

City of Waukesha

201 Delafield St. Waukesha, WI 53188 Tel: 262.542.3700

waukesha-wi.gov

Committee: None.	Date : 2/25/2022
Common Council Item Number: ID#22-3679	Date: 3/1/2022
Submitted By: Brian Running	City Administrator Approval: Click here to enter text.
Finance Department Review: Click here to enter text.	City Attorney's Office Review: Click here to enter text.
Subject: Claim for personal injury medical expenses.	

Details:

See the attached claim for details.

Options & Alternatives:

None recommended.

Financial Remarks:

Claim will be paid from account 1520.57420

Executive Recommendation:

Recommend allowance of claim and authorization for immediate payment of \$500.



OFFICE OF THE CLERK-TREASURER

Gina Kozlik, Clerk-Treasurer

201 DELAFIELD STREET WAUKESHA, WISCONSIN 53188-3692 TELEPHONE CLERK - 262/524-3550 TELEPHONE TREASURER - 262/524-3850 FAX 262/524-3888

November 4, 2021

TO:

Jodi Keen, Finance Department

Bridget Souffrant, Finance Director

FROM:

Kelly Neitzke

S76W25735 Prairieside Drive

Vernon, WI 53189

RE:

Claim for Injury at Heyer Park for Macy Neitzke

Date Claim

Received:

November 4, 2021

The enclosed is being sent to you to provide to our insurance or as needed for your review.

Sincerely,

Sandee Policello

Deputy Clerk-Treasurer

Cc: Clerk (original) / Finance / Attorney / Park Rec



To:

City of Waukesha Clerk's Office

From:

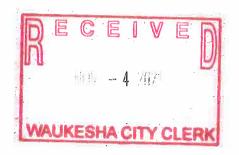
Kelly Neitzke

Re:

Macy Neitzke/Injury at Heyer Park

Date:

November 4, 2021



My daughter, Macy Neitzke, d/o/b August 17, 2005 was injured at Heyer Park on September 17, 2021 at her Catholic Memorial High School tennis practice on the tennis courts. The incident occurred around 5-5:30 p.m. She stepped on a tennis ball and flew into the pole on the side of the net. As you can see from the photo below, the metal bracket had a long sharp piece protruding from the pole that sliced the top of her hand like a razor blade. She was taken to urgent care immediately and required six (6) stitches in her hand. Her coach, Mr. McCaffrey was present to witness the injury. Mr. McCaffrey can be reached at 414-217-8254, if you need verification of the incident.

I reported the incident to Moana Bauer at the City of Waukesha Department of Parks and Recreation on Monday, September 20, 2021. She informed me she would speak to the City Attorney and would get back to me. I left her a message the week of October 18th, and I did not receive a return call until today outlining the necessary procedure to file a claim.

We received a bill for \$350.58. I am requesting payment for this bill. Additionally, my daughter is now in need of over the counter scar treatments for at least one year, so I am requesting \$149.42 to cover that expense. Thus, I am requesting a payment of \$500.00 in total. I am also requesting that the metal brackets be corrected so that there is no future risk of injury.

I can be reached as follows:

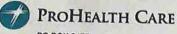
Kelly Neitzke S76W25735 Prairieside Drive Vernon, WI 53189 kneitke@waldenlaw.net 262-844-7303

Sniancy, Otto, P/R









PO BOX 3475 TOLEDO, OH 43607-0475





TEMP- RETURN SERVICES REQUESTED

DO NOT REMIT TO THIS ADDRESS

☐ Address /Insurance Change (Over)

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000273630 000035048 6

We Accep	by CREDIT CAR	D, FILL OUT BELOW	
Cardholder Name		Exp Date	
Card #			
Signature		Amount Enclosed	
Guarantor ID 273630	Due Date 11/05/2021	Amount Due 350.48	
PLEASEMA	KE CHECKS BA	YABLE AND REMIT TO:	

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT TO PO BOX 856279, MINNEAPOLIS, MN 55485-6279

Guarantor ID: 273630

Statement Date: 10/06/21

Account: 21193699 Patient: NEITZKE, MACY MARGARET PROHEALTH MEDICAL GROUP, INC. WAUKESHA BIG BEND Provider: DALEY, DONALD J

RD

This is a new balance due that is your responsibility. Please pay the full balance by the due date listed. Manage your bills online at ProHealthCare.org/BillPay. Please see reverse side for additional information.

Date	Description	Charges	Pmts/Adjs	Patient Balanc
09/17/21	OFFICE/OUTPATIENT ESTABLISHED LOW	215.00		
	REPR SUP NPTERF WND BODY 2.6-7.5	574.00		
Par Islin	United Healthcare Payments		0.00	
	United Healthcare Adjustments	The Real Property like	-438.52	gradient land
	Amount You Owe			350.48

Pay Your Bill Online ProHealthCare.org/BillPay

If you have any questions or to make a payment, call Customer Relations at 1-866-432-7855.

Please see the reverse side for additional information.

Account Summary

Total Charges:

\$789.00

Total Payments:. Total Adjustments:

\$0.00 \$-438.52

Amount due by 11/05/21

\$350.48

Page 1 of 1

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