

IV

R. C. No. 33 - 23 - 24. By FINANCE AND PERSONNEL COMMITTEE. July 3, 2023.

Your Committee to whom was referred R. C. No. 204-22-23 by Finance and Personnel Committee to whom was referred R. O. No. 125-22-23 by City Clerk submitting a claim from Mario D. Campbell for alleged injuries that occurred when he fell; recommends filing the claim.

| | |
|-------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| | Committee |

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk




Approved _____ 20____. _____, Mayor

VI

R. C. No. 204 - 22 - 23. By FINANCE AND PERSONNEL COMMITTEE. April 17, 2023.

Your Committee to whom was referred R. O. No. 125-22-23 by City Clerk submitting a claim from Mario D. Campbell for alleged injuries that occurred when he fell; recommends referring to the Finance and Personnel Committee of the 2023-2024 council year.

FP 23-24

| | |
|---|--|
|  |  |
|  | |

Committee

I HEREBY CERTIFY that the foregoing Committee Report was duly accepted and adopted by the Common Council of the City of Sheboygan, Wisconsin, on the _____ day of _____, 20____.

Dated _____ 20____. _____, City Clerk

Approved _____ 20____. _____, Mayor

II

32

R. O. No. 125 - 22 - 23. By CITY CLERK. March 20, 2023.

Submitting a claim from Mario D. Campbell for alleged injuries that occurred when he fell.

F+P

CITY CLERK

DATE RECEIVED

3/15/23

RECEIVED BY

MKC

CLAIM NO.

#26-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

INSTRUCTIONS: TYPE OR PRINT IN BLACK INK

1. Notice of death, injury to persons or to property must be filed not later than 120 days after the occurrence.
2. Attach and sign additional supportive sheets, if necessary.
3. This notice form must be signed and filed with the Office of the City Clerk.

4. TWO ESTIMATES MUST BE ATTACHED IF YOU ARE CLAIMING DAMAGE TO A VEHICLE.

1. Name of Claimant: Mr Marco D Campbell
2. Home address of Claimant: 1024 Bluff ave
3. Home phone number: 920.627-8578
4. Business address and phone number of Claimant: 909 Ontario Ave
Nov 7, 2022 Apt #C11 Sheboygan, WI 53081
5. When did damage or injury occur? (date, time of day) _____
6. Where did damage or injury occur? (give full description) I Step Out of my Car, when I taken my next
step. I fell down (picture are attach) I didn't
notice the hole.
7. How did damage or injury occur? (give full description) I went to the ER,
the x-ray show my ankle was twisted. My
ankle is still painful - according to the doctor, I
need therapy.
8. If the basis of liability is alleged to be an act or omission of a City officer or employee, complete the following: ?
(a) Name of such officer or employee, if known: ?
(b) Claimant's statement of the basis of such liability: the City is liability
because I hurt myself on city property. I was
the worked on the street all summer, however
they didn't completely believe hole on Ontario
9. If the basis of liability is alleged to be a dangerous condition of public property, complete the following:
(a) Public property alleged to be dangerous: from the picture they
filled some of the holes, which they didn't do good,
(b) Claimant's statement of basis for such liability: I was on the road
clock, my client lives at 909 Ontario Ave

10. Give a description of the injury, property damage or loss, so far as is known at this time. (If there were no injuries, state "NO INJURIES").

I twisted my ankle. Pictures are attached

11. Name and address of any other person injured: ☒

12. Damage estimate: (You are not bound by the amounts provided here.)

Auto: \$

Property: \$

* Personal injury: -so far ER -> \$

Other: (Specify below) \$

TOTAL \$

Damaged vehicle (if applicable)

Make: Model: Year: Mileage:

* Names and addresses of witnesses, doctors and hospitals:

FOR ALL ACCIDENT NOTICES, COMPLETE THE FOLLOWING DIAGRAM IN DETAIL. BE SURE TO INCLUDE NAMES OF ALL STREETS, HOUSE NUMBERS, LOCATION OF VEHICLES, INDICATING WHICH IS CITY VEHICLE (IF APPLICABLE), WHICH IS CLAIMANT VEHICLE, LOCATION OF INDIVIDUALS, ETC.

NOTE: If diagrams below do not fit the situation, attach proper diagram and sign.

909 Ontario Ave
#C11
Sheboygan, WI 53081

SIGNATURE OF CLAIMANT

Mario Campbell

DATE

3/19/23

BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Mario Campbell

Auto \$ _____

Claimant's Address: 1021 Bluff ave

Property \$ _____

Personal Injury \$ _____

Claimant's Phone No. 920-627-8578

Other (Specify below) \$ _____

TOTAL \$ _____

PLEASE INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.
(WISCONSIN STATUTES 943.395)

The undersigned hereby makes a claim against the City of Sheboygan arising out of the circumstances described in the Notice of Damage or Injury. The claim is for relief in the form of money damages in the total amount of \$ _____.

