

II
R. O. No. 106 - 22 - 23. By CITY CLERK. February 20, 2023.

Submitting a claim from Mary Goebel for alleged injuries that occurred when she tripped over a pipe sticking out of the ground on S. 21st Street.

FAP

CITY CLERK

DATE RECEIVED

2-13-23

RECEIVED BY

MKC

CLAIM NO.

21-22

CITY OF SHEBOYGAN NOTICE OF DAMAGE OR INJURY

FEB 13 2023

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.

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

1. Name of Claimant: Mary Goebel
2. Home address of Claimant: 1003 Falls Park Dr. #5
3. Home phone number: 9209808563
4. E-Mail Address goebel.m1112@gmail.com
5. Business address and phone number of Claimant: NA - Phone # 9209808563

6. When did damage or injury occur? (date, time of day) Oct. 30 4:30-5:00 pm

7. Where did damage or injury occur? (give full description) _____

broke a bone in my @ wrist. The injury occurred in the city at 1714 S. 21st St between the sidewalk and road.

7. How did damage or injury occur? (give full description) I tripped over a

pipe sticking up and fell to the ground.

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: NA

(b) Claimant's statement of the basis of such liability: NA

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: pipe sticking out of ground

(b) Claimant's statement of basis for such liability: could fall and trip.

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").

Have a description on #7 and broke a bone in (L) wrist

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

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

Auto: \$

Property: \$

Personal injury: \$ 7918.01

Other: (Specify below) \$

TOTAL \$ 7918.01 - total bill

Damaged vehicle (if applicable)

Make: NA Model: NA Year: NA Mileage: NA

Names and addresses of witnesses, doctors and hospitals:

Quorra Health - Kyle Veldhorst

FOR ALL ACCIDENT NOTICES YOU MAY DRAW A DIAGRAM. 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.

SIGNATURE OF CLAIMANT Mary Goebel DATE Feb. 9, 2023

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

DATE RECEIVED _____

RECEIVED BY _____

CLAIM NO. _____

CLAIM

Claimant's Name: Mary Goebel

Auto \$ NA

Claimant's Address: 1003 Falls Parc Dr.

Property \$ NA

#5 Sheboygan Falls, WI.

Personal Injury \$ 7918.01

Claimant's Phone No. 9209808563

Other (Specify below) \$ _____

TOTAL \$ 7918.01

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 \$ 7918.01.

