH.COM

Statement Date: Responsible Party: Account Number: Due Date:

11/24/20 KATHLEEN M KASINSKI 5961\*410453 Upon Receipt

Patient: KA	THLEEN KASINSKI	Site of Service: OIOW MAYFAIR	-	Primary: ASCENSION MISSIO			
Account: 59	961*410453.4	Refer Prov: MCCARTY, BRIAN			Secondary:		
Service Dt.	Provider	Service Description	Qty	Charges	Payments	Adjustments	You Owe
08/04/20	MCCARTY, BRIAN MD	L4350.LT-DME	1	177.00		description and consequently the second expression and the second expr	ACCOUNTS OF THE PROPERTY OF TH
08/04/20	MCCARTY, BRIAN MD	73610.LT-X RAY EXAM OF ANKLE	1	175.00			
08/04/20	MCCARTY, BRIAN MD	99213.25-OFFICE/OUTPATIENT VISIT EST	1	150.00			
		ASCENSION MISSION POINT	-		-143.42	-302.65	
		You Owe	)				55.93

Total Amount You Owe \$55.93

de# 3016 12/15/20

000009810-B

Please be aware that the above summary represents Orthopedic services from your medical provider. You may receive a separate statement for services provided by the hospital.

Patient: KATHLEEN KASINSKI

# :1

Statement Date: Responsible Party: Account Number:

10/27/20 KATHLEEN M KASINSKI

5961\*410453 Upon Receipt

Pay by credit card online anytime, day or night! WWW.PERYOURHEALTH.COM

Due Date:
Site of Service: OIOW MAYFAIR
Peter Prov. MCCAPTY, PRIAN

Primary: ASCENSION MISSION P

						1 1 101100101111	
Account: 59	961*410453.3	Refer Prov: MCCARTY, BRIAN		Secondary:			
Service Dt.	Provider	Service Description	Qty	Charges	Payments	Adjustments	You Owe
08/25/20	MCCARTY, BRIAN MD	73610.LT-X RAY EXAM OF ANKLE	1	175.00	OKRESIONE TO CONTRACT AND ADDRESS	and the second s	
08/25/20	MCCARTY, BRIAN MD	99213.25-OFFICE/OUTPATIENT VISIT EST	1	150.00			
		ASCENSION MISSION POINT	7		-90.69	-187.69	
		You Owe	€				46.62

Total Amount You Owe \$46.62



Guarantor Name

KATHLEEN M KASINSKI

Guarantor Number

322954

Statement Date

11/08/20

Payment Due

\$190.75

Your Balance Forward \$100.30

New Charges (Summary Below)

\$1,880.00

Amount Paid By You

\$0.00

Your Current Account Balance

\$190.75

CONTACT US FOR QUESTIONS ABOUT YOUR BILL

(Llamanos si tiene preguntas sobre su factura.)

3

Online: www.ascension.org/billing

Phone: 1-877-304-6332.

Mon-Fri: 8:00am - 5:00pm CST

PATIENTNAME	ACCOUNT NUMBER	PRIMARY/ SECONDARY INSURANCE	DATE	PROVIDER/ LOCATION	SUMMARY	AMOUNT
(I) HOSPITAL SEI						
Kathleen M	40006219010	WI Anthem Blue	8/6/2020/	LUECHT, KIMBERLY		
Kasinski	40000217010	Cross	8/15/2020	K/ Ascension SE Wisconsin Hospital - St Joseph		
					PAST DUE	\$60.30
(II) HOSPITAL SÉI	RVICES					
Kathleen M Kasinski	40006223738	WI Anthem Blue Cross	8/6/2020	BOBAN, IVICA/ Ascension SE Wisconsin Hospital - St Joseph		
	The state of the s				HOSPITAL SERVICES BALANCE	\$0.00
PHYSICIAN SI	RVICES					
Kathleen M Kasinski	7438850	WI Anthem Blue Cross	8/13/2020	Boban, Ivica, MD/ Ascension St. Francis Hospital		
					PAST DUE	\$40.00
					SUMMARY CONTINUES	ON NEXT PAGE

Ok# 3013



Guarantor Name

Guarantor Number Statement Date

11/08/20

Payment Due

\$190.75

2 / A **** 2 2	San San D' 2	10. 41	8 F 76	SHE SERVE SERVE
KATHI	P - 10	N.FR	85 XX	Jan 1 3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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PATIENT NAME	ACCOUNT NUMBER	PRIMARY/ SECONDARY INSURANCE	DATE	PROVIDER/ LOCATION	SUMMARY	AMOUNT
(I) HOSPITAL SEI	WICES					
Kathleen M Kasinski	40006227272	WI Anthem Blue Cross	8/19/2020/ 9/15/2020	MCCARTY, BRIAN A/ Ascension SE Wisconsin Hospital - St Joseph	Physical Therapy	1,319.00
			9/21/2020	The same of the sa	CONTRACTUAL ADJUSTMENT - WI Anthem Blue Cross	-\$893.00
			10/15/2020		INSURANCE PAYMENT - WI Anthem Blue Cross	-\$341.70
			10/15/2020		CONTRACTUAL ADJUSTMENT - WI Anthem Blue Cross	-\$24.00
					HOSPITAL SERVICES BALANCE	\$60.30
HOSPITAL SEI Kathleen M		TANK A LICE OF	10.000.0000			
Kasinski	40006272165	WI Anthem Blue Cross	8/20/2020	BOBAN, IVICA/ Ascension SE Wisconsin Hospital - St Joseph		
			**************************************		HOSPITAL SERVICES BALANCE	\$0.00
(II) HOSPITAL SER						
Kathleen M Kasinski	40006274461	WI Anthem Blue Cross	8/24/2020	Ascension St. Francis Hospital		
					HOSPITAL SERVICES BALANCE	\$0.00
(C) HOSPITAL SEE	Comments of the second Comments of the second secon					
Kathleen M Kasinski	40006303573	WI Anthem Blue Cross	9/1/2020 - 9/15/2020	Ascension SE Wisconsin Hospital - St Joseph	Physical Therapy	561.00
			9/21/2020		CONTRACTUAL ADJUSTMENT - WI Anthem Blue Cross	-\$348.00
			10/14/2020		INSURANCE PAYMENT - WI Anthem Blue Cross	-\$170.85
			10/14/2020		CONTRACTUAL ADJUSTMENT - WI Anthem Blue Cross	-\$12.00