

05-834-CD
D. Ginter vs. Erie Insurance Group

Delores Ginter v. Erie Insurance Exchange
2005-834-CD

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,
Plaintiff
vs.
ERIE INSURANCE GROUP,
Defendant

: CIVIL ACTION - AT LAW
: No. 2005- 834-CO
: Type of pleading:
: Notice of Appeal
: Filed on behalf of:
: Defendant
: Counsel of Record for This
: Party:
: Matthew B. Taladay, Esq.
: Supreme Court No. 49663
: Hanak, Guido and Taladay
: 498 Jeffers Street
: P. O. Box 487
: DuBois, PA 15801
: 814-371-7768

Date: June 10, 2005

FILED

JUN 13 2005 (E)

m/11/06/was
William A. Shaw
Prothonotary

MAIL TO NOTICE TO PLAINTIFF & IRELAND

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

CLERK OF COURT
JUDICIAL DISTRICT

46TH

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 2005-834-CJ

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the District Justice on the date and in the case mentioned below.

NAME OF APPELLANT		MAG. DIST. NO. OR NAME OF D.J.	
ERIE INSURANCE GROUP		46-3-02	
ADDRESS OF APPELLANT		CITY	STATE
100 ERIE INSURANCE PLACE		ERIE	PA
DATE OF JUDGMENT	IN THE CASE OF (Plaintiff) (Defendant)		
06/02/05	DELORES GINTER VS. ERIE INSURANCE GROUP		
CLAIM NO.	SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT		
CV	0000517-04		
LT			
<p>This block will be signed ONLY when this notation is required under Pa. R.C.P.J.P. No. 1008B.</p> <p>This Notice of Appeal, when received by the District Justice, will operate as a SUPERSEDEAS to the judgment for possession in this case.</p> <p>_____ Signature of Prothonotary or Deputy</p>			
<p>If appellant was CLAIMANT (see Pa. R.C.P.J.P. No. 1001(6) in action before District Justice, he MUST FILE A COMPLAINT within twenty (20) days after filing his NOTICE of APPEAL.</p>			

PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa. R.C.P.J.P. No. 1001(7) in action before District Justice. IF NOT USED, detach from copy of notice of appeal to be served upon appellee).

PRAECIPE: To Prothonotary

Enter rule upon DELORES GINTER, appellee(s), to file a complaint in this appeal
(Name of appellee(s))

(Common Pleas No. 2005-834-CJ) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Signature of appellant or his attorney or agent

RULE: To DELORES GINTER, appellee(s).
(Name of appellee(s))

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS WILL BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of mailing.

Date: JUN 13, 2005

FILED

Signature of Prothonotary or Deputy

William A. Shaw
Prothonotary

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER filing the notice of appeal. Check applicable boxes)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____; SS

AFFIDAVIT: I hereby swear or affirm that I served

a copy of the Notice of Appeal, Common Pleas No. _____, upon the District Justice designated therein on
(date of service) _____, by personal service by (certified) (registered) mail, sender's
receipt attached hereto, and upon the appellee, (name) _____, on _____,
 by personal service by (certified) (registered) mail, sender's receipt attached hereto.

and further that I served the Rule to File a Complaint accompanying the above Notice of Appeal upon the appellee(s) to whom
the Rule was addressed on _____, by personal service by (certified) (registered)
mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____,

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____,

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

CLEARFIELD
JUDICIAL DISTRICT

467H

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No. 2005-834-CJ

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the District Justice on the date and in the case mentioned below.

NAME OF APPELLANT		MAG. DIST. NO. OR NAME OF D.J.		
ERIE INSURANCE GROUP		2005-83402 (D)		
ADDRESS OF APPELLANT		CITY	STATE	ZIP CODE
100 ERIE INSURANCE PLACE		ERIE	PA	16530
DATE OF JUDGMENT	IN THE CASE OF (Plaintiff)		(Defendant)	
06/02/05	DELORES GINTER		ERIE INSURANCE GROUP	
CLAIM NO.	SIGNATURE OF APPELLANT OR HIS ATTORNEY OR AGENT			
CV 0000517-04	<i>[Signature]</i>			
LT				
<p>This block will be signed ONLY when this notation is required under Pa. R.C.P.J.P. No. 1008B.</p> <p>This Notice of Appeal, when received by the District Justice, will operate as a SUPERSEDEAS to the judgment for possession in this case.</p>				
<p>If appellant was CLAIMANT (see Pa. R.C.P.J.P. No. 1001(6) in action before District Justice, he MUST FILE A COMPLAINT within twenty (20) days after filing his NOTICE of APPEAL.</p>				
<p>_____ Signature of Prothonotary or Deputy</p>				

PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa. R.C.P.J.P. No. 1001(7) in action before District Justice. IF NOT USED, detach from copy of notice of appeal to be served upon appellee).

