

03-1782-CB
DUBOTS EMS, AMBULANCE SERVICE, INC. vs. THOMAS F. SNYDER, et al.

DEBOIS EMS, AMBULANCE .
SERVICE, INC.,
Plaintiff

v.

THOMAS E. SNYDER and
HARRY MAHAFFEY,
Defendants

* IN THE COURT OF COMMON PLEAS
* CLEARFIELD COUNTY, PENNSYLVANIA
* 46th Judicial District
*
* CIVIL ACTION - LAW
* NO.
* 03-1782-CJ
*
*

FILED

DEC 01 2003

William A. Shaw
Prothonotary/Clerk of Courts

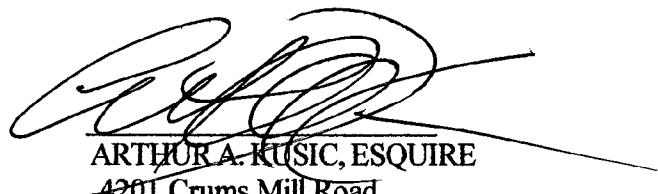
NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

Court Administrator
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830
(814) 765-2841 ext 5982
(814) 765-7649 (FAX)



ARTHUR A. KUSIC, ESQUIRE
4201 Crums Mill Road
Harrisburg, PA 17112
(717) 540-5610
Supreme Court no. 07207
Attorney for Plaintiff

DUBOIS EMS, AMBULANCE
SERVICE, INC.,
Plaintiff

v.

THOMAS E. SNYDER and
HARRY MAHAFFEY,
Defendants

* IN THE COURT OF COMMON PLEAS
* CLEARFIELD COUNTY, PENNSYLVANIA
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*
* CIVIL ACTION - LAW
* NO.
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COMPLAINT

AND NOW comes Plaintiff by and through its attorney Arthur A. Kusic, Esquire and respectfully makes its Complaint as follows:

1. Plaintiff, DuBois EMS, Ambulance Service, Inc., is a corporation organized and existing under the laws of the Commonwealth of Pennsylvania with offices at 103 West Washington Avenue, DuBois, Clearfield County, Pennsylvania 15801.
2. Defendant, Thomas E. Snyder, is an adult individual residing at RR 1, Box 146, 25 Cemetery Road, Rockton, Clearfield County, Pennsylvania 15856.
3. Defendant, Harry Mahaffey, is an adult individual residing at RR1, Box 146, 25 Cemetery Road, Rockton, Clearfield County, Pennsylvania 15856.
4. On or about December 21, 1999, Plaintiff, at Defendant Thomas E. Snyder's request, provided health care and transportation services to said Defendant. A copy of the Transportation Information and Authorization Form is attached hereto, made a part hereof and marked Exhibit "A".
5. At all times pertinent hereto, Defendant Thomas E. Snyder was covered under a Blue Cross health insurance policy issued to his stepparent, Defendant Harry Mahaffey.

6. Plaintiff provided the requested services to Defendant Synder and thereafter, not having received payment from Defendants' insurer, charged the Defendants its usual and customary charges for the costs of services rendered, i.e. \$1,402.00. A copy of Plaintiff's insurance claim form is attached hereto, made a part hereof and marked exhibit "B".

COUNT I.

(Plaintiff v. Defendant Thomas E. Snyder)

7. Plaintiff incorporates herein by reference thereto its averments hereinabove set forth in paragraphs 1 through 6.

8. Plaintiff in good faith provided the requested services to Defendant Synder with the reasonable expectation that it would be paid for the services rendered.

9. Should Defendant Synder not be held liable to Plaintiff for the costs of services rendered, then Defendant Synder would be unjustly enriched at Plaintiff's expense by having received services for which he has not paid.

10. Plaintiff has made demands upon Defendant Synder for the balance due and owing of \$1402.00, which demands remain unheeded.

WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Thomas E. Snyder in the amount of \$1402.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT II.

(Plaintiff v. Defendant Harry Mahaffey)

11. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 through 10.

12. On or about August 1, 2000, Plaintiff was informed by Defendants' insurer that payment under the policy was remitted directly to the policy holder, Defendant Harry Mahaffey on or about February 7, 2000.

13. Plaintiff has made demands upon Defendant Harry Mahaffey for the balance due and owing of \$1402.00, which demands remain unheeded.

14. Plaintiff believes and therefore avers that Defendant Mahaffey converted the insurance payment to his own use and benefit.