SIGNED

Mario Campbell

DATE:

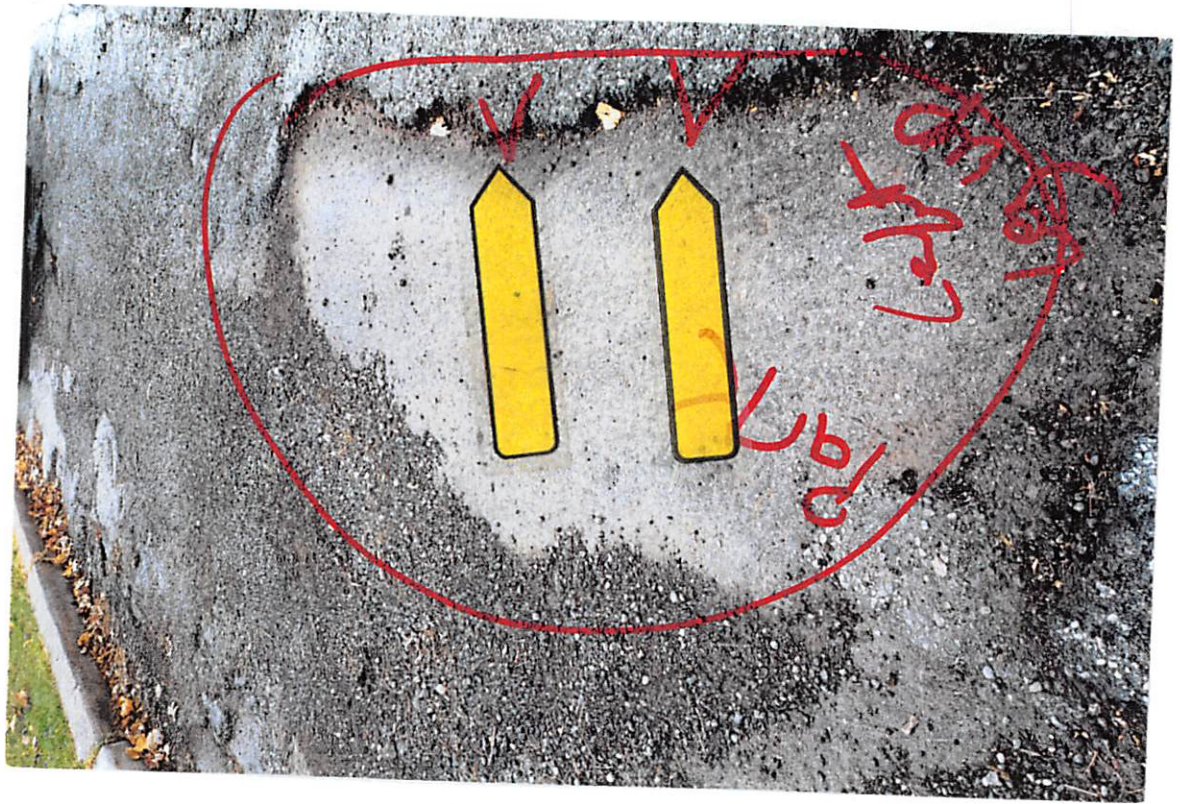
3/16/23

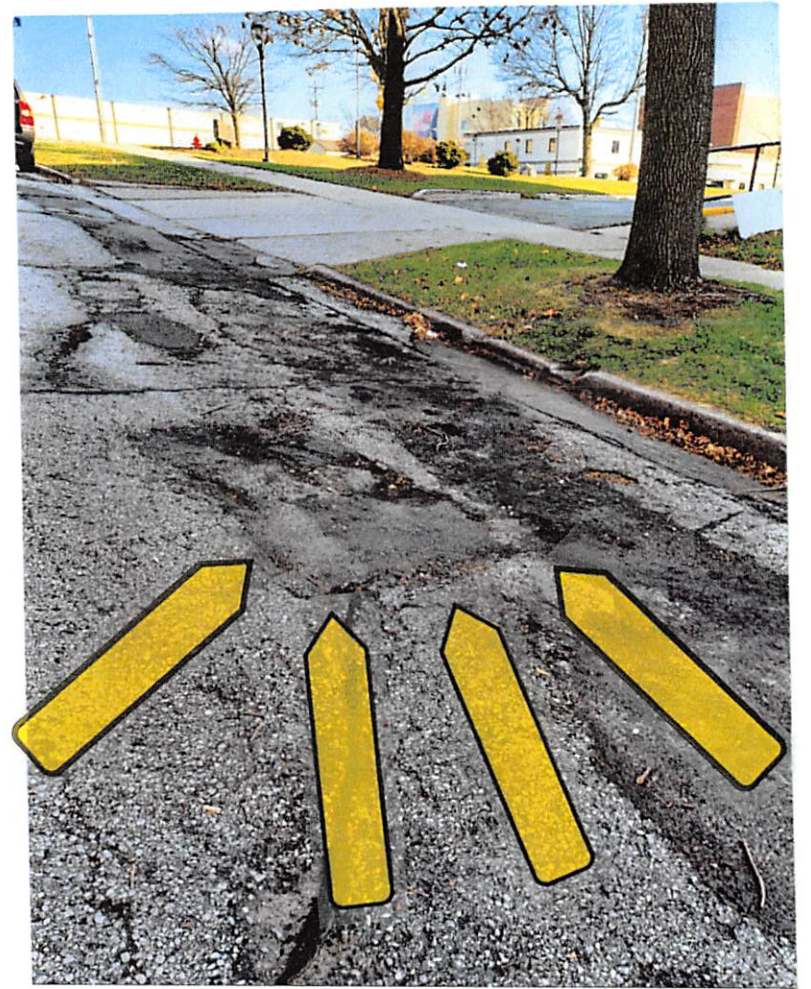
ADDRESS:

