

04-351-CD  
DUBOIS EMS, AMBULANCE SERVICE, INC. vs. HARVEY MURRAY, et al.

DuBois EMS, Ambulance vs. Harvey Murray  
2004-351-CD

FILED

MAR 15 2004

William A. Shaw  
Prothonotary/Clerk of Courts

Arthur A. Kusic, Esquire  
Supreme Court No. 07207  
4201 Crums Mill Road  
Harrisburg, PA 17112  
(717) 540-5610

Attorney for Plaintiff

DUBOIS EMS, AMBULANCE  
SERVICE, INC.,  
Plaintiff  
v.  
HARVEY MURRAY and  
LYNN A. MURRAY,  
Defendants

\* IN THE COURT OF COMMON PLEAS  
\* CLEARFIELD COUNTY, PENNSYLVANIA  
\* 46<sup>th</sup> Judicial District  
\* CIVIL ACTION – LAW  
\* NO. \* 04-351-CD  
\* \*

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  
Attorney for Plaintiff

DUBOIS EMS, AMBULANCE  
SERVICE, INC.,  
Plaintiff

v.

HARVEY MURRAY and  
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Defendants

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

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. Defendants, Harvey Murray and Lynn A. Murray, are adult married individuals residing at 214 Wilson Avenue, DuBois, Clearfield County, Pennsylvania 15801.

COUNT I.

(Plaintiff v. Defendant Lynn A. Murray)

3. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 and 2.
4. On or about September 13, 2001, Plaintiff, at the request of Defendant's

physician, provided medical transportation services to the Defendant Lynn A. Murray.. A copy of the executed Certification for Medical Transportation Services Form is attached hereto, made a part hereof and marked Exhibit "A".

5. Plaintiff provided the requested services to Defendant Lynn A. Murray and thereafter, not having received payment from Defendants' insurer, charged the Defendant for the costs of services rendered, i.e. \$1,008.00. A copy of Plaintiff's Billing Statement is attached hereto, made a part hereof and marked exhibit "B".

6. Plaintiff did render medical transportation services to Defendant Lynn A. Murray with the reasonable expectation that it would be paid for such services by the party benefited.

7. Should Defendant Lynn A. Murray not be held liable to Plaintiff for the costs of services rendered, then Defendant would be unjustly enriched at Plaintiff's expense by having received services for which she has not paid.

8. Plaintiff has made demands upon Defendant Lynn A. Murray for the balance due and owing of \$1008.00, which demands remain unheeded.

WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Lynn A. Murray in the amount of \$1008.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT II.

(Plaintiff v. Defendant Harvey Murray)

9. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 through 8.

10. Plaintiff avers that the medical transportation services rendered to defendant Lynn A. Murray were necessary for her benefit and welfare.

12. Pursuant to the "doctrine of necessaries", codified under 23 Pa.C.S.A. §4102 and pursuant to 23 Pa.C.S.A. §4321(1), Defendant Harvey Murray is liable to Plaintiff for eth necessary medical transpiration services rendered to his wife, Defendant Lynn A. Murray.

13. Plaintiff has made demands upon Defendant Harvey Murray for the balance due and owing of \$1008.00, which demands remain unheeded.

WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Harvey Murray in the amount of \$1008.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT III.

(Plaintiff v. Defendants)

14. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 through 13.



15. Plaintiff believes and therefore avers that Defendants are liable to Plaintiff for the cost of the aforesaid services rendered in the amount of \$1008.00.

16. Plaintiff has made demands upon the Defendants for the balance due and owing of \$1008.00, 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 Lynn A. Murray and Harvey Murray in the amount of \$1,008.00 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

DUBOIS EMS, AMBULANCE SERVICE, INC., Plaintiff \* IN THE COURT OF COMMON PLEAS  
v. \* CLEARFIELD COUNTY, PENNSYLVANIA  
\*  
\* CIVIL ACTION - LAW  
\* NO.  
\*  
\*  
HARVEY MURRAY and \*  
LYNN A. MURRAY, \*  
Defendants \*

## VERIFICATION

I, Patrick J. Willard, the President/CEO of DuBois 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 DuBois 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.

