

CITY OF WEST ALLIS
17 FEB '21 PM3:38

RECEIVED
FEB 19 2021
WEST ALLIS
CITY ATTORNEY

Rebecca Hancock
City Attorney's Office

RECEIVED

FEB 19 2021

WEST ALLIS
CITY ATTORNEY

Kathleen Kasinski

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 (½ pay period) = 426

\$3834

out-of-pocket medical

urgent care visit \$172.58

orthopedic visits 189.04

physical therapy 150.75

\$512.37

\$3834

\$512

\$4346

total



CLAIMANT CONTACT INFORMATION

Name: Kathleen Kasinski
Address: 8709 W. Arthur Ave.

Phone: 414-708-0072
Email: katkas816@gmail.com

INSTRUCTIONS

Complete this form, print 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: June 25, 2020 Time of day: 7 PM
Location: 2 doors down from my address on Arthur Ave.

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.

My husband and I were taking our usual after-dinner walk around our neighborhood when I tripped and fell on a broken-up section of sidewalk 2 doors down from our house. The toe of my left shoe got caught in a divot in the concrete and was stuck there, and I went down on my right side. I had to pull my left shoe out of the divot. When I stood up, I found that it was painful to put weight on my left foot. With my husband's help, I hobbled back to our house and put ice on the ankle. It didn't seem to swell up, so I figured it was sprained and went to bed.

The next day, it was swollen and very painful to stand on. I called in sick to work and went to Ascension Wauwatosa urgent care near Hwy 100 and Bluemound. They did an x-ray and diagnosed a fracture in my left ankle.

I was subsequently off of work until Aug. 31, 2020.

Fortunately, I had a short term disability policy at work that paid me 70% of my wages. Also through work I have a good health insurance policy that paid the majority of my medical expenses.

The damages I am seeking are the remaining 30% of my wages and the medical expenses I paid out of pocket.

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: Kathleen M. Kasinski Date: 2-15-21

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: \$ 4346

RECEIVED

FEB 19 2021

WEST ALLIS
CITY ATTORNEY

SAVE

PRINT





Wheaton Franciscan Healthcare
P.O. Box 14668, 400 River Woods Parkway
Milwaukee, WI 53212-0076

Pay Group: WHE-Wheaton Franciscan Healthcare
Pay Begin Date: 06/28/2020
Pay End Date: 07/11/2020

Business Unit: 74016
Advice #: 000000031080390
Advice Date: 07/17/2020

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227	Employee ID:	10324110	TAX DATA:	Federal	WI State
	Department:	35925-Lab Chemistry Amb 001	Tax Status:	Married	Married
	Location:	St. Francis	Allowances:	0	1
	Job Title:	Medical Lab Scientist (MLS)	Addl. Percent:		
	Pay Rate:	\$2,840.00 Biweekly	Addl. Amount:	125.00	

HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Earnings	Description	Current	YTD
	Rate	Hours	Hours	Earnings				
PTO	35.500000	28.58	1,014.59	98.67	3,502.81	Fed Withholding	141.54	4,558.30
CALLBACK 1.5			0.00	11.12	592.15	Fed MED/EE	11.98	572.61
EDUCATION - ORIENTATION			0.00	4.00	142.00	Fed OASDI/EE	51.21	2,448.40
HOLIDAY - WRKD TIME-AND-A-HALF			0.00	8.10	431.33	WI Withholding	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	1,014.59	1,265.03	42,320.01	TOTAL:	216.70	9,297.07

BEFORE-TAX 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
						Long Term Disability	5.08	74.81
TOTAL:	398.85	11,403.39	TOTAL:	0.00	0.00	403b	30.44	1,269.62
						*TAXABLE		

	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			
Description	End Balance	Advice #	Account Type	Account Number	Deposit Amount
Paid Time Off	142.83	000000031080390	Checking	*****9556	399.04
TOTAL:					399.04

2

Whole

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

Wheaton Franciscan Healthcare
P.O. Box 14668, 400 River Woods Parkway
Milwaukee, WI 53212-0076

Pay Group: WHE-Wheaton Franciscan Healthcare
Pay Begin Date: 07/26/2020
Pay End Date: 08/08/2020