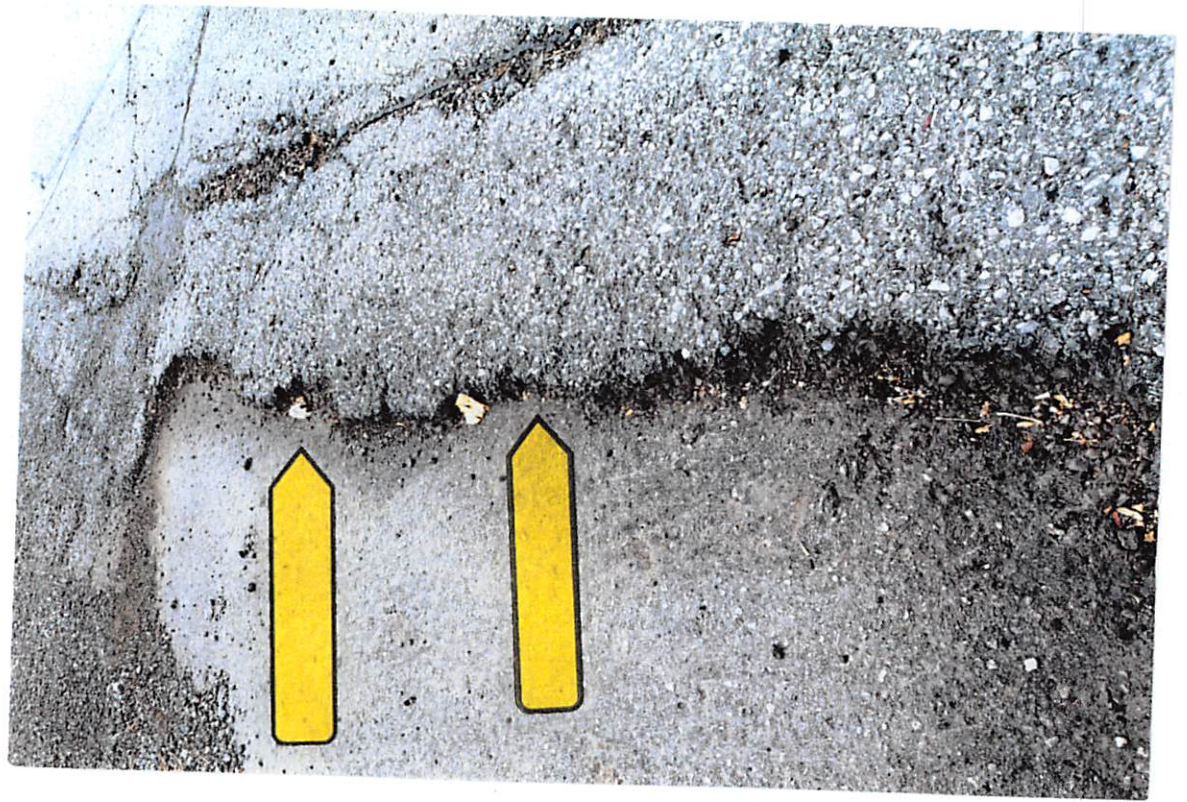
1021 Bluff ave

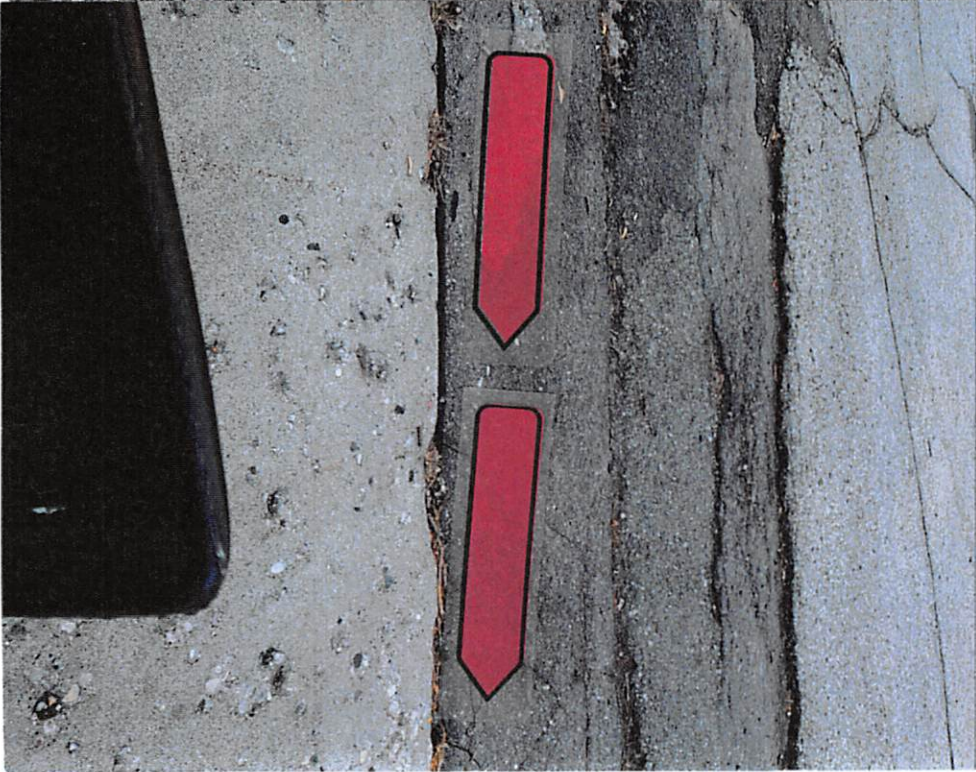
BY SIGNING THIS I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE INSTRUCTIONS.

MAIL TO: CLERK'S OFFICE
828 CENTER AVE #100
SHEBOYGAN WI 53081









Yellow Brown (Before)

Red (Patch 14 - After)

Previous - Red - Red



Aurora Health Care®

PO Box 090996
Milwaukee, WI 53209-0996

Statement of Hospital and Physician Services

Statement Date: 03/16/23

Page 1 of 3

Payment Options:

Pay Online: aurora.org/billing

Phone: 1-800-326-2250

Mail: PO Box 809418 Chicago, IL 60680-9418

Account Information

Guarantor Name: CAMPBELL, MARIO

Guarantor Account Number: 2577080

AUR12A 3625491 322583763

Mario Campbell
1021 Bluff Ave
Sheboygan WI 53081-2654

Guarantor Account Summary

Total Amount Owed \$357.50

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 \$357.50

Amount Due \$357.50

Thank you for choosing
Aurora Health Care
for your health care needs!

Sign up for Paperless Bills

- Get email reminders when your statement is ready
- Pay your bills online
- Save time, checks & postage

Visit:
livewell.aah.org

Customer Care

• Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.

• Para español favor llamar a 1-866-629-6033

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

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



Aurora Health Care®

Statement Date
03/16/23

| Account | Acct # | Date Due |
|-------------------|---------------------------|----------|
| CAMPBELL, MARIO | 2577080 | 03/29/23 |
| Amount Due | Amount I am Paying | |
| \$357.50 | \$ | |

Make check payable to **Aurora Health Care**

AURORA HEALTH CARE
PO Box 809418
Chicago IL 60680-9418

For quick and easy access to your bills online, follow the QR code to LiveWellAAH.org



000000198750 031623 0002577080 0000035750 4

If you are having difficulty paying your bill, call 1-800-326-2250 as soon as you receive your statement to discuss your options.