## DUBOIS EMS AMBULANCE SERVICE, INC.

BY:

Name: \_\_\_\_\_

Date:

EXHIBIT "A"

Physician's Medical Necessity Certification  
For Medical Transportation Services

ADMISSIONS

318017 0125600451  
MURRAY,LYNN A 09/1  
166-60-5105 F 37Y 06/05/64  
MCKINLEY,ERIN A  
KRUK,STEPHEN M

Transport Date: 9/13/01 Expiration Date (Max 60 days) 1/1Patient's Name: Lynn MurrayGender:  Male  FemaleDate of Birth 6/15/64Health Insurance Claim #: YY14171447393 61.04047020 under HarveyPatient's Home Address: 214 Wilson AveCity, State, Zip: DuBois PA 15801Home Facility Name: ResidencePatient currently at: DuBois Regional Med. CtrPatient being transported to: Stepping Stones MeadvillePhysician's Printed Name: McAndrew

318017 0125600451  
MURRAY,LYNN A 09/13/01  
166-60-5105 F 37Y 06/05/64  
ER  
MCKINLEY,ERIN A  
KRUK,STEPHEN M



In my professional medical opinion, this patient does not require transport by ambulance and can safely be transported by other means. The patient's condition is such that transportation by the means listed below is safe and acceptable:

can support themselves safely while seated in wheelchair and does not require monitoring by trained personnel.  
 is able to tolerate transportation by a sedan or automobile.

The HCFA definition of Bed-Confinement is: The inability to get up from bed without assistance; ambulate; and sit in a chair, including a wheelchair.

Is your patient Bed-Confined as defined by Medicare (HCFA) Regulation?  Yes  No Patient's condition at time of transport?

If the patient does not meet Bed-Confined criteria as defined above, can this patient be safely transported by wheelchair van?

Yes  No If Not, Why? \_\_\_\_\_

In my professional medical opinion, this patient requires transport by ambulance and should not be transported by other means. The patient's condition is such that transportation by medically trained personnel is required.

The following patient medical conditions necessitate this level of care and make all other means of transportation contraindicated based on patient safety and health. This patient:

requires continuous oxygen  
 requires airway monitoring or suctioning  
 is ventilator dependent  
  
 had continuously running intravenous devices  
 requires cardiac EKG monitoring  
  
 comatose & requires trained monitoring  
 is seizure prone & requires trained monitoring  
*vt i s Intoxicat*  
 Other (explain): *is pt, transferred from Detox (Service not available on roads)*

has decubitus ulcers & requires wound precautions  
 requires isolation precautions (VRE, MRSA, etc.)  
 is not wheelchair able (should not stand, pivot or ambulate or is unable to safely assist with moving themselves.)  
 is on hip precautions and cannot sit safely  
 cannot support themselves safely while seated in wheelchair  
 is exhibiting signs of a decreased level of consciousness  
 is able to tolerate a wheelchair but is medically unstable due to other conditions indicated on this form.

I certify that the above information is true and correct based on my evaluation of this patient, to the best of my knowledge and professional training. I understand that this information will be used by the Department of Health and Human Services, Health Care Financing Administration to support the determination of medical necessity for ambulance services.

*McAndrew*  
Original Signature of Physician

*9/13/01*  
Date Signed

(Copy to Ambulance Service)

**EXHIBIT "B"**

DuBOIS EMS AMBULANCE SERVICE, INC.  
P.O. BOX 333

DuBOIS, PA 15801

(814) 375-1185 (Business)  
(814) 371-3456 (Emergency)

Federal ID# 25-1513894

*"Your Ambulance Service for Life"*



INVOICE

INVOICE #: 00002104025 0

DATE: 05/30/2002

BILL TO:

MURRAY, HARVEY  
214 WILSON AVENUE  
DUBOIS, PA 15801

PATIENT: MURRAY, LYNN A  
214 WILSON AVENUE  
DUBOIS, PA 15801

POLICY NAME:  
INS. #: 166605105  
INS. #:

ACCOUNT #:	TRIP #:	DATE OF SERVICE:
PAT-005603	00002104025	09/13/2001
PATIENT PICKED UP:	HOSPITAL, DUBOIS REGIONAL MED CTR DU390086	
PATIENT TAKEN TO:	HOSPITAL, MEADVILLE MEDICAL CENTER	
DESCRIPTION OF ILLNESS / INJURY: 997 CONDITION, NOT ELSEWHERE CLASSIFIED DETOX FACILITY		
DESCRIPTION	UNIT COST	QTY.
BLS NON EM (A0360) BLS MILEAGE 2000	350.00 7.00	1 94
COMMENTS:	SUBTOTAL AMOUNT PAID TOTAL	1008.00 0.00 1008.00

*Thank You!*

FILED *acc Shff*  
M 19:05:04  
MAR 15 2004 *Atty Ad. 8500*

William A. Shaw  
Prothonotary/Clerk of Courts

In, The Court of Common Pleas of Clearfield County, Pennsylvania

DUBOIS EMS, AMBULANCE SERVICE, INC.