PRAECIPE: To Prothonotary

Enter rule upon DELORES GINTER, appellee(s), to file a complaint in this appeal
(Name of appellee(s))

(Common Pleas No. 2005-834-CJ) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

[Signature]
Signature of appellant or his attorney or agent

RULE: To DELORES GINTER, appellee(s).
(Name of appellee(s))

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS WILL BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of mailing.

Date: June 13, 2005

[Signature]
Signature of Prothonotary or Deputy

m/11/05/was

mailed Notice to Plaintiff - J. G. G. G.

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER filing the notice of appeal. Check applicable boxes)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____; SS

AFFIDAVIT: I hereby swear or affirm that I served

a copy of the Notice of Appeal, Common Pleas No. _____, upon the District Justice designated therein on (date of service) _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto, and upon the appellee, (name) _____, on _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

and further that I served the Rule to File a Complaint accompanying the above Notice of Appeal upon the appellee(s) to whom the Rule was addressed on _____, by personal service by (certified) (registered) mail, sender's receipt attached hereto.

SWORN (AFFIRMED) AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____,

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____,

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Received
06-06-05

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

Mag. Dist. No.:

46-3-02

MDJ Name: Hon.

**RICHARD A. IRELAND
650 LEONARD ST
SUITE 133
CLEARFIELD, PA**

Telephone: **(814) 765-5335 16830**

ATTORNEY DEF PRIVATE :

**MATTHEW B TALADAY
498 JEFFERS ST
PO BOX 487
DUBOIS, PA 15801**

PLAINTIFF:

**GINTER, DELORES
PO BOX 131
CLEARFIELD, PA 16830**

NAME and ADDRESS

DEFENDANT:

**ERIE INSURANCE GROUP
100 ERIE INSURANCE PLACE
ERIE, PA 16530**

NAME and ADDRESS

Docket No.: **CV-0000517-04**
Date Filed: **12/20/04**



THIS IS TO NOTIFY YOU THAT:

Judgment: **DEFAULT JUDGMENT PLTF**

Judgment was entered for: (Name) **GINTER, DELORES**

Judgment was entered against: (Name) **ERIE INSURANCE GROUP**

in the amount of \$ **511.87** on: (Date of Judgment) **6/02/05**

Defendants are jointly and severally liable. (Date & Time) _____

Damages will be assessed on: _____

This case dismissed without prejudice. _____

Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ _____

Portion of Judgment for physical damages arising out of residential lease \$ _____

Amount of Judgment	\$ 452.37
Judgment Costs	\$ 59.50
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 511.87
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
Certified Judgment Total \$ _____	

ANY PARTY HAS THE RIGHT TO APPEAL WITHIN 30 DAYS AFTER THE ENTRY OF JUDGMENT BY FILING A NOTICE OF APPEAL WITH THE PROTHONOTARY/CLERK OF THE COURT OF COMMON PLEAS, CIVIL DIVISION. YOU MUST INCLUDE A COPY OF THIS NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH YOUR NOTICE OF APPEAL.

EXCEPT AS OTHERWISE PROVIDED IN THE RULES OF CIVIL PROCEDURE FOR MAGISTERIAL DISTRICT JUDGES, IF THE JUDGEMENT HOLDER ELECTS TO ENTER THE JUDGMENT IN THE COURT OF COMMON PLEAS, ALL FURTHER PROCESS MUST COME FROM THE COURT OF COMMON PLEAS AND NO FURTHER PROCESS MAY BE ISSUED BY THE MAGISTERIAL DISTRICT JUDGE.

UNLESS THE JUDGMENT IS ENTERED IN THE COURT OF COMMON PLEAS, ANYONE INTERESTED IN THE JUDGMENT MAY FILE A REQUEST FOR ENTRY OF SATISFACTION WITH THE MAGISTERIAL DISTRICT JUDGE IF THE JUDGMENT DEBTOR PAYS IN FULL, SETTLES, OR OTHERWISE COMPLIES WITH THE JUDGMENT.

JUN 02 2005 Date R. A. Ireland, Magisterial District Judge

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

Date _____, Magisterial District Judge

My commission expires first Monday of January, **2006** .

SEAL

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,

Plaintiff

Vs.

ERIE INSURANCE GROUP,

Defendant

CIVIL DIVISION

No. 05 - 834 - CD

COMPLAINT

Filed on Behalf of:

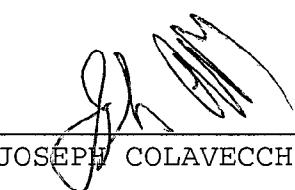
Plaintiff, DELORES GINTER

Counsel of Record for This Party:

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830

814/765-1566


JOSEPH COLAVECCHI, ESQUIRE

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED
06/24/2005 200
JUN 24 2005 Atty J. Colavecchi
(60)

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

DELORES GINTER, :
Plaintiff : No. 05 - 834 - CD
Vs. :
ERIE INSURANCE GROUP, :
Defendant :

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 OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

COURT ADMINISTRATOR
CLEARFIELD COUNTY COURTHOUSE
Second and Market Streets
Clearfield, PA 16830
Phone 814/765-2641 Ex. 5982

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

DELORES GINTER,

Plaintiff : No. 05 - 834 - CD

Vs.