15. Should Defendant Mahaffey not be held liable to Plaintiff for the cost of services rendered to his step-son, Defendant Thomas E. Snyder, then Defendant Mahaffey would be unjustly enriched at Plaintiff's expense by having received funds from his insurer that were to pay for services rendered to Defendant Snyder, which funds have not been turned over to Plaintiff.

WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Harry Mahaffey in the amount of \$1402.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT III.

(Plaintiff v. Defendants)

16. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 through 15.

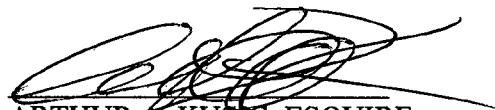
17. Plaintiff believes and therefore avers that Defendants are liable to Plaintiff for the cost of services rendered to Defendant Synder in the amount of \$1402.00.

16. Plaintiff has made demands upon the Defendants for the balance due and owing of \$1402.00, which demands remain unheeded.

17. Plaintiff avers that the amount claimed due does not exceed the jurisdictional amount requiring referral to arbitrators under local rule.

WHEREFORE, Plaintiff prays your Honorable court to enter Judgment in its favor and against Defendants Thomas E. Snyder and Harry Mahaffey in the amount of \$1,402.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

RESPECTFULLY SUBMITTED:



ARTHUR A. KUSIC, ESQUIRE
4201 Crums Mill Road
Harrisburg, PA 17112
(717) 540-5610
Supreme Court no. 07207
Attorney for Plaintiff

DEBOIS EMS, AMBULANCE
SERVICE, INC.,

v.

THOMAS E. SNYDER and
HARRY MAHAFFEY,
Defendants

* IN THE COURT OF COMMON PLEAS
* CLEARFIELD COUNTY, PENNSYLVANIA

*

* NO.

* CIVIL ACTION - LAW

*

*

*

VERIFICATION

I, Patrick Willard, the President of
DeBois EMS, Ambulance Service, Inc. verify that the statements made in
the Complaint are true and correct to the best of my knowledge,
information and belief and that I am authorized to make this Verification
on behalf of DeBois EMS, Ambulance Service, Inc.. I understand that
false statements made herein are subject to the penalties of 18 Pa.C.S.A.
Section 4904, relating to unsworn falsification to authorities.

DEBOIS EMS, AMBULANCE SERVICE, INC.

BY:

Name:

Date:

11-13-03

EXHIBIT "A"

DUBOIS E.M.S. AMBULANCE INSURANCE AUTHORIZATION

Patient's Name Thomas Snyder Date of Service 12-21-99

Medicare # _____ Dept. of Welfare Recipient # _____

Supplemental Insurance _____ Policy # _____

BLUE CROSS/BLUE SHIELD

Agreement # YMA 1604839912 Group # 304Policy Holder Harry McHaffey

COMMERCIAL INSURANCE (AUTO)

Name _____ Policy # _____

Policy Holder _____ Agent _____

AUTHORIZATION

I request that payment of authorized Medicare benefits or other insurance benefits to be made either to me or in my behalf to DuBois E.M.S. Ambulance Service for any services furnished me by that health service provider or supplier. I authorize any holder of medical information about me to be released to the Health Care Financing Administration and its agents or other insurance companies any information needed to determine these benefits or the benefits payable for related services.

SIGNATURE OF PATIENT Verbal Consent _____
 (or other authorized person) _____ (relationship to patient) _____

MEDICARE WAIVER FORM/COMMERCIAL WAIVER FORM

Medicare will only pay for services that are determined to be "Reasonable and Necessary" under Section 1862 (A) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under Medicare program standards, Medicare and/or Commercial Insurance Companies will deny payment for that service. We believe, in your specific case, Medicare and/or Commercial Insurance Companies is likely to deny payment for medical transportation services for one of the following reasons which is marked:

MEDICARE AND/OR COMMERCIAL INSURANCE CO. DO NOT USUALLY PAY FOR THIS SERVICE WHEN:

- A PATIENT COULD HAVE BEEN TRANSPORTED BY OTHER MEANS (PATIENT COULD HAVE BEEN TRANSPORTED IN A WHEELCHAIR VAN OR BY PRIVATE VEHICLE) EVEN THOUGH NO OTHER TRANSPORTATION MAY BE AVAILABLE.
- A PATIENT IS TRANSPORTED TO ANOTHER HOSPITAL AND THE SAME SERVICES WERE AVAILABLE AT THE FIRST HOSPITAL.
- OTHER: _____

Consequently we are providing you this notice in the event that Medicare or another insurance company denies payment because the services were "NOT REASONABLE AND NECESSARY" you will be responsible for payment. Please complete the following approved Medicare statement.