VS.

MURRAY, HARVEY and LYNN A.

COMPLAINT

Sheriff Docket # 15305

04-351-CD

**SHERIFF RETURNS**

NOW APRIL 16, 2004 AFTER DILIGENT SEARCH IN MY BAILIWICK I RETURN THE WITHIN COMPLAINT "NOT FOUND" AS TO LYNN A. MURRAY, DEFENDANT. DEFENDANT IS INCARCERATED AT SCI MUNCY.

NOW APRIL 16, 2004 RETURN THE WITHIN COMPLAINT "NOT SERVED, TIME EXPIRED" AS TO HARVEY MURRAY, DEFENDANT. SEVERAL ATTEMPTS NOT HOME.

---

Return Costs

Cost	Description
75.00	SHERIFF HAWKINS PAID BY: ATTY CK# 5799
20.00	SURCHARGE PAID BY: ATTY CK# 5786

---

Sworn to Before Me This

16<sup>th</sup> Day of April 2004  
2004

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

So Answers,

*Chester Hawkins*  
by Marilyn Hanna  
Chester A. Hawkins  
Sheriff

FILED  
01:56 AM  
APR 16 2004  
EJ  
William A. Shaw  
Prothonotary/Clerk of Courts

I hereby certify this to be a true  
and attested copy of the original  
statement filed in this case.

MAR 15 2004

Arthur A. Kusic, Esquire  
Supreme Court No. 07207  
4201 Crums Mill Road  
Harrisburg, PA 17112  
(717) 540-5610

Attest.

*William A. Kusic*  
Prothonotary/  
Clerk of Courts

Attorney for Plaintiff

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\* CIVIL ACTION - LAW  
\* NO. 04-351-CD  
\*  
\*

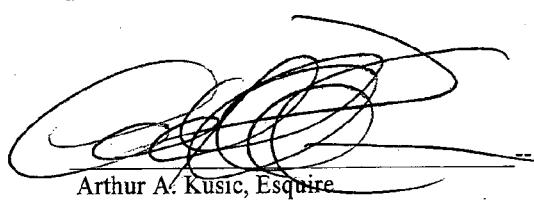
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Court Administrator  
Clearfield County Courthouse  
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(814) 765-2841 Ext 5982  
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Arthur A. Kusic, Esquire  
Attorney for Plaintiff

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HARVEY MURRAY and  
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\* IN THE COURT OF COMMON PLEAS  
\* CLEARFIELD COUNTY, PENNSYLVANIA  
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\* CIVIL ACTION - LAW  
\* NO.  
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8. Plaintiff has made demands upon Defendant Lynn A. Murray for the balance due and owing of \$1008.00, which demands remain unheeded.

WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Lynn A. Murray in the amount of \$1008.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT II.

(Plaintiff v. Defendant Harvey Murray)

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12. Pursuant to the "doctrine of necessaries", codified under 23 Pa.C.S.A. §4102 and pursuant to 23 Pa.C.S.A. §4321(1), Defendant Harvey Murray is liable to Plaintiff for eth necessary medical transpiration services rendered to his wife, Defendant Lynn A. Murray.

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WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Harvey Murray in the amount of \$1008.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT III.

(Plaintiff v. Defendants)

14. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 through 13.

15. Plaintiff believes and therefore avers that Defendants are liable to Plaintiff for the cost of the aforesaid services rendered in the amount of \$1008.00.

16. Plaintiff has made demands upon the Defendants for the balance due and owing of \$1008.00, 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 Lynn A. Murray and Harvey Murray in the amount of \$1,008.00 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

DUBOIS EMS, AMBULANCE  
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v.

HARVEY MURRAY and  
LYNN A. MURRAY,  
Defendants

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

I, Patrick J. Willard, the President/CEO of  
DuBois 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 DuBois 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.

DUBOIS EMS AMBULANCE SERVICE, INC.