Business Unit: 74016
Advice #: 000000031396343
Advice Date: 08/14/2020

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227	Employee ID:	10324110	TAX DATA:	Federal	WI State
	Department:	35925-Lab Chemistry Amb 001	Tax Status:	Married	Married
	Location:	St. Francis	Allowances:	0	1
	Job Title:	Medical Lab Scientist (MLS)	Addl. Percent:		
	Pay Rate:	\$2,840.00 Biweekly	Addl. Amount:	125.00	

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Short Term Disability		80.00	1,988.00	211.43	5,254.00	Fed Withholding	307.31	5,211.40
Recognition Payment			500.00		500.00	Fed MED/EE	33.34	650.57
CALLBACK 1.5			0.00	11.12	592.15	Fed OASDI/EE	142.57	2,781.76
EDUCATION - ORIENTATION			0.00	4.00	142.00	WI Withholding	94.09	1,951.67
HOLIDAY - WRKD TIME-AND-A-HALF			0.00	8.10	431.33			
ON CALL OFF PREMISES			0.00	3.88	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			
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:		80.00	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
						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 PLANS		NET PAY DISTRIBUTION		
Description	End Balance	Account Type	Account Number	Deposit Amount
Paid Time Off	142.83	Checking	*****9556	1,217.16
TOTAL:				1,217.16

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Whole

Wheaton Franciscan Healthcare
P.O. Box 14668, 400 River Woods Parkway
Milwaukee, WI 53212-0076

Pay Group: WHE-Wheaton Franciscan Healthcare
Pay Begin Date: 08/23/2020
Pay End Date: 09/05/2020

Business Unit: 74016
Advice #: 000000031687503
Advice Date: 09/11/2020

Kathleen M Kasinski 8709 W ARTHUR AVE WEST ALLIS, WI 53227	Employee ID: 10324110	TAX DATA: Federal	WI State
	Department: 35925-Lab Chemistry Amb 001	Tax Status: Married	Married
	Location: St. Francis	Allowances: 0	1
	Job Title: Medical Lab Scientist (MLS)	Addl. Percent:	
	Pay Rate: \$2,840.00 Biweekly	Addl. Amount: 125.00	

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Short Term Disability		45.71	1,136.00	337.14	8,378.00	Fed Withholding	278.14	5,712.64
OVERTIME	53.250000	0.10	5.33	10.18	542.85	Fed MED/EE	34.41	711.07
REGULAR	35.500000	40.00	1,420.00	1,061.37	37,678.68	Fed OASDI/EE	147.11	3,040.43
CALLBACK 1.5			0.00	11.12	592.15	WI Withholding	98.50	2,114.16
EDUCATION - ORIENTATION			0.00	4.00	142.00			
HOLIDAY - WRKD TIME-AND-A-HALF			0.00	8.10	431.33			
ON CALL OFF PREMISES			0.00	3.88	9.70			
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			
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 PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical	164.53	3,126.07				Medical	493.60	9,378.40
Dental	12.77	242.63				Dental	11.63	221.61
Vision	6.40	121.04				Basic Life	2.08	39.52
Voluntary AD & D	2.31	43.89				Basic Life*	7.31	138.89
Short Term Disability	9.92	189.48				Basic AD & D	0.34	6.46
403b	512.27	10,524.67				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 PAY DISTRIBUTION			
Description	End Balance	Advice #	Account Type	Account Number	Deposit Amount
Paid Time Off	146.38	#000000031687503	Checking	*****9556	1,294.97
TOTAL:					1,294.97

6

Partial

1 wk STD

$35.50 \times 40 = 1420$

$\times 30\% = 426$
 3408

\$ 3834



Ascension

Guarantor Name

Guarantor Number

Statement Date

KATHLEEN M KASINSKI

322954

08/08/20

Payment Due

\$172.58

Your Balance Forward \$82.34

New Charges (Summary Below) \$1,602.00

Amount Paid By You -\$82.34

Your Current Account Balance \$172.58

CONTACT US FOR QUESTIONS ABOUT YOUR BILL

(Llamanos si tiene preguntas sobre su factura.)