- Patients who are not covered under a health insurance policy, health benefit, health coverage program or other Third Party Liability will receive a 45% discount on medically necessary services at Aurora Health Care.
- Patients who are not covered under a health insurance policy, health benefit, health coverage program or other Third Party Liability and whose family income is at or below 250% of the Federal Poverty Level may be eligible for our Financial Assistance Program.
- This is not a health insurance program, and there are limitations to the services that are eligible. Medically necessary services will be covered at 100%.
- You must apply for financial assistance within 240 days of your first billing statement.
- Financial advocates are located in all of our hospitals and many of our clinics to assist you.
- Our financial assistance policy and applications are available in multiple languages.

For additional information about Aurora's Financial Assistance Programs:

- Visit: aurora.org/billing
- Call: 1-800-326-2250 to speak to a financial advocate
- Mail a request: Financial Assistance, PO Box 0909996, Milwaukee, WI 53209-0996

Information about Aurora's Collection Policy:

- Aurora Health Care policy prohibits deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of one of more bills for previously provided care covered under Aurora's Financial Assistance Program.
- If your account becomes past due, Aurora Health Care may take actions to try to resolve the debt. This may include collection calls to you or the guarantor, appointment requests with an Aurora representative, collection letters, e-mails, and other electronic communications. Care may be deferred or denied while Aurora makes a reasonable effort to determine whether you are eligible for Aurora's Financial Assistance Program, or were eligible at the time the services were rendered.
- Aurora Health Care may authorize the sale of the debt or refer a past due account to a collection agency. The agency may pursue the extraordinary collection action of credit bureau reporting within time periods that are permissible by governing law. As the result of a policy change effective 2/11/2020, Aurora Health Care and any collection agencies acting on Aurora Health Care's behalf will not pursue money judgments, wage garnishment, or lien attachments to assets. Credit reporting will not take place until at least 240 days after the date of your first post-discharge billing statement, and never when you have a financial assistance application in pending status.

Visit aurora.org/billing for additional information about Aurora's collection policy.

Please do not write on the back of this coupon.

How to contact us about a change in your address, insurance information or other topics:

By phone: 1-800-326-2250

By e-mail: customerservice@aah.org

By mail: Aurora Health Care
3301 W. Forest Home Avenue
Milwaukee, WI 53215

(Do not send payments to this address)

Detail of Previous Services

Thank you for choosing Advocate Aurora Health. Your balance is past due. Please pay the amount due at this time. Visit livewell.aah.org/chart to make an online payment or contact us at (800) 326-2250.

Gracias por elegir Advocate Aurora Health. Su saldo está vencido. Pague la cantidad adeudada en este momento. Visite livewell.aah.org/chart para pagar en línea o comuníquese con nosotros llamando al (800) 326-2250.

| Date of Service | Description | Charges | Payments/ Adjustments | Balance Due |
|--------------------------------------|---|---|-----------------------|-----------------|
| Patient Name: CAMPBELL, MARIO | | Provider: VELDHORST, KYLE | | |
| 02/13/23 | 246020187 | Location: AURORA HEALTH CARE SHEBOYGAN | | |
| 02/13/23 | Form Fit Ankle Brace With Speedlace Off the Shelf | 35.00 | | |
| 02/13/23 | Office or Other Outpatient Visit New PT Strfd Mdm Lvl 2 | 335.00 | | |
| | Patient Adjustments | | -166.50 | |
| | Your Responsibility | | | \$203.50 |
| Previous Services Balance Due | | | | \$203.50 |

Detail of New Activity

Thank you for choosing Advocate Aurora Health. Payment in full is due at this time. Visit livewell.aah.org/chart to make an online payment.

Gracias por elegir Advocate Aurora Health. El pago total está vencido en este momento. Visite livewell.aah.org/chart para pagar en línea.

| Date of Service | Description | Charges | Payments/ Adjustments | Balance Due |
|--------------------------------------|----------------------------|---|-----------------------|-----------------|
| Patient Name: CAMPBELL, MARIO | | Provider: SHARMA, VIPUL | | |
| 02/13/23 | 246199492 | Location: AURORA HEALTH CARE SHEBOYGAN | | |
| 02/13/23 | X-Ray Ankle 3+ VW | 280.00 | | |
| 02/13/23 | Other Aurora Adjustments | | -126.00 | |
| | Your Responsibility | | | \$154.00 |
| New Activity Balance Due | | | | \$154.00 |

Total Amount Owed to Aurora (As of this Statement)**\$357.50****Get the LiveWell app**

LiveWell helps you manage appointments, message your doctor, get virtual care, pay your bill and more. And with tools like guided meditation and good-for-you recipes, you'll find more ways to live well. Go to the App Store or Google Play to download.

Visit aah.org/livewell