CITY OF WEST ALLIS
15 SEP '20 AM11:46

CLAIMANT CONTACT INFORMATION

Name: GARY SWANSBY
Address: 1508 S. 75th ST. APT. 102
WEST ALLIS, WI 53214
Phone: (414) 334-0071
Email:

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 6, 2020
Time of day: 4:00pm 430 pm
Location:

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 ON WALKING OVER TO GREENFIED AVE. ON 74th St. FROM CARNIEGIE PLACE THIER WAS A DIFFERENE OF AT LEAST TO INCH BEETWEEN SLABS OF CONCRETE WHICH CAUSED ME TO TRIP FRACTURING MY THUMB AND KNEE THIS SHOULD HAVE RECONIZED BY THE CITY AND REPAIRED MY INSURANE AND MEDICARE HAVE PAID FOR THE MAJORITY OF THIS I HAVE RECEIVED A BILL FOR $90 I HAVE NOT RECEIVED BILLS FROM THE DOCTOR WHICH I SHOULD BE GETTING SOON I WOULD EXPECT THE CITY WOULD PAY WHAT MY INSURANCE DON'T WHEN I GET BILLS I WILL NOTIFY YOU.
THANK YOU

SIDE WALK 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: [signature]
Date: 9-15-2020

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: $ ____________

Detail of New Activity

Thank you for choosing Aurora Health Care. We appreciate your prompt payment for full Amount Due on this statement.

Gracias por elegir Aurora Health Care. Agradecemos su pronto pago del monto total adeudado en este estado.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: SWANSBY,GARY M				
08/06/20	191664317 Location: AWAMC Emergency Services			
	PHARMACY - GENERAL CLASSIFICATION	9.80		
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION	240.00		
	LABORATORY - GENERAL CLASSIFICATION	71.00		
	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	1,761.00		
	PHYSICAL THERAPY - GENERAL CLASSIFICATION	580.00		
	EMERGENCY ROOM - GENERAL CLASSIFICATION	1,690.00		
	PHARMACY - EXTENSION OF 025X - SINGLE SOURCE DRUG	229.74		
08/28/20	AARP Medicare Advantage Payments		-467.60	
08/28/20	AARP Medicare Advantage Adjustments		-4,023.94	
	Your Responsibility			**$90.00**
	New Activity Balance Due			$90.00

Total Amount Owed to Aurora (As of this Statement)	**$90.00**

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: **5F97P-23FDM-WHMS7 (expires on: 9/25/2020)**
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**

Aurora Health Care®
PO Box 091700
Milwaukee, WI 53209-8700

Statement of Hospital and Physician Services

Statement Date: 09/08/20

Payment Options:
- **Pay Online: aurora.org/billing**
- **Phone: 1-800-326-2250**
- **Mail: PO Box 809418 Chicago, IL 60680-9418**

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AUR12A 1975407 888051561

Gary M Swansby
1508 S 75th St Apt 102
West Allis WI 53214-5718

Account Information

Guarantor Name: SWANSBY,GARY M
Guarantor Account Number: 566907

Guarantor Account Summary

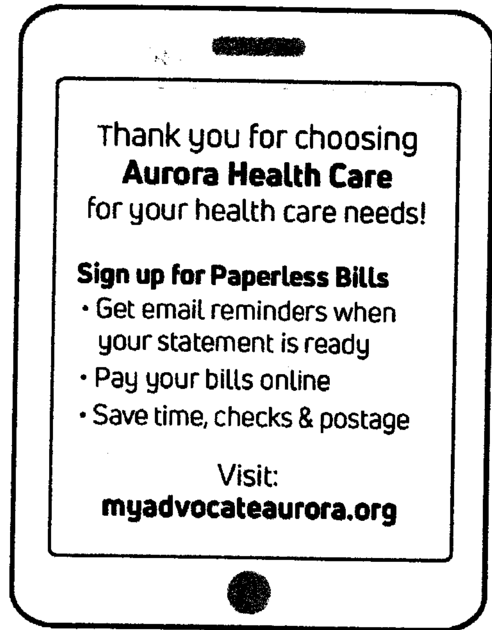
Total Amount Owed	**$90.00**

Charge, payment, and adjustment detail can be found starting on Page 3

Payment Plan Information

Monthly Amount:	*$0.00*
Payment Plan Balance:	*$0.00*
Overdue:	*$0.00*

Payment Plan Amount Due	**$0.00**
Amount Due not on Payment Plan	**$90.00**
Amount Due	**$90.00**



Customer Care

Hours: Monday - Friday 8:00am - 5:00pm

- Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.
- Para español favor llamara a 1-866-629-6033

Contact us: **1-800-326-2250**
customerservice@aurora.org

Aurora Health Care®

Statement Date
09/08/20

Account	Acct #	Date Due
SWANSBY,GARY M	**566907**	**09/21/20**

Amount Due
$90.00

Amount I am Paying
$

Make check payable to **Aurora Health Care**

Select One: ☐ Payment Enclosed or Choose Card Below:

Card # ____________________
Exp. Date ____________________
Print Cardholder's Name ____________________
Signature ____________________

AURORA HEALTH CARE
PO Box 809418
Chicago IL 60680-9418

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