BY:

Name:  
Date:

EXHIBIT "A"

Physician's Medical Necessity Certification  
For Medical Transportation Services

ADDRESS/REF

318017 0125600451 09/11/01  
 MURRAY,LYNN A  
 166-60-5105 F 37Y 06/05/64  
 MCKINLEY,ERIN A  
 KRUK,STEPHEN M

Transport Date: 9/13/01 Expiration Date (Max 60 days) 1/1Patient's Name: Lynn MurrayGender:  Male  FemaleDate of Birth 6/15/64Health Insurance Claim #: YYH 171447393 61.04047020 under HarveyPatient's Home Address: 214 Wilson AveCity, State, Zip: DuBois PA 15801Home Facility Name: ResidencePatient currently at: DuBois Regional Med. CtrPatient being transported to: Stepping Stones MeadvillePhysician's Printed Name: McAndrew

318017 0125600451 09/13/01  
 MURRAY,LYNN A ER  
 166-60-5105 F 37Y 06/05/64  
 MCKINLEY,ERIN A  
 KRUK,STEPHEN M



In my professional medical opinion, this patient does not require transport by ambulance and can safely be transported by other means. The patient's condition is such that transportation by the means listed below is safe and acceptable:

can support themselves safely while seated in wheelchair and does not require monitoring by trained personnel.  
 is able to tolerate transportation by a sedan or automobile.

The HCFA definition of Bed-Confinement is: The inability to get up from bed without assistance; ambulate; and sit in a chair, including a wheelchair.

Is your patient Bed-Confined as defined by Medicare (HCFA) Regulation?  Yes  No Patient's condition at time of transport?

If the patient does not meet Bed-Confined criteria as defined above, can this patient be safely transported by wheelchair van?

Yes  No If Not, Why? \_\_\_\_\_

In my professional medical opinion, this patient requires transport by ambulance and should not be transported by other means. The patient's condition is such that transportation by medically trained personnel is required.

The following patient medical conditions necessitate this level of care and make all other means of transportation contraindicated based on patient safety and health. This patient:

<input type="checkbox"/> requires continuous oxygen	<input type="checkbox"/> has decubitus ulcers & requires wound precautions
<input type="checkbox"/> requires airway monitoring or suctioning	<input type="checkbox"/> requires isolation precautions (VRE, MRSA, etc.)
<input type="checkbox"/> is ventilator dependent	<input type="checkbox"/> is not wheelchair able (should not stand, pivot or ambulate or is unable to safely assist with moving themselves.)
<input type="checkbox"/> had continuously running intravenous devices	<input type="checkbox"/> is on hip precautions and cannot sit safely
<input type="checkbox"/> requires cardiac EKG monitoring	<input type="checkbox"/> cannot support themselves safely while seated in wheelchair
<input type="checkbox"/> comatose & requires trained monitoring	<input type="checkbox"/> is exhibiting signs of a decreased level of consciousness
<input checked="" type="checkbox"/> is seizure prone & requires trained monitoring <i>vt is Intoxicated</i>	<input type="checkbox"/> is able to tolerate a wheelchair but is medically unstable due to other conditions indicated on this form.
<input type="checkbox"/> Other (explain): <u>is seen, transferred from Detox (Service not available on route)</u>	<i>9/13/01</i>

I certify that the above information is true and correct based on my evaluation of this patient, to the best of my knowledge and professional training. I understand that this information will be used by the Department of Health and Human Services, Health Care Financing Administration to support the determination of medical necessity for ambulance services.

*McAndrew*  
Original Signature of Physician

(Copy to Ambulance Service)

*9/13/01*  
Date Signed

**EXHIBIT "B"**

DuBOIS EMS AMBULANCE SERVICE, INC.  
P.O. BOX 333

DuBOIS, PA 15801

(814) 375-1185 (Business)  
(814) 371-3456 (Emergency)

Federal ID# 25-1513894

*"Your Ambulance Service for Life"*



# INVOICE

INVOICE #: 00002104025 0

DATE: 05/30/2002

BILL TO:

MURRAY, HARVEY  
214 WILSON AVENUE  
DUBOIS, PA 15801

PATIENT: MURRAY, LYNN A  
214 WILSON AVENUE  
DUBOIS, PA 15801

POLICY NAME:

INS. #: 166605105  
INS. #:

ACCOUNT #:	TRIP #:	DATE OF SERVICE:	
PATIENT PICKED UP:		00002104025 09/13/2001	
PATIENT TAKEN TO:		HOSPITAL, MEADVILLE MEDICAL CENTER	
DESCRIPTION OF ILLNESS / INJURY: 997 CONDITION, NOT ELSEWHERE CLASSIFIED DETOX FACILITY			
DESCRIPTION	UNIT COST	QTY.	AMOUNT DUE
BLS NON EM (A0360) BLS MILEAGE 2000	350.00 7.00	1 94	350.00 658.00
COMMENTS:	<b>SUBTOTAL</b>	1008.00	
	<b>AMOUNT PAID</b>	0.00	
	<b>TOTAL</b>	1008.00	

*Thank You!*

I hereby certify this to be a true  
and attested copy of the original  
statement filed in this case.

