

IN THE COURT OF CLAIMS OF OHIO

COURT OF CLAIMS OF OHIO

Claim Form

2015 APR -6 AM 11:49

2015 - 00304 AD

Case Number

for Court use only

CLAIMANT:

(1) Hannah Scolaro claimant's first and last name

(2) 10.31.1995 date of birth

(3) 4754 W. Bath Rd. street address

(4) Akron OH 44333 city state zip

(5) (330)576-3597 telephone area code

(6) KimpSCO@aol.com Email address

NOTE: if you move or change telephone numbers you must give the Court written notice of the new address or telephone number

STATE AGENCY OR DEPARTMENT:

(7) Ohio University defendant state department, board, commission, etc

Risk Management and Safety

(8) 49 Factory St. University Service Center 136 street address

(9) Athens OH 45701-2979 city state zip

Cathie Chancellor, Risk Manager

(10) Location where injury, damage, or loss occurred.

Hill on left on Rvok Hall by dumpsters in front of the ARC

(11) Date and time when injury, damage, or loss occurred.

Saturday, February 21, 2015 12:45 pm

(12) Describe in ordinary language the basis of the claim.

My friend and I were going to get on the bus to go to Newton because Boyd is closed. We went behind the building and I slipped on the ice on the hill and

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(12) Continued

my two front teeth on the sidewalk

(13) Describe your injury, damage, or loss.

Two broken teeth, required two root canal, both teeth  
list each item separately  
needed crowns, several trips to the dentist

(14) The total for my claim is \$ 2870<sup>00</sup> (see attached)

The witnesses, if any, to the injury, damage or loss are (15) Alyssa Menosky  
Fill in name and address

~~101~~ 101 W. Green Drive, Amew OH 45701 room 144

COURT OF CLAIMS OF OHIO

(16) I (circle the appropriate word or phrase) have do not have insurance coverage for the injury, damage or loss with the  
(17) Insurance denied this claim - we are filing an appeal.  
\_\_\_\_\_ fill in company name and address and policy number

The policy has a (18) \$ \_\_\_\_\_ deductible provision.

I (circle the appropriate word or phrase) have have not received insurance payment(s) in the amount of

(19) \$ \_\_\_\_\_ as a result of the incident described above. (see instructions). I ask the Court to grant a judgment in the amount stated in blank (14).

(20) If you have a Medicare or Medicaid beneficiary please list your Medicare or Medicaid number below  
\_\_\_\_\_

If the amount exceeds \$10,000.00 the Court may require that a civil rules complaint be filed. Under the penalties of perjury and falsification, I state that I have read or had read to me the above complaint and that it is true. Further, I expressly waive, on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who may hereafter attend or examine me from disclosing any knowledge or information which they thereby acquired.

(21) Hannah Scolaro  
signature of plaintiff (see instructions)

**BE SURE TO INCLUDE FILING FEE AND TO GIVE THE COURT WRITTEN NOTICE OF ADDRESS CHANGES (see Instructions)**

NOTE: Plaintiff need not have an attorney. If plaintiff files the complaint without an attorney, plaintiff completes Blank (21). If plaintiff files through an attorney, plaintiff signs Blank (21) and the attorney signs Blank (22) and completes Blanks (23) through (25).

Pursuant to Civil Rule 11, I state I have read the above complaint; that to the best of my knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

(22) \_\_\_\_\_  
signature of plaintiff's attorney

(23) \_\_\_\_\_  
street address

(24) \_\_\_\_\_  
city state zip

(26) \_\_\_\_\_  
telephone area code

SEND COMPLETED FORM & PAYMENT TO:

Ohio Court of Claims  
Thomas J. Moyer Ohio Judicial Center  
65 South Front Street, 3rd Floor  
Columbus, Ohio 43215

DENTAL OFFICE

GREGORY M. LINSKOTT DDS.  
50 South Court Street  
Athens, OH 45701

TELEPHONE:(740) 593-7493  
FACSIMILE:(740) 594-0533

FACSIMILE COVER SHEET

CONFIDENTIALITY NOTICE

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DATE \_\_\_\_\_

ATTN: \_\_\_\_\_

FACSIMILE NO: 1-888-752-0012

FROM: T.J Williams

If you do not receive all pages indicated as part of this transmission, please call our office as soon as possible.