I have been notified by DuBois E.M.S. Ambulance Service, Inc. that they believe that Medicare or my insurance company is likely to deny payment for the items or services identified below, for the reasons stated. If Medicare or my insurance company denies payment, I agree to be fully responsible for payment.

SIGNATURE _____ IF NOT PATIENT, RELATIONSHIP _____

TRANSPORT INFORMATION

FROM DRMC West ER TO: Children's Hosp.

REASON FOR TRANSPORT Cardiac Evaluation

REASON FOR AMBULANCE Post Required Cardiac Monitoring

DIAGNOSIS/PAST MED HX Heart Disease

SERVICES REQUIRED: CARDIAC MONITOR IV THERAPY OXYGEN

PATIENT CAN'T BE TRANSPORTED BY OTHER MEANS BECAUSE _____

EXHIBIT "B"

KEYSTONE HLTH PLAN

PLEASE
DO NOT
STAPLE
IN THIS
AREA

CAMP HILL, PA 17089-8819

APPROVED OMB-0938-0008

XXX PICA

HEALTH INSURANCE CLAIM FORM

PICA XXX

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (Medicare #) <input type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> (SSN or ID) <input checked="" type="checkbox"/> (ID)										1a. INSURED'S I.D. NUMBER YMA1604839912 (FOR PROGRAM IN ITEM 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SNYDER, THOMAS E										3. PATIENT'S BIRTH DATE 10 06 1976 MM DD YY SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>							
5. PATIENT'S ADDRESS (No., Street) RD 1 BOX 146										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other <input type="checkbox"/>							
CITY ROCKTON ZIP CODE 15856					STATE PA TELEPHONE (Include Area Code) 814 583-7851					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> Student <input type="checkbox"/>							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
b. OTHER INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. RESERVED FOR LOCAL USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										11. INSURED'S POLICY GROUP OR FECA NUMBER							
SIGNED SIGNATURE ON FILE DATE 12/21/99										a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>							
14. DATE OF CURRENT: <input type="checkbox"/> ILLNESS (First symptom) OR MM DD YY <input type="checkbox"/> INJURY (Accident) OR PREGNANCY(LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY							
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE STAFF DOCTOR										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
19. RESERVED FOR LOCAL USE										17a. I.D. NUMBER OF REFERRING PHYSICIAN OTH000							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 427.32										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
1. <input type="checkbox"/>		3. <input type="checkbox"/>		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 0 00													
2. <input type="checkbox"/>		4. <input type="checkbox"/>		22. MEDICAID RESUBMISSION CODE <input type="checkbox"/> ORIGINAL REF. NO.													
24. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/>										23. PRIOR AUTHORIZATION NUMBER							
DATE(S) OF SERVICE From MM DD YY To MM DD YY		Place of Service Type of Service		PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDT Family Plan		EMG COB		RESERVED FOR LOCAL USE	
1 12 21 99		1 12 21 99 41 9		1 A0366 HH		1		1 500 00		1							
2 12 21 99		2 12 21 99 41 9		2 A0390 HH		2 1		2 775 00		2 100							
3 12 21 99		3 12 21 99 41 9		3 Z0224 HH		3 1		3 85 00		3 1							
4 12 21 99		4 12 21 99 41 9		4 A0422 HH		4 1		4 42 00		4 1							
5																	
6																	
25. FEDERAL TAX I.D. NUMBER 25-1513894		SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 00000993284		27. ACCEPT ASSIGNMENT? (For gov't. claims, see back)		28. TOTAL CHARGE \$ 1402 00		29. AMOUNT PAID \$ 0 00		30. BALANCE DUE \$ 1402 00					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS I certify that the statements on the reverse apply to this bill and are made a part thereof. Patrick J. Wular President/CEO										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE PROVIDED FROM: DUBOIS REGIONAL MED CTR DU390086 P.O. Box 333 TO: CHILDRENS HOSPITAL CH393302							
33. PHYSICIAN'S SIGNATURE, PRINT NAME AND ADDRESS DuBois FMS Ambulance Service, Inc DuBois, PA 15801 207241 (814) 375-1185										34. PIN# <input type="checkbox"/> GRP# <input type="checkbox"/>							

FILED 2005
M/2/40/2005 Atty pd 85.00
DEC 01 2005

William A. Shaw
Prothonotary/Clerk of Courts

In The Court of Common Pleas of Clearfield County, Pennsylvania

DEBOIS EMS, AMBULANCE SERVICE INC.