MAR 15 2004

Attest.

*William A. Kusic*  
Prothonotary/  
Clerk of Courts

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Supreme Court No. 07207  
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10. Plaintiff avers that the medical transportation services rendered to defendant Lynn A. Murray were necessary for her benefit and welfare.

12. Pursuant to the "doctrine of necessaries", codified under 23 Pa.C.S.A. §4102 and pursuant to 23 Pa.C.S.A. §4321(1), Defendant Harvey Murray is liable to Plaintiff for eth necessary medical transpiration services rendered to his wife, Defendant Lynn A. Murray.

13. Plaintiff has made demands upon Defendant Harvey Murray for the balance due and owing of \$1008.00, which demands remain unheeded.

WHEREFORE, Plaintiff prays your Honorable Court to enter Judgment in its favor and against Defendant Harvey Murray in the amount of \$1008.00 along with interest at the rate of 6% per annum and the costs of this proceeding.

COUNT III.

(Plaintiff v. Defendants)

14. Plaintiff incorporates herein by reference thereto the averments hereinabove set forth in paragraphs 1 through 13.

15. Plaintiff believes and therefore avers that Defendants are liable to Plaintiff for the cost of the aforesaid services rendered in the amount of \$1008.00.

16. Plaintiff has made demands upon the Defendants for the balance due and owing of \$1008.00, 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 Lynn A. Murray and Harvey Murray in the amount of \$1,008.00 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

DUBOIS EMS, AMBULANCE  
SERVICE, INC.,  
Plaintiff

v.

HARVEY MURRAY and  
LYNN A. MURRAY,  
Defendants

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

VERIFICATION

I, Patrick J. Murray, the President/CEO of  
DuBois 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 DuBois 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.

DUBOIS EMS AMBULANCE SERVICE, INC.

BY:

Name:  
Date:

EXHIBIT "A"

**Physician's Medical Necessity Certification  
For Medical Transportation Services**

ADDRESSGRAPH

318017 0125600451 09/1/01  
 MURRAY,LYNN A  
 166-60-5105 F 37Y 06/05/64  
 MCKINLEY,ERIN A  
 KRUJK,STEPHEN M

Transport Date: 9/13/01 Expiration Date (Max 60 days) 1/1Patient's Name: Lynn MurrayGender:  Male  FemaleDate of Birth 6/15/64Health Insurance Claim #: YYH 171447393 61.04047020 under HarveyPatient's Home Address: 214 Wilson AveCity, State, Zip: DuBois PA 15801Home Facility Name: ResidencePatient currently at: DuBois Regional Med. CtrPatient being transported to: Stepping Stones MeadvillePhysician's Printed Name: McAndrew

318017 0125600451 09/13/01  
 MURRAY,LYNN A  
 166-60-5105 F 37Y 06/05/64  
 MCKINLEY,ERIN A  
 KRUJK,STEPHEN M



In my professional medical opinion, this patient does not require transport by ambulance and can safely be transported by other means. The patient's condition is such that transportation by the means listed below is safe and acceptable:

- can support themselves safely while seated in wheelchair and does not require monitoring by trained personnel.
- is able to tolerate transportation by a sedan or automobile.

**The HCFA definition of Bed-Confinement is: The inability to get up from bed without assistance; ambulate; and sit in a chair, including a wheelchair.**

Is your patient Bed-Confined as defined by Medicare (HCFA) Regulation?  Yes  No Patient's condition at time of transport?

If the patient does not meet Bed-Confined criteria as defined above, can this patient be safely transported by wheelchair van?

Yes  No If Not, Why? \_\_\_\_\_

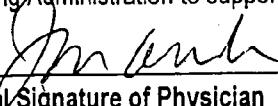
In my professional medical opinion, this patient requires transport by ambulance and should not be transported by other means. The patient's condition is such that transportation by medically trained personnel is required.