Date: 2/25/2015

# ACCOUNT HISTORY REPORT

Page: 1

Time: 9:33 AM

130111 · LINS COTT ENTERPRISES INC

Type: All History Data

Payment Due as of Last Statement: \$0.00

SCOLARO, HANNAH  
4754 W BATH RD  
AKRON, OH 44333

Account Number : 5247 FND

Balance: \$2,345.00

HOME : (330) 576-3597 Ext.

Age: 0

HOME : (330) 807-2427 Ext.

Status: N

: Ext.

Billing Date	Date of Service	Description	Code	Asc	Patient	Carrier	Tooth	Surface	Amount	SubTotal
02/23/2015	2/23/2015	CROWN - PORCELAIN FUSED TO H	D2750	AA	A HANNAH		8		989.00	989.00
02/23/2015	2/23/2015	CROWN - PORCELAIN FUSED TO H	D2750	AA	A HANNAH		9		989.00	1,978.00
02/23/2015	2/23/2015	ENDODONTIC THERAPY, ANTERIOR	D3310	AA	A HANNAH		9		720.00	2,698.00
02/23/2015	2/23/2015	OFFICE VISIT - AFTER REGULAR	D9440	AA	A HANNAH				147.00	2,845.00
02/23/2015		PATIENT PAYMENT-CRCARD		AA					-500.00	2,345.00
									<b>Current Balance:</b>	<b><u>\$2,345.00</u></b>

OFFICE EMERGENCY PREP  
2-21-15

\* = Dental Ins. Charge



NAME ADDRESS

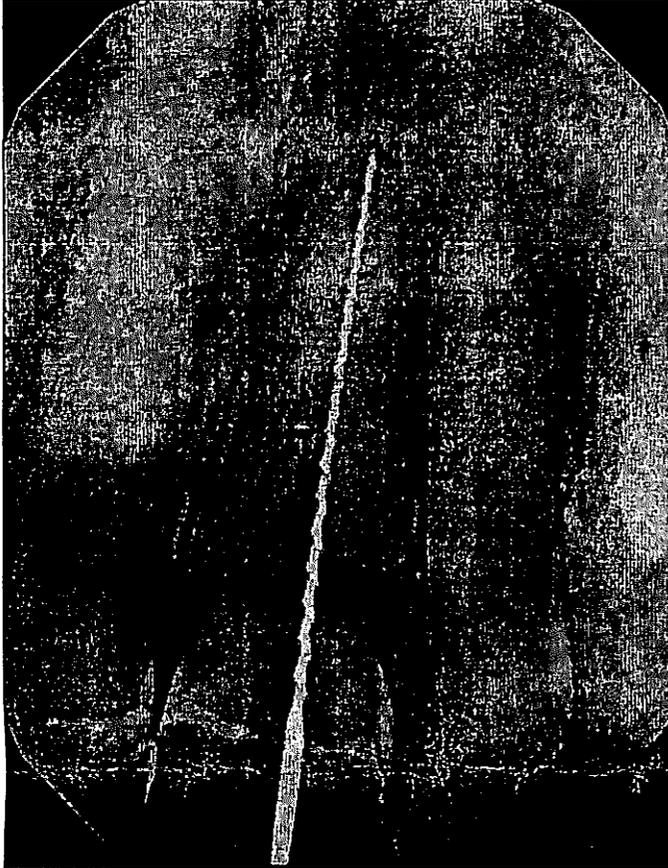
DATE	TOOTH	SERVICE RENDERED	TIME	CHARGE	PAID	BALANCE
Feb 21, 2015		1:15 PM Recurve call "Painful Jell and broke Both Front Teeth" 1:45. Saw Hannah - #8 - Class III Fracture Close to exposure but elected to not perform 2. v. l. r. at this Point #8 #9 - Nerve gently exposed - Performed 2 Copulas Myocardium Eugen Endo - (white) + Cleaned Canal Pain responded well. Recurved Remains of teeth and made a Blue Mousse top for tips - did not take GOC of approx every six hours Kim -				
9440	1)	Worked Every Even 147 Mother called	330-807-2427	C		
	2)	#9-3310 -	330-665 0000	H		
2/23/15	3)	Copulas Endo - 20 mm #8 Fracture V. l. r. Vercha Cm by #819 - splinter together N.I.S. - A-1 Hard to (white) i. B.T Pain will (white) back Recurved tips i. B.T				
MAR 09 2015						

Dr. Gregory Linscott, D.D.S.  
50 South Court St.  
Athens, OH 45701  
740-593-7493

SCOLARO, HANNAH \*10/31/1995 (1-5247A)

#9

2/23/2015



DEXray® by DEXIS

#9

2/23/2015



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