ERIE INSURANCE GROUP,

Defendant :

COMPLAINT

1. Plaintiff is Delores Ginter, an individual having a mailing address of P.O. Box 337, Coalport, Pennsylvania 16627.

2. Defendant is Erie Insurance Group having its principal place of business at 100 Erie Insurance Place, Erie, Pennsylvania 16530, which is represented by Matthew Taladay having his office at 498 Jeffers Street, DuBois, Pennsylvania 15801.

3. Delores Ginter was involved in a motor vehicle accident that occurred on August 4, 2001.

4. As a result of the motor vehicle accident, Delores Ginter suffered various personal injuries and incurred medical expenses.

5. At the time of the motor vehicle accident, Delores Ginter was insured with Erie Insurance Group as shown by the statement of insurance coverage attached to this Complaint and marked Exhibit "A." Said insurance coverage included Ten Thousand Dollars (\$10,000.00) of medical benefits.

6. Among other medical expenses incurred by Delores Ginter, was treatment by Dr. Alan J. Kivitz and PennCare Physical Therapy for injuries arising out of the motor vehicle accident.

7. Said medical expenses were inadvertently paid by Medicare, said payment having been in the amount of Four Hundred Eighteen Dollars and Eighty-four Cents (\$418.84).

8. Plaintiff received a recovery from the tortfeasor in this case which caused Medicare to make demand for reimbursement of these medical expenses by letter dated April 19, 2004, addressed to the attorneys for Plaintiff. A copy of said letter is attached to this Complaint marked Exhibit "B."

9. Since Delores Ginter was covered by Erie Insurance, having medical payment coverage of Ten Thousand Dollars (\$10,000.00) which was considerably in excess of all medical expenses incurred by Delores Ginter, demand was made upon Erie Insurance for them to pay Medicare.

10. Erie Insurance refused to make such payment.

11. For this reason, Plaintiff paid to Medicare directly the amount of Four Hundred Fifty-two Dollars and Thirty-seven Cents (\$452.37) in order to avoid having this amount withheld from her social security benefits.

12. This Complaint is being filed in order to recover the funds that were paid to Medicare by Delores Ginter and as evidenced

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

by a copy of a check attached to this Complaint and marked Exhibit "C."

13. This matter went to Arbitration at which time Plaintiff was awarded the amount of Five Hundred Eleven Dollars and Eighty-seven Cents (\$511.87) as shown on the Judgment issued by Honorable Richard A. Ireland attached hereto and marked Exhibit "D."

14. An Appeal has been filed by Erie Insurance which brings about this Complaint.

WHEREFORE, Plaintiff demands judgment against Erie Insurance in the amount of Five Hundred Eleven Dollars and Eighty-seven Cents (\$511.87), plus interest and costs, calculated as follows:

1. Amount paid to Medicare by Plaintiff:	\$452.37
2. Cost advanced to Richard Ireland Magisterial District Judge, for filing of Complaint:	<u>\$ 59.50</u>
TOTAL:	\$511.87


JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

VERIFICATION

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DeLores Ginter
DELORES GINTER

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA



ERIE INSURANCE EXCHANGE
PIONEER FAMILY AUTO POLICY

AMENDED DECLARATIONS 02 * * EFFECTIVE 08/23/01
ATTACH THIS TO YOUR POLICY.

REASON FOR AMENDMENT - UNIN/UNDR MOT COVERAGE AMENDED

AGENT

ITEM 2. POLICY PERIOD

POLICY NUMBER

AA4301 HRENKO INS AGENCY, INC. 12/19/00 TO 12/19/01 Q12 1904422 N

ITEM 1. NAMED INSURED AND ADDRESS

ITEM 3. OTHER INTEREST

DELORES GINTER
BOX 337 RAILROAD ST
COALPORT PA 16627-0337

1-703-696-8097

accident 1-703-044-

AGENT - HRENKO INS AGENCY, INC.