The following patient medical conditions necessitate this level of care and make all other means of transportation contraindicated based on patient safety and health. **This patient:**

- requires continuous oxygen
- requires airway monitoring or suctioning
- is ventilator dependent
- had continuously running intravenous devices
- requires cardiac EKG monitoring
- comatose & requires trained monitoring
- is seizure prone & requires trained monitoring  
*vt is Intoxicated*
- Other (explain): is pt, transferred from Detox (Available on board)

- has decubitus ulcers & requires wound precautions
- requires isolation precautions (VRE, MRSA, etc.)
- is not wheelchair able (should not stand, pivot or ambulate or is unable to safely assist with moving themselves.)
- is on hip precautions and cannot sit safely
- cannot support themselves safely while seated in wheelchair
- is exhibiting signs of a decreased level of consciousness
- is able to tolerate a wheelchair but is medically unstable due to other conditions indicated on this form.

I certify that the above information is true and correct based on my evaluation of this patient, to the best of my knowledge and professional training. I understand that this information will be used by the Department of Health and Human Services, Health Care Financing Administration to support the determination of medical necessity for ambulance services.

  
Original Signature of Physician

9/13/01  
Date Signed

(Copy to Ambulance Service)

EXHIBIT "B"

DuBOIS EMS AMBULANCE SERVICE, INC.  
P.O. BOX 333

DuBOIS, PA 15801

(814) 375-1185 (Business)  
(814) 371-3456 (Emergency)

Federal ID# 25-1513894

*"Your Ambulance Service for Life"*



# INVOICE

INVOICE #: 00002104025 0

DATE: 05/30/2002

BILL TO:

MURRAY, HARVEY  
214 WILSON AVENUE  
DUBOIS, PA 15801

PATIENT: MURRAY, LYNN A  
214 WILSON AVENUE  
DUBOIS, PA 15801

POLICY NAME:

INS. #: 166605105  
INS. #:

ACCOUNT #:	PAT-005603	TRIP #:	00002104025	DATE OF SERVICE:	09/13/2001
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PATIENT PICKED UP: HOSPITAL, DUBOIS REGIONAL MED CTR DU390086

PATIENT TAKEN TO: HOSPITAL, MEADVILLE MEDICAL CENTER

DESCRIPTION OF ILLNESS / INJURY:  
997 CONDITION, NOT ELSEWHERE CLASSIFIED  
DETOX FACILITY

DESCRIPTION	UNIT COST	QTY.	AMOUNT DUE
BLS NON EM (A0360) BLS MILEAGE 2000	350.00 7.00	1 94	350.00 658.00
COMMENTS:	SUBTOTAL		1008.00
	AMOUNT PAID		0.00
	TOTAL		1008.00

Arthur A. Kusic, Esquire  
Supreme Court No. 07207  
4201 Crums Mill Road  
Harrisburg, PA 17112  
(717) 540-5610

Attorney for Plaintiff

DUBOIS EMS, AMBULANCE  
SERVICE, INC.,  
Plaintiff

v.

HARVEY MURRAY and  
LYNN A. MURRAY,  
Defendants

\* IN THE COURT OF COMMON PLEAS  
\* CLEARFIELD COUNTY, PENNSYLVANIA  
\* 46<sup>th</sup> Judicial District  
\*  
\* CIVIL ACTION - LAW  
\* NO. 04-351-CD  
\*  
\*  
\*

PRAECIPE TO SETTLE, SATISFY, DISCONTINUE AND END

TO THE PROTHONOTARY:

Please mark the above captioned matter as Settled, Satisfied, Discontinued and  
Ended.

RESPECTFULLY SUBMITTED:

  
ARTHUR A. KUSIC, ESQUIRE  
Attorney for Plaintiff

FILED <sup>6/10/05</sup> NO CC  
MAY 10 2005 Cert. of Disc.  
William A. Shaw <sup>to Atty</sup>  
Prothonotary/Clerk of Courts  
Copy to CIA

**FILED**

**MAY 10 2005**

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.  
Harvey Murray  
Lynn Ann Murray

No. 2004-00351-CD

**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 May 10, 2005, marked:

Settled, Satisfied, Discontinued and Ended

Record costs in the sum of \$85.00 have been paid in full by Arthur A. Kusic, Esq.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 10th day of May A.D. 2005.

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William A. Shaw, Prothonotary