

OFFICE OF THE CLERK-TREASURER

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

Gina Kozlik, Clerk-Treasurer
gkozlik@ci.waukesha.wi.us



March 6, 2017

TO: Community Insurance / AEGIS Corporation
RE: Accident or Claim of: Anthony F. San Felippo
3327 Ridgeline Dr.
Waukesha, WI 53188

Date of Accident or Claim: November 18th, 2016

Date City Served: March 2, 2017

The enclosed is being sent to you for your information and consideration. Please direct any further inquiries to Keith Yahn at (262) 524-3552.

Sincerely,

Sandee Policello
Deputy City Clerk-Treasurer

Cc: Clerk (original) / Finance / Attorney / Engineering




Good Morning,

On November 18th, 2016 my husband was walking our daughter to school while walking his foot hit the manhole cover that was not properly secured which you will see in the pictures I have attached. I called the city and was direct to the proper department to notify so know one else would get injured, the top of the manhole has been fixed and placed in its proper placement. I talked with and sent email pictures to Chris Langemak, back in December/ January I was under the assumption that all this information and medical bill would be forward to proper department since was told this would be taken care of and to day it has not been. I know my husband's foot is still hurting. Our health insurance has payed a portion of the bill and being left with the remainder balance. Can the city pay the other portion along with followups that may need further review.

Thank you,

*Anthony F. Sanfelippo
3327 Ridgeline Dr.
Wauk. WI '88*

Stacy San Felippo

 F7D46D8D-B1B6-4CB3-8CF8-69D22C78D222.MP4

 foot bill .jpg

 IMG_9410.JPG

 IMG_9411.JPG

 IMG_9412.JPG

 IMG_9413.JPG

 IMG_9414.JPG

 IMG_9415.JPG

 IMG_9416.JPG

 IMG_9417.JPG

 IMG_9418.JPG



PROHEALTH CARE

Waukesha Memorial Hospital, Inc., d/b/a ProHealth Waukesha Memorial Hospital
Oconomowoc Memorial Hospital, Inc., d/b/a ProHealth Oconomowoc Memorial Hospital
ProHealth Care Medical Associates, Inc., d/b/a ProHealth Medical Group

STATEMENT OF SERVICES

GUARANTOR ID		INSURANCE INFORMATION			STATEMENT DATE		
303087		PRIMARY: UHC	SECONDARY:		2/19/2017		
PATIENT NAME						PAYMENTS RECEIVED AFTER STATEMENT DATE WILL NOT APPEAR ON THIS STATEMENT.	
SANFELIPPO, ANTHONY F							
DATE	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	PATIENT BALANCE		
	INVOICE NUMBER: 1267159						
	Previous Visit Balance - Visit # 6129461 - ANTHONY F SANFELIPPO				86.92		
	CURRENT TOTAL VISIT BALANCE				86.92		
	Previous Visit Balance - Visit # 13319611 - ANTHONY F SANFELIPPO				19.15		
	CURRENT TOTAL VISIT BALANCE				19.15		

IF YOU HAVE ANY QUESTIONS OR TO MAKE PAYMENT CALL 1-866-432-7855. ONLY INVOICES WITH A BALANCE DUE APPEAR.
FOR ONLINE PAYMENTS www.prohealthcare.org

MESSAGES: Please see reverse side for additional information

Remit Payment Today. If balance is not received by 3/22/2017 the account will be placed with a collection agency for further processing. An interest charge may be added.

PLEASE PAY THIS AMOUNT BY 3/22/2017
\$106.07

2696-PHCSTMTS-3398544-2349234671-P; 16346925-2-578; 38165745-1; 1

RETURN THIS PORTION WITH YOUR PAYMENT



PROHEALTH CARE
PO BOX 3475
TOLEDO, OHIO 43607-0475
DO NOT REMIT TO THIS ADDRESS



Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.



001591
0101

SANFELIPPO, ANTHONY F
3327 RIDGELINE DR
WAUKESHA, WI 53188-1284



<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER					EXP. DATE
3 OR 4 DIGIT VERIFICATION NUMBER ON CARD					
VISA, MASTERCARD, DISCOVER		(3) AMERICAN EXPRESS		(4)	
SIGNATURE					
PATIENT NAME					
SANFELIPPO, ANTHONY F					
DUE DATE		GUARANTOR ID		BALANCE DUE	
3/22/2017		303087		\$106.07	

Amount Enclosed \$

MAKE CHECK PAYABLE TO PROHEALTH CARE

653569 (PC2)

PROHEALTH CARE, INC
PO BOX 3166
MILWAUKEE, WI 53201-3166



000303087 000010607 7

















