

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

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
* 46th Judicial District
* CIVIL ACTION - LAW
* NO.
* 04-351-CD
*

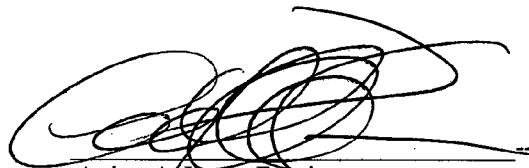
NOTICE

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
LYNN A. MURRAY,
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 necessities", 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 the necessary medical transportation 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.

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

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:

A handwritten signature in black ink, appearing to read 'Arthur A. Kusic', is written over a horizontal line.

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.
*
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VERIFICATION

I, Patricia J. Waller, 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:

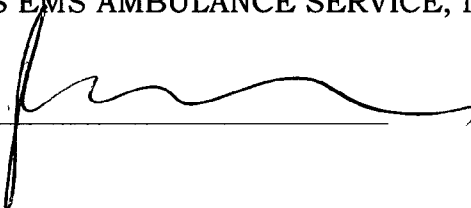


EXHIBIT "A"

DuBois Regional
Medical Center

Making the difference for life.

Physician's Medical Necessity Certification
For Medical Transportation Services

ADDRESS ONLY

318017 0125600451

09/13/01

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) 1/1/Patient's Name: Lynn MurrayGender: ☐ Male ☒ FemaleDate of Birth 6/5/64Health Insurance Claim #: YYH171447393 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

License # _____

318017 0125600451

MURRAY, LYNN A

166-60-5105 F

MCKINLEY, ERIN A

KRUK, STEPHEN M



09/13/01

ER

37Y 06/05/64

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 | <input type="checkbox"/> is able to tolerate a wheelchair but is medically unstable due to other conditions indicated on this form. |

☒ Other (explain): it is intoxicated

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

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
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)	350.00	1	350.00		
BLS MILEAGE 2000	7.00	94	658.00		
COMMENTS:			SUBTOTAL	1008.00	
			AMOUNT PAID	0.00	
			TOTAL	1008.00	

Thank You!

FILED

200

SHF

MAR 15 2004

Att'y pd. 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

16th Day Of April 2004
William A. Shaw

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

So Answers,

Chester A. Hawkins
by Maury Hame
Chester A. Hawkins
Sheriff

FILED

01:56 PM
APR 16 2004

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. Shaw
Prothonotary/
Clerk of Courts

Attorney for Plaintiff

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Plaintiff

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* IN THE COURT OF COMMON PLEAS
* CLEARFIELD COUNTY, PENNSYLVANIA
* 46th Judicial District
* CIVIL ACTION - LAW
* NO. 04-351-CJ
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*

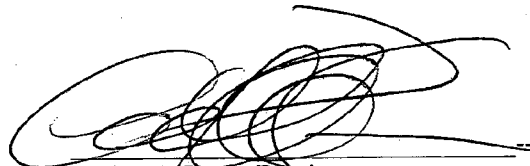
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Court Administrator
Clearfield County Courthouse
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Clearfield, PA 16830
(814) 765-2841 Ext 5982
(814) 765-7649 (fax)



Arthur A. Kusic, Esquire
Attorney for Plaintiff

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15801.

COUNT I.

(Plaintiff v. Defendant Lynn A. Murray)

3. Plaintiff incorporates herein by reference thereto the averments hereinabove
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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".

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COUNT II.

(Plaintiff v. Defendant Harvey Murray)

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

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12. Pursuant to the "doctrine of necessities", 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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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

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SERVICE, INC.,
Plaintiff

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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*
*
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VERIFICATION

I, Patricia J. Waller, 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"



DuBois Regional Medical Center

Making the difference for life.

Physician's Medical Necessity Certification For Medical Transportation Services

ADDRESS ONLY

318017 0125600451

09/13/01

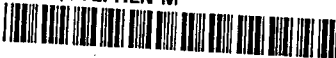
MURRAY, LYNN A

166-60-5105 F

37Y 06/05/64

MCKINLEY, ERIN A

KRUK, STEPHEN M



Transport Date: 9/13/01 Expiration Date (Max 60 days) 1/1/02

Patient's Name: Lynn Murray

Gender: ☐ Male ☒ Female

Date of Birth 6/5/64

Health Insurance Claim #: Y4H171447393 Gr. 04047020 under Harvey

Patient's Home Address: 214 Wilson Ave

City, State, Zip: DuBois PA 15801

Home Facility Name: Residence

Patient currently at: DuBois Regional Med Ctr

Patient being transported to: Stepping Stones Meadville

Physician's Printed Name: McAndrew

License # _____

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:**

- ☐ requires continuous oxygen
- ☐ requires airway monitoring or suctioning
- ☐ is ventilator dependent
- ☐ 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
- ☐ had continuously running intravenous devices
- ☐ requires cardiac EKG monitoring
- ☐ 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.
- ☐ comatose & requires trained monitoring
- ☒ is seizure prone & requires trained monitoring

Other (explain): it is intoxicated
is being transferred from doctor (service not available on rounds)

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

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

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)	350.00	1	350.00
BLS MILEAGE 2000	7.00	94	658.00
COMMENTS:			
			SUBTOTAL 1008.00
			AMOUNT PAID 0.00
			TOTAL 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 L. H.
Prothonotary/
Clerk of Courts

Arthur A. Kusic, Esquire
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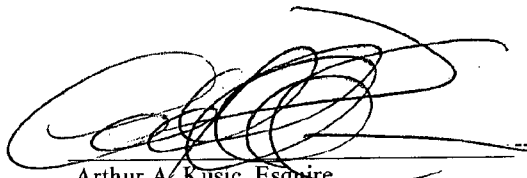
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Arthur A. Kusic, Esquire
Attorney for Plaintiff

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(Plaintiff v. Defendant Lynn A. Murray)

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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 necessities", 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 the necessary medical transportation 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, Patricia J. Waller, 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"

DuBois Regional
Medical Center

Making the difference for life.

Physician's Medical Necessity Certification
For Medical Transportation Services

ADDRESS ONLY

318017 0125600451

09/13/01

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) 1/1/Patient's Name: Lynn MurrayGender: ☐ Male ☒ FemaleDate of Birth 6/5/64Health Insurance Claim #: YYH171447393 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

License # _____

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 | <input type="checkbox"/> is able to tolerate a wheelchair but is medically unstable due to other conditions indicated on this form. |
| <input checked="" type="checkbox"/> Other (explain): <u>it is intoxicated</u> | |
| <input checked="" type="checkbox"/> Other (explain): <u>is being transferred per doctor (service not available on weekends)</u> | |

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.

[Signature]
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

**INVOICE**

INVOICE #: 00002104025 0

DATE: 05/30/2002

*"Your Ambulance Service for Life"***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
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)		350.00	1	350.00	
BLS MILEAGE 2000		7.00	94	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
* 46th 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 ^{CR} NO CC
m/2:07/04
MAY 10 2005
William A. Shaw
Prothonotary/Clerk of Courts
Cert. of Disc.
to Atty
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.

No. 2004-00351-CD

Harvey Murray

Lynn Ann Murray

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.

William A. Shaw, Prothonotary