Sheriff Docket # 14886

VS.

03-1782-CD

SNYDER, THOMAS E. and HARRY MAHAFFEY

COMPLAINT

SHERIFF RETURNS

NOW DECEMBER 8, 2003 AT 1:04 PM SERVED THE WITHIN COMPLAINT ON HARRY MAHAFFEY, DEFENDANT AT RESIDENCE, RR#1 BOX 146, CEMETERY ROAD, ROCKTON, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO LISA MAHAFFEY, WIFE A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF.

SERVED BY: MCCLEARY

NOW DECEMBER 26, 2003 AT 1:40 PM SERVED THE WITHIN COMPLAINT ON THOMAS E. SNYDER, DEFENDANT AT RESIDENCE, 47 1/2 E. LONG AVE., APT B, DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO THOMAS E. SNYDER A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HIM THE CONTENTS THEREOF.

SERVED BY: MCCLEARY

Return Costs

Cost	Description
66.13	SHERIFF HAWKINS PAID BY: ATTY CK# 5665
20.00	SURCHARGE PAID BY: ATTY CK#5666

Sworn to Before Me This

12th Day Of February 2004
W. A. Shaw

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2006
Clearfield Co., Clearfield, PA

So Answers,

Chester A. Hawkins
by Marlys Ham
Chester A. Hawkins

Sheriff

FILED
01/30/04
FEB 12 2004

William A. Shaw
Prothonotary/Clerk of Courts

DUBOIS EMS, AMBULANCE
SERVICE, INC.

Plaintiff

v.

THOMAS E. SNYDER and HARRY
MAHAFFEY

Defendants

: IN THE COURT OF COMMON PLEAS
: COUNTY, PENNSYLVANIA
: CLEARFIELD
: CIVIL ACTION - LAW
: NO. 03-1782-CD

P R A E C I P E

TO THE PROTHONOTARY:

*Please mark the above captioned matter as satisfied,
settled and discontinued.*

RESPECTFULLY SUBMITTED:



ARTHUR A. MUSIC, ESQUIRE
4201 Crums Mill Road
P.O. Box 67015
Harrisburg, PA 17106
(717) 540-5610
SUPREME COURT NO. 07207
ATTORNEY FOR PLAINTIFF

DATE:

FILED

MAR 05 2004
110:50 AM
William A. Shaw
Prothonotary/Clerk of Courts

*1 copy to Am
w/ certificate*

Arthur A. Kusic, Esquire
Supreme Court No. 07207
4201 Crums Mill Road
Harrisburg, PA 17112
(717) 540-5601/fax (717) 540-7618

Attorney for Plaintiff

DUBOIS EMS, AMBULANCE
SERVICE, INC.,
Plaintiff

v.

THOMAS E. SNYDER and
HARRY MAHAFFEY,
Defendants

*IN THE COURT OF COMMON PLEAS
* CLEARFIELD COUNTY, PENNSYLVANIA
*
* CIVIL ACTION - LAW
* NO. 03-01782-CD
*
*
*
*

CERTIFICATE OF SERVICE

I, Arthur A. Kusic, Esquire, do hereby certify that on this 3rd day
of March, 2004, I placed in the United States mail a true and correct
copy of Plaintiff's Praeclipe to Settle, Satisfy and Discontinue with first
class postage affixed and addressed to the following:

Benjamin S. Blakley, II, Esquire
Blakley & Jones
90 Beaver drive, Box 6
DuBois, PA 15801



Arthur A. Kusic, Esquire



FILED

MAR 05 2004

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

DuBois EMS Ambulance Service, Inc.

Vs.

No. 2003-01782-CD

**Thomas E. Snyder
Harry Mahaffey**

CERTIFICATE OF DISCONTINUATION

Commonwealth of PA
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was on March 5, 2004, marked:

Satisfied, Settled and Discontinued

Record costs in the sum of \$171.20 have been paid in full by Attorney Arthur A. Kusic.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 5th day of March A.D. 2004.

William A. Shaw, Prothonotary