
February 23, 2024

KALI DECKER
CITY OF WEST ALLIS
7525 W GREENFIELD AVE
WEST ALLIS WI 53214

RE: Our Insured: Richard Horvath
Our Client: AUTO OWNERS INS COMPANY
Date of Incident: 8/9/2023
Event Number: TPCS - 12890351 - 19207119
Amount Paid: \$2021.66
Your Claim Number:
Your Insured:

To Whom It May Concern:

Optum has been retained to handle the subrogation portion of this claim by AUTO OWNERS INS COMPANY. I understand that you may have been previously contacted by a(n) AUTO OWNERS INS COMPANY adjuster. Please direct any future correspondence, telephone calls, or **payments to Optum at the address listed below**. Be sure to include the Optum event number (TPCS - 12890351 - 19207119) on any documents you send. Prior to issuing any checks, please contact me at the number listed below to verify full payment is being sent.

Enclosed is supporting documentation for the insured's claim. The amount paid includes the insured's deductible of \$250.00.

Please note, in order for the recovery to be properly applied, it is imperative that you forward your check made payable to:

***Optum
P.O. Box 36220
Louisville, KY 40233-6220***

Sincerely,



Kayla Kelly
(763) 340-8663
kkelly55@optum.com

From:
 Optum
 P.O. Box 36220
 Louisville, Kentucky 40233-6220

Taxpayer ID : 27-0083277

Contact Information:
 Examiner: Kayla Kelly
 Phone: (763) 340-8663
 Fax: (800) 723-4869
 Email: kkelly55@optum.com
 Event # : TPCS-12890351-19207119

**REQUEST FOR PAYMENT
 CASE STATEMENT FOR COLLISION**

Date of Loss: 8/9/2023

**ATTENTION:
 AMOUNT IS SUBJECT TO CHANGE, PLEASE CONTACT OPTUM PRIOR TO SETTLEMENT.**

Statement sent to : KALI DECKER CITY OF WEST ALLIS					
Your Claim # :			Instructions:		
Insured : Richard Horvath			<ul style="list-style-type: none"> Please include TPCS-12890351-19207119 on all payments and correspondence to expedite processing. 		
Policy # : NOT-PROV-300-0517870-2023					
Claimant : RICHARD HORVATH					
Payment Date	Service Dates		Payee	Check Number	Payment
	Start Date	End Date			

Type : INDEMNITY PAYMENTS

01/03/2024			RICHARD THOMAS HORVATH	0000364283258	\$2216.69
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Total Claims Paid for INDEMNITY PAYMENTS

\$2,216.69

Type : SALVAGE RECOVERY

09/07/2023			SALVAGE		(\$445.03)
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Total Claims Paid for SALVAGE RECOVERY

(\$445.03)

Total Claims Paid	\$1,771.66
Recovered to Date	(\$0.00)
Deductible	\$250.00
Outstanding Amount	\$2,021.66