ROUTE 350 SOUTH

AGENT PHONE - (814) 342-5204

P O BOX 35
PHILIPSBURG PA 16866 0000

* CONGRATULATIONS! A PIONEER EXPERIENCE RATING CREDIT HAS *
* BEEN APPLIED TO YOUR POLICY PREMIUM. *

ITEM 4. AUTOS COVERED

AUTO	YR	MAKE	VIN	ST	TER	SYM	RATING	CLASS	DDP
1	01	CHEV IMPALA	2G1WF55E119254665	PA	2D	8	AIAS	FM65	

ITEM 5. INSURANCE IS PROVIDED WHERE A PREMIUM, OR INCL, IS SHOWN FOR THE COVERAGE. COVERAGE, LIMITS AND ANNUAL PREMIUMS ARE AS FOLLOWS-

#1

*****GOOD DRIVER RATES APPLY*****

--- THE FULL TORT OPTION APPLIES TO ALL PRIVATE PASSENGER VEHICLES. ---

LIABILITY PROTECTION-
BODILY INJURY \$50M/PERSON \$100M/ACC
PROPERTY DAMAGE \$100M/ACC

79
66

FIRST PARTY BENEFITS-

MEDICAL EXPENSE \$10M
ACCIDENTAL DEATH \$10M
FUNERAL BENEFIT \$2.5M

32
2
1

UNINSURED MOTORISTS COVERAGE-

BOD INJ \$50M/PERSON \$100M/ACC-UNSTACKED

12

UNDERINSURED MOTORISTS COVERAGE-

BOD INJ \$50M/PERSON \$100M/ACC-UNSTACKED

34

PHYSICAL DAMAGE COVERAGES-

COMPREHENSIVE - \$50 DED

129

COLLISION - \$200 DED

230

OPTIONAL COVERAGES-

ROAD SERVICE

4

TOTAL ANNUAL PREMIUM FOR EACH AUTO

589

TOTAL ANNUAL POLICY PREMIUM

\$ 589

PREMIUM REDUCTION DUE TO THIS CHANGE

\$ 6CR

ITEM 6. APPLICABLE POLICY, ENDORSEMENTS, EXCEPTIONS TO DECLARATIONS ITEMS
ALL AUTOS - FAP 04/97, AFPN01 10/98, AFPA03 10/98.
AUTO 1 - AFPU01 04/99.

ANTI-THEFT DISCOUNT APPLIES-PASSIVE DISAB AUTO 1
PASSIVE RESTRAINT DISCOUNT APPLIES - DUAL AIRBAGS AUTO 1

* FIRST ACCIDENT FORGIVENESS APPLIES. THE FIRST SURCHARGE FOR A *
* FUTURE AT-FAULT ACCIDENT WILL BE WAIVED. *

EXPLANATION OF ADULT &/OR YOUTHFUL DRIVER RATING CLASS

AUTO 1-PLEASURE USE, UP TO 8,500 MILES ANNUALLY
FEMALE, MARRIED, AGE 65-69

EXHIBIT

"A"

01007878

SEE REVERSE SIDE

N AGTTEF

08/28/01

MISCELLANEOUS INFORMATION

ITEM 7. EACH AUTO WE INSURE WILL BE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN IN ITEM 1, UNLESS ANOTHER ADDRESS IS SHOWN BELOW.

ITEM 9. UNLESS A CO-OWNER OR LIENHOLDER IS LISTED BELOW, THE NAMED INSURED IS THE SOLE OWNER OF EACH AUTO WE INSURE.

DRIVER 1 DELORES GINTER	ST LICENSE NUMBER PA 10360806	BIRTH DATE 12/22/33
----------------------------	----------------------------------	------------------------

**DRIVER DISCOUNTS -
AUTO 1 - OVER 55.**

YOUR COLLISION COVERAGE AND DEDUCTIBLE APPLY TO PRIVATE PASSENGER AUTOS YOU OR A RESIDENT RELATIVE RENT FOR 45 DAYS OR LESS. THIS IS SUBJECT TO LIMITS, TERMS AND CONDITIONS IN THE POLICY.

Q12 1904422



MUTUAL OF OMAHA INSURANCE COMPANY
Medicare Area
P.O. Box 1602 • Omaha, NE 68101
1 866 734 1521
(For Provider Use Only)
www.mutualmedicare.com
A CMS Contracted Intermediary

April 19, 2004

COLAVECCHI & COLAVECCHI
ATTORNEYS AT LAW
PO BOX 131
CLEARFIELD, PA 16830

Re: DELORES GINTER
HIC No.: 148162482D
Date of Accident: 08/01/01

Dear MR. JOSEPH COLAVECCHI:

This letter is a follow-up in which we advised you that you would have to pay Medicare back if you received money from a third party due to the August 01, 2001 accident which caused medical expenses for which Medicare conditionally paid. We have now been advised that you have received such proceeds. This means that Medicare now has a claim against these proceeds in the amount of \$418.84, which represents Medicare's claim after reduction for procurement costs, in accordance with 42 CFR 411.37.