Online: www.ascension.org/billing



Phone: 1-877-304-6332.

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

PATIENT NAME	ACCOUNT NUMBER	PRIMARY/SECONDARY INSURANCE	DATE	PROVIDER/LOCATION	SUMMARY	AMOUNT
HOSPITAL SERVICES						
Kathleen M Kasinski	40006006120	WI Anthem Blue Cross	5/29/2020	BOBAN, IVICA/ Ascension St. Francis Hospital		
			7/13/2020		PATIENT PAYMENT - Thank You	-\$82.34
HOSPITAL SERVICES BALANCE						\$0.00
HOSPITAL SERVICES						
Kathleen M Kasinski	40006087432	WI Anthem Blue Cross	6/26/2020	PASCHAL, GEHRES/ 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
			6/30/2020		CONTRACTUAL ADJUSTMENT - WI Anthem 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
9-1-20

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.**

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

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 www.PerYourHealth.com 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

Chk # 8697
9-1-20

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: KATHLEEN KASINSKI		Site of Service: OIOW MAYFAIR		Primary: ASCENSION MISSION P			
Account: 5961*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			
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

CR # 3016
12/15/20

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.

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

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

10/27/20
 KATHLEEN M KASINSKI
 5961*410453
 Upon Receipt

Patient: KATHLEEN KASINSKI		Site of Service: OIOW MAYFAIR		Primary: ASCENSION MISSION P			
Account: 5961*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			
08/25/20	MCCARTY, BRIAN MD	99213.25-OFFICE/OUTPATIENT VISIT EST	1	150.00			
		ASCENSION MISSION POINT			-90.69	-187.69	
		You Owe					46.62

Total Amount You Owe
\$46.62

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.



Ascension

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.)



Online: www.ascension.org/billing



Phone: 1-877-304-6332

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

PATIENT NAME	ACCOUNT NUMBER	PRIMARY/SECONDARY INSURANCE	DATE	PROVIDER/LOCATION	SUMMARY	AMOUNT
(H) HOSPITAL SERVICES						
Kathleen M Kasinski	40006219010	WI Anthem Blue Cross	8/6/2020 8/15/2020	LUECHT, KIMBERLY K/ Ascension SE Wisconsin Hospital - St Joseph		
						PAST DUE \$60.30
(H) HOSPITAL SERVICES						
Kathleen M Kasinski	40006223738	WI Anthem Blue Cross	8/6/2020	BOBAN, IVICA/ Ascension SE Wisconsin Hospital - St Joseph		
					HOSPITAL SERVICES BALANCE	\$0.00
(P) PHYSICIAN SERVICES						
Kathleen M Kasinski	7438850	WI Anthem Blue Cross	8/13/2020	Boban, Ivica, MD/ Ascension St. Francis Hospital		
						PAST DUE \$40.00
SUMMARY CONTINUED ON NEXT PAGE						

OK# 3013
11-21-20



Ascension

Guarantor Name

Guarantor Number

Statement Date

Payment Due

KATHLEEN M KASINSKI

322954

11/08/20

\$190.75

PATIENT NAME	ACCOUNT NUMBER	PRIMARY/SECONDARY INSURANCE	DATE	PROVIDER/LOCATION	SUMMARY	AMOUNT
HOSPITAL SERVICES						
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		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 SERVICES						
Kathleen M Kasinski	40006272165	WI Anthem Blue Cross	8/20/2020	BOBAN, IVICA / Ascension SE Wisconsin Hospital - St Joseph		
HOSPITAL SERVICES BALANCE						\$0.00
HOSPITAL SERVICES						
Kathleen M Kasinski	40006274461	WI Anthem Blue Cross	8/24/2020	BOBAN, IVICA / Ascension St. Francis Hospital		
HOSPITAL SERVICES BALANCE						\$0.00
HOSPITAL SERVICES						
Kathleen M Kasinski	40006303573	WI Anthem Blue Cross	9/1/2020 - 9/15/2020	MCCARTY, BRIAN A / 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
HOSPITAL SERVICES BALANCE						\$30.15

TOTAL PAYMENT DUE: \$190.75