SIGNED Mary Goebel

DATE: Feb. 9, 2023

ADDRESS: 1003 Falls Parc Dr. #5

Sheboygan Falls, WI. 53085

goebel.m111@gmail.com

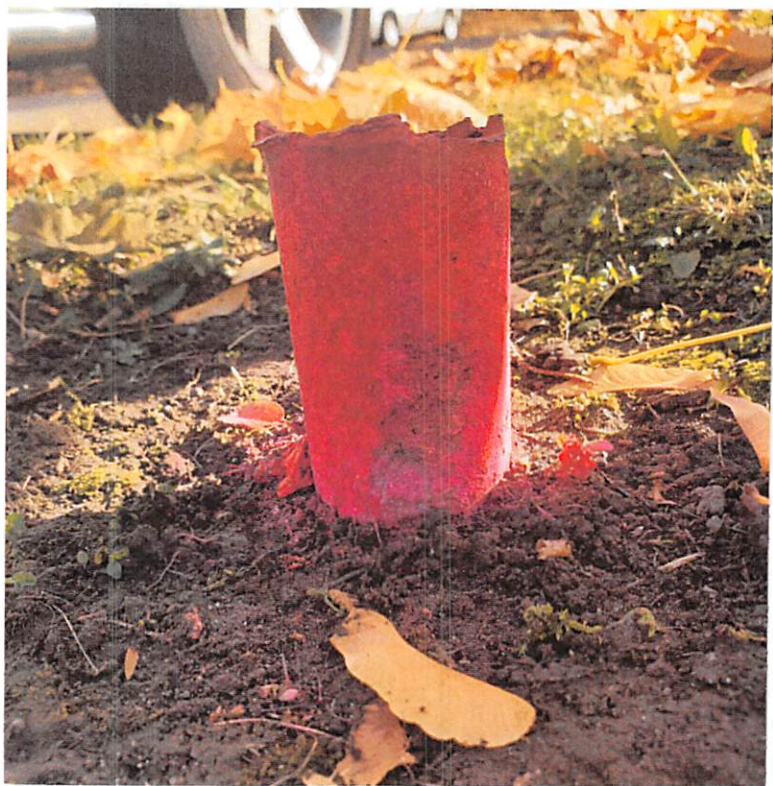
E-Mail Address

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

MAIL TO: CLERKS OFFICE

828 CENTER AVE #100

SHEBOYGAN WI 53081



Aurora Medical Center Sheboygan County

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
242279641

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Series -Therapy
Attending Physician: Veldhorst, Kyle

Total Charges: 490.00
Service Date:
01/20/2023 to 01/31/2023

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/20/23	0430	10002616	Therapeutic Exer per Unit	1	165.00
01/20/23	0434	10005859	OT Eval Low Complexity	1	325.00
Total hospital charges:					490.00
Total hospital payments and adjustments:					

Total Balance: 490.00

Kyle Veldhorst - Total \$6528.01
Andrew B. Ingraham - Outpatient \$460.00
Xray (wrist) Total \$930.00

Aurora Medical Group Sheboygan Clinic

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
238355010

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Andrew B Ingraham, MD

Total Charges: 460.00
Service Date:
11/02/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/02/22		99203	Office or Other Outpatient Visit New PT Low Mdm Lvl 3	1	460.00
Total professional charges:					460.00

Professional Payments and Adjustments

Date	Description	Amount
12/20/22	Network Health Medicare Insurance Payment	-55.53
12/20/22	Network Health Medicare Insurance Adjustment	-1.13
12/20/22	Network Health Medicare Insurance Adjustment	-353.34
Total professional payments and adjustments:		-410.00

Total Balance: 50.00

Aurora Medical Group Sheboygan Clinic

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
238363689

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: David H Hinke, MD

Total Charges: 310.00
Service Date:
11/02/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/02/22		73110	Xray Wrist 3+ VW	1	310.00
Total professional charges:					310.00

Professional Payments and Adjustments

Date	Description	Amount
12/20/22	Network Health Medicare Insurance Payment	-9.47
12/20/22	Network Health Medicare Insurance Adjustment	-0.19
12/20/22	Network Health Medicare Insurance Adjustment	-270.34
Total professional payments and adjustments:		-280.00

Total Balance: 30.00

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
239988445

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Jaideep S Joshi, MD

Total Charges: 310.00
Service Date:
11/23/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/23/22		73110	Xray Wrist 3+ VW	1	310.00
Total professional charges:					310.00

Professional Payments and Adjustments

Date	Description	Amount
01/17/23	Network Health Medicare Insurance Payment	-9.47
01/17/23	Network Health Medicare Insurance Adjustment	-0.19
01/17/23	Network Health Medicare Insurance Adjustment	-270.34
Total professional payments and adjustments:		-280.00

Total Balance: 30.00

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
242155172

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Stephen T Van Blarcom, MD

Total Charges: 310.00
Service Date:
12/21/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
12/21/22		73110	Xray Wrist 3+ VW	1	310.00
Total professional charges:					310.00

Professional Payments and Adjustments

Date	Description	Amount
01/23/23	Network Health Medicare Insurance Payment	-9.47
01/23/23	Network Health Medicare Insurance Adjustment	-0.19
01/23/23	Network Health Medicare Insurance Adjustment	-270.34
Total professional payments and adjustments:		-280.00

Total Balance: 30.00

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
242167388

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Kyle Veldhorst, PA-C

Total Charges: 230.00
Service Date:
01/11/2023

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/11/23		99212	Office or Other Outpt Visit Est PT Strfwd Mdm Lvl 2	1	230.00

Total professional charges: 230.00
Total professional payments and adjustments:

Total Balance: 230.00

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
239993852

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Kyle Veldhorst, PA-C

Total Charges: 220.00
Service Date:
12/21/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
12/21/22		99212	Office or Other Outpt Visit Est PT Strfwd Mdm Lvl 2	1	220.00
Total professional charges:					220.00