The Medicare Secondary payer provisions of the statute, 42 USC 1395y(b)(2), preclude Medicare from paying for a beneficiary's medical expenses when payment "has been made or can reasonably be expected to be made promptly . . . under an automobile or liability insurance policy or plan (including a self-insured plan) or under no-fault insurance". However, Medicare will pay for a beneficiary's covered medical expenses when the third party payer does not pay promptly, conditioned on reimbursement to Medicare from proceeds received from a third party liability settlement, award, judgment or recovery. In this case, Medicare made a conditional payment in the amount of \$669.53. A list of the claims used to arrive at this total is enclosed.

Medicare's regulations require that you pay Medicare back within 60 days of your receipt of settlement or insurance proceeds. Please send a check or money order in the amount of \$418.84, made payable to Mutual of Omaha Medicare. Please include the Attorney's Tax ID number on the letter sent with the check.

Exercising common law authority and consistent with the Federal Claims Collection Act and 45 CFR 30.13, interest will be assessed if this debt is not repaid in full within 60 days of your receipt of settlement or insurance proceeds. Additionally, 45 CFR 30.14(a) provides that a debtor may either pay the debt, or be liable for interest on the uncollectible debt while a waiver determination, appeal, or a formal or informal review of the debt is pending.

If you decide to appeal this determination further, and if you want help with your appeal, you can have a friend, lawyer, or someone else help you. Some lawyers do not charge unless you win your appeal. There are groups, such as lawyer referral services, that can help you find a lawyer. There are also groups, such as legal aid services, who will provide free legal services if you qualify.

If you have any questions about this letter, you may contact either this office or any Social Security office.

Sincerely,



Mary Brown
Accounts Receivable Analyst
Medicare Secondary Payer
(402) 351-3201 Fax (402) 351-1401
Business Hours 7:00 a.m. - 4:30 p.m. Monday-Friday Central Time

Enc.

cc: DELORES GINTER
PO BOX 337
COALPORT, PA 16627

FILE COPY

MEDICARE LIABILITY SETTLEMENT CLAIM REIMBURSEMENT SUMMARY

BENEFICIARY DELORES

GINTER

HIC:

148162482D

DATE OF ACCIDENT OR INJURY: 08/01/2001

1. Amount of Settlement:

\$4,000.00

2. Medicare Payments

MUTUAL OF OMAHA MEDICARE	\$0.00
VERITUS MEDICARE PART A 00363/01	\$244.75
HGS MEDICARE PART B 00865	\$424.78

3. Total Medicare Payments: **\$669.53**

4. Attorney Fees \$1,333.33

5. Other Procurement Costs

5. Other Procurement Costs
Incurred (per attorney): \$164.36

6. Total Procurement Costs .
(Line 4 + Line 5): **\$1,497.69**

7. Ratio of Procurement Costs to Settlement (Line 6/ Line 1, carried out 7 decimal places): 0.3744225

8. Medicare's Share of Procurement

Costs (Line 3 x Line 7): **\$250.69**

9. Total Medicare Payment To Be Repaid:

(Line 3 minus Line 8 OR Line 1 minus Line 6
if Line 3 is greater than Line 1 \$418.84

PLEASE PREPARE THE CHECK EXACTLY AS SPECIFIED BELOW

MEDICARE - MUTUAL OF OMAHA \$ 418.84

Federal Tax ID # 470246511

Please include the Beneficiary's name and HIC on the check
Please include Attorney's tax ID on letter sent with check
If any questions should arise, please call:

at:

MARY BROWN

Date _____

04/19/2004

402 351 3201

JOSEPH COLAVECCHI
ATTORNEY AT LAW
TRUST ACCOUNT-II
P.O. BOX 131
CLEARFIELD, PA 16830

CES BANK
CURWENSVILLE, PA 15833-0029
00-16781913

8172

4/17/2005

PAY TO THE ORDER OF U.S. Department of Treasury-FMS \$ **452.37

Four Hundred Fifty-Two and 37/100 **** DOLLARS

MEMO ID #CB1160096-001127086

008172 031367831 02 2472 50000045237

Paul Colavitti

02-17-05 (01-005-00860) Acct # 224725 Serial # 8172 \$452.37

FEDERAL RESERVE BANK OF PHILADELPHIA
030843 172005 100040 FRB-PHILA
0313661 TRC-1663 PX-15

BANK OF AMERICA, ATL
M615006241 E4532 98 P/M
02/15/03

10000583827

005000860 001 CR PAYEE ACCTS
031316763 << CS LACK END GTO WA
BANK OF AMERICA

DJS 02

CA-2413 44
20050215
101530285
3752152481

02-17-05 (01-005-00860) Acct # 224725 Serial # 8172 \$452.37

COPY OF ORIGINAL

Item Count: 1 Amount Total: \$452.37

001/001

EXHIBIT
"C"

COPY OF ORIGINAL

03/17/2005 09:24 FAX 8142367474

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: **CLEARFIELD**

Mag. Dist. No.:

46-3-02

MDJ Name: Hon.

RICHARD A. IRELAND
Address: **650 LEONARD ST**
SUITE 133
CLEARFIELD, PA

Telephone: **(814) 765-5335** **16830**

DELORES GINTER
PO BOX 131
CLEARFIELD, PA 16830

**NOTICE OF JUDGMENT/TRANSCRIPT
CIVIL CASE**

PLAINTIFF:

GINTER, DELORES
PO BOX 131
CLEARFIELD, PA 16830

NAME and ADDRESS

DEFENDANT:

ERIE INSURANCE GROUP
100 ERIE INSURANCE PLACE
ERIE, PA 16530

VS.

Docket No.: **CV-0000517-04**
Date Filed: **12/20/04**



THIS IS TO NOTIFY YOU THAT:

Judgment:

DEFAULT JUDGMENT PLTF

Judgment was entered for: (Name) **GINTER, DELORES**

Judgment was entered against: (Name) **ERIE INSURANCE GROUP**

in the amount of \$ **511.87** on: (Date of Judgment) **6/02/05**

Defendants are jointly and severally liable. (Date & Time) _____

Damages will be assessed on: _____

This case dismissed without prejudice. _____

Amount of Judgment Subject to Attachment/42 Pa.C.S. § 8127 \$ _____

Portion of Judgment for physical damages arising out of residential lease \$ _____

Amount of Judgment	\$ 452.37
Judgment Costs	\$ 59.50
Interest on Judgment	\$.00
Attorney Fees	\$.00
Total	\$ 511.87
Post Judgment Credits	\$ _____
Post Judgment Costs	\$ _____
Certified Judgment Total \$ _____	

ANY PARTY HAS THE RIGHT TO APPEAL WITHIN 30 DAYS AFTER THE ENTRY OF JUDGMENT BY FILING A NOTICE OF APPEAL WITH THE PROTHONOTARY/CLERK OF THE COURT OF COMMON PLEAS, CIVIL DIVISION. YOU MUST INCLUDE A COPY OF THIS NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH YOUR NOTICE OF APPEAL.

EXCEPT AS OTHERWISE PROVIDED IN THE RULES OF CIVIL PROCEDURE FOR MAGISTERIAL DISTRICT JUDGES, IF THE JUDGEMENT HOLDER ELECTS TO ENTER THE JUDGMENT IN THE COURT OF COMMON PLEAS, ALL FURTHER PROCESS MUST COME FROM THE COURT OF COMMON PLEAS AND NO FURTHER PROCESS MAY BE ISSUED BY THE MAGISTERIAL DISTRICT JUDGE.

UNLESS THE JUDGMENT IS ENTERED IN THE COURT OF COMMON PLEAS, ANYONE INTERESTED IN THE JUDGMENT MAY FILE A REQUEST FOR ENTRY OF SATISFACTION WITH THE MAGISTERIAL DISTRICT JUDGE IF THE JUDGMENT DEBTOR PAYS IN FULL, SETTLES, OR OTHERWISE COMPLIES WITH THE JUDGMENT.

JUN 02 2005 Date Richard Ireland, Magisterial District Judge

I certify that this is a true and correct copy of the record of the proceedings containing the judgment.

Date _____, Magisterial District Judge

My commission expires first Monday of January, **2006**.

SEAL

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,
Plaintiff
Vs.

ERIE INSURANCE GROUP,
Defendant

CIVIL DIVISION

No. 05 - 834 - CD

ACCEPTANCE OF SERVICE

Filed on Behalf of:

Plaintiff, DELORES GINTER

Counsel of Record for This
Party:

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830

814/765-1566


JOSEPH COLAVECCHI, ESQUIRE

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED 10
03/26/2005
JUL 12 2005
cc

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

DELORES GINTER,

Plaintiff : No. 05 - 834 - CD

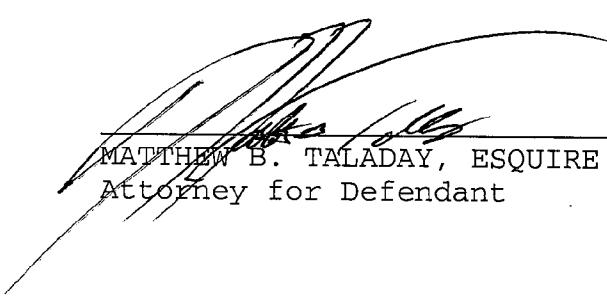
Vs.

ERIE INSURANCE GROUP,

Defendant :

ACCEPTANCE OF SERVICE

I, MATTHEW B. TALADAY, ESQUIRE, attorney for Erie Insurance Group, Defendant, hereby accepts service of the Complaint filed in the Court of Common Pleas of Clearfield County, Pennsylvania, to Docket No. 05-834-CD.


MATTHEW B. TALADAY, ESQUIRE
Attorney for Defendant

7-6-05

DATE

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,
Plaintiff

-vs-

ERIE INSURANCE GROUP,
Defendant

Type of Case: Civil Action

No. 2005-00834-CD

Type of Pleading:

Answer and New
Matter

Filed on Behalf of:

Defendant

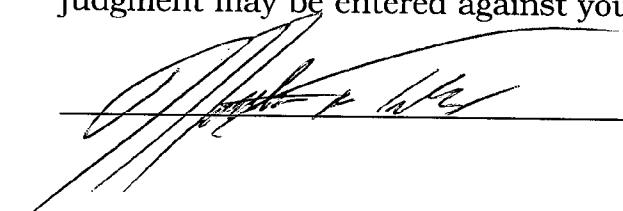
Counsel of Record for This
Party:

Matthew B. Taladay, Esq.
Supreme Court No. 49663
Hanak, Guido and Taladay
498 Jeffers Street
P.O. Box 487
DuBois, PA 15801

(814) 371-7768

Date: July 19, 2005

You are hereby notified to plead
to the within pleading within twenty
(20) days of service thereof or default
judgment may be entered against you.



FILED
M 11 16 2005
JUL 20 2005
cc

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER, :
Plaintiff :
-vs- :
No. 2005-00834-CD
ERIE INSURANCE GROUP, :
Defendant :
:

ANSWER

AND NOW, comes the Defendant, ERIE Insurance Group, by its attorneys, Hanak, Guido and Taladay, and hereby responds to Plaintiff's Complaint as follows:

1. Admitted.
2. Admitted. By way of further answer, the ERIE Insurance Group is comprised of various entities, including, but not limited to, ERIE Insurance Exchange, ERIE Insurance Company, and ERIE Insurance Property and Casualty Company.
3. Admitted.
4. Admitted. By way of further answer, it is averred that subsequent to the time of the accident, Dolores Ginter suffered from various medical conditions unrelated to the subject accident.
5. Denied as stated. It is admitted that at the time of the motor vehicle accident Dolores Ginter carried a Pioneer Family Auto Policy issued by ERIE Insurance Exchanged, a licensed reciprocal insurance exchange. It is further admitted that this coverage included first party medical benefits of \$10,000.00.

6. Denied. To the contrary, ERIE Insurance Exchange made diligent efforts to determine whether expenses incurred by Delores Ginter for treatment by Dr. Alan Kivitz and PennCare Physical Therapy were related to the subject accident. The information provided to ERIE Insurance Exchange indicated that these services were not related to the subject motor vehicle accident.

7. Admitted in part and denied in part. It is admitted that the medical expenses in question were paid by Medicare. It is denied that these expenses were "inadvertently" paid by Medicare in that they were not accident related.

8. Upon information and belief, it is admitted that Plaintiff received a recovery from the tortfeasor in the case. It is further admitted that the letter dated April 19, 2004 attached to Plaintiff's Complaint as Exhibit "B". By way of further answer, it is averred that this letter contains a procedure for appealing Medicare's claim for reimbursement payments which are not motor vehicle accident related.

9. Denied as stated. It is admitted that Delores Ginter was covered by ERIE Insurance for first party benefits as set forth in paragraph 5 hereto. By way of further answer, it is averred that first party coverage is available only for services that are deemed to "arise from the maintenance or use of a motor vehicle". Because of the lack of this causal connection, it is unknown why demand was made upon ERIE Insurance to reimburse Medicare.

10. Denied as stated. It is admitted that ERIE Insurance Exchange denied Plaintiff's claim for first party benefits for the services of Dr. Alan J. Kivitz and PennCare Physical Therapy because

there was absolutely no medical documentation to relate these services to the subject motor vehicle accident.

11. Based on information and belief, it is admitted that Plaintiff's counsel paid Medicare the sum of \$452.37. It is denied that this payment was necessary to prevent the withholding of funds from Plaintiff's Social Security in that Plaintiff had opportunity to, but did not appeal, the Medicare lien claim.

12. Denied as stated. It is admitted that the Complaint is filed in order to obtain \$452.37. It is denied that ERIE Insurance Exchange has any obligation to pay this claim as more fully set forth in New Matter hereto.

13. Objection. To the extent that the outcome of the District Justice proceeding is completely irrelevant to the matter at hand. To the extent that a response may be required, admitted in part and denied in part. It is admitted that an arbitration claim was filed and that judgment in the amount of \$511.87 was awarded based on a default judgment. By way of further answer, it is averred that Defendant chose not to pursue further contest of the District Justice action in that Plaintiff objected to introduction of a narrative letter of Dr. Alan Kivitz, attached hereto as Exhibit "A". Plaintiff insisted that Dr. Kivitz be subpoenaed to testify at the district judge hearing. Rather than incur the expense of a doctor's testimony, Defendant chose to allow the District Justice action to go to judgment and proceed this matter to arbitration, at which time, it is verily believed that Exhibit "A" is admissible into evidence pursuant to Pa.R.C.P. Rule 1305(b)(1)(iii), (iv).

14. Admitted.

WHEREFORE, Defendant demands judgment in her favor.

NEW MATTER

15. Defendant incorporates responses to paragraphs 1 through 14 of Plaintiff's Complaint as if set forth in full.

16. The policy of automobile insurance issued by ERIE Insurance Exchange with coverages as represented by the declaration's page attached to Plaintiff's Complaint, Exhibit "A", is subject to the terms of the Pennsylvania Motor Vehicle Financial Responsibility Act.

17. In order to recover benefits under this policy of insurance, the Plaintiff's medical claims must arise out of the "maintenance or use of a motor vehicle". (75 Pa.C.S. §1711 and §1712).

18. A motor vehicle first party insured's obligation to pay for first party benefits is triggered only upon being provided with "reasonable proof" of the motor vehicle related benefits claimed. (75 Pa.C.S. §1716, 1697(b)).

19. The Plaintiff claims injury in the automobile accident of August 4, 2001. Emergency room report of Altoona Hospital, attached hereto as Exhibit "A" indicates that the Plaintiff complained only of anterior chest discomfort following the accident.

20. On August 10, 2001, the Plaintiff attended a follow up medical visit with Dr. Johannes Schokker, MD. Her only complaint on this date was of pain in the left rib cage. A copy of Dr. Schokker's report is attached as Exhibit "B".

21. On August 9, 2001, Delores Ginter submitted an Application for First Party Benefits to ERIE Insurance Exchange which listed her injuries as "injury to ribs, contusions to both sides of head and contusions and bruises on both arms". A copy of this Application for Benefits is attached as Exhibit "C".

22. ERIE Insurance Exchange verily believes that it has paid all first party medical expenses for which documentation was submitted.

23. On August 12, 2002, Dr. Gregory Sweeney referred the Plaintiff to PennCare Physical Therapy for treatment of right hip bursitis which had its onset approximately May 14, 2002. A copy of the clinical physical therapy evaluation is attached as Exhibit "D".

24. On February 10, 2003, Delores Ginter presented to Michael G. Moncman, MD, complaining of pain in the right buttock that had been present for only about six months. A copy of Dr. Moncman's report is enclosed as Exhibit "E".

25. On May 5, 2003, ERIE Insurance Exchange Medical Management Specialist, Sharon Wilson, forwarded a letter to Attorney Colavecchi, apparently in response to Attorney Colavecchi's letter dated February 12, 2003, requesting additional information concerning any potential relationship between Plaintiff's right hip problems and the subject accident. A copy of the letter is attached as Exhibit "F".

26. On October 18, 2004, Attorney Joseph Colavecchi forwarded a correspondence to Medical Management Specialist Sharon Wilson advising of the Department of Treasury claim against

Delores Ginter and requesting a payment of \$418.84. A copy of that correspondence is attached as Exhibit "G".

27. On January 11, 2005, Sharon Wilson forwarded correspondence to Attorney Colavecchi requesting medical bills for review in order to make a payment determination.

28. On January 26, 2005, ERIE Medical Management Specialist, Sharon L. Wilson, forwarded a correspondence to Dr. Alan Kivitz requesting Dr. Kivitz' opinion as to whether his treatments from July 28, 2003 through November 10, 2003 were related to the automobile accident of August 4, 2001. A copy of that correspondence is attached as Exhibit "H".

29. On February 11, 2005, Dr. Alan J. Kivitz forwarded a letter to Sharon Wilson indicating that the motor vehicle injury was not responsible for the symptomology for which Dr. Kivitz was providing service. A copy of that correspondence is attached as Exhibit "I".

30. Because there is no indication of relationship between the services for which Plaintiff is seeking reimbursement in the automobile accident, ERIE Insurance Exchange is statutorily prohibited from providing reimbursement.

31. Pursuant to 42 C.F.R. 411.24(i), the Plaintiff and/or her attorney has an obligation to provide for reimbursement, compromise or a waiver of any Medicare claims prior to settlement and/or disbursement of settlement proceeds.

32. Plaintiff and/or Plaintiff's counsel failed to determine the nature and extent of any Medicare claims prior to settlement and/or disbursement of settlement funds.

33. There is absolutely no evidence to support the contention that the services for which Medicare is seeking reimbursement from the Plaintiff were in any way related to the maintenance or use of a motor vehicle.

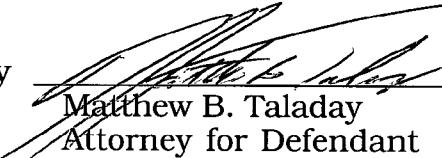
34