Professional Payments and Adjustments

Date	Description	Amount
01/25/23	Network Health Medicare Insurance Payment	0.00
01/25/23	Network Health Medicare Insurance Adjustment	-174.14
Total professional payments and adjustments:		-174.14

Total Balance: 45.86

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
238864185

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Kyle Veldhorst, PA-C

Total Charges: 1,005.00
Service Date:
11/23/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/23/22		99212	Office or Other Outpt Visit Est PT Strfwd Mdm Lvl 2	1	220.00
11/23/22		29075	Apply Forearm Cast	1	695.00
11/23/22		Q4050	Gore Liner Form Fit	1	90.00
Total professional charges:					1,005.00

Professional Payments and Adjustments

Date	Description	Amount
01/17/23	Network Health Medicare Insurance Payment	-90.06
01/17/23	Network Health Medicare Insurance Adjustment	-1.84
01/17/23	Network Health Medicare Insurance Adjustment	-863.10
Total professional payments and adjustments:		-955.00

Total Balance: 50.00

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23**Account ID**
1191087**Guarantor Name & Address**
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085**Visit ID**
238619110**Detailed Bill For**

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Kyle Veldhorst, PA-C

Total Charges: 1,215.00
Service Date:
11/09/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/09/22		99212	Office or Other Outpt Visit Est PT Strfwd Mdm Lvl 2	1	220.00
11/09/22		Q4006	Cast,Lng Arm Adlt,11+ Fiber	1	105.00
11/09/22		29065	Apply Long Arm Cast	1	890.00
Total professional charges:					1,215.00

Professional Payments and Adjustments

Date	Description	Amount
12/28/22	Network Health Medicare Insurance Payment	-102.19
12/28/22	Network Health Medicare Insurance Adjustment	-2.09
12/28/22	Network Health Medicare Insurance Adjustment	-1,060.72
Total professional payments and adjustments:		-1,165.00

Total Balance: 50.00

Aurora Medical Center Sheboygan County

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
238522773

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Veldhorst, Kyle

Total Charges: 2,400.01
Service Date:
11/05/2022

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/05/22	0350	10002414	Upper Extremity W/O Dye	1	2,400.00
11/05/22	0350	10006554	CDSM Nat Decsn Suprt CO	1	0.01
Total hospital charges:					2,400.01

Hospital Payments and Adjustments

Date	Description	Amount
12/27/22	Network Health Medicare Insurance Payment	0.00
12/27/22	Network Health Medicare Insurance Adjustment	-2,291.35
Total hospital payments and adjustments:		-2,291.35

Total Balance: 108.66

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
238504093

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Kyle Veldhorst, PA-C

Total Charges: 968.00
Service Date:
11/04/2022

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
11/04/22		99202	Office or Other Outpatient Visit New PT Strfwd Mdm Lvl 2	1	318.00
11/04/22		29105	Apply Long Arm Splint	1	585.00
11/04/22		Q4018	Cast Supplies Long Arm Splint Adult 11+ Yrs Fiberglass	1	65.00

Total professional charges: 968.00

Professional Payments and Adjustments

Date	Description	Amount
12/27/22	Network Health Medicare Insurance Payment	-88.18
12/27/22	Network Health Medicare Insurance Adjustment	-1.80
12/27/22	Network Health Medicare Insurance Adjustment	-828.02

Total professional payments and adjustments: -918.00

Total Balance: 50.00

Aurora Health Care Sheboygan

Aurora Health Care
PO BOX 343918
Milwaukee, WI 53234-3918
Ph: (800) 326-2250

Detailed Bill Date: 02/04/23

Account ID
1191087

Guarantor Name & Address
Mary J Goebel
1003 Falls Parc Drive Apt 5
Sheboygan Falls, WI 53085

Visit ID
243286151

Detailed Bill For

Patient Name: Goebel, Mary J
Account Class: Outpatient
Attending Physician: Xue Wang, MD

Total Charges: 320.00
Service Date:
01/11/2023

Professional Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/11/23		73110	Xray Wrist 3+ VW	1	320.00
Total professional charges:					320.00
Total professional payments and adjustments:					

Total Balance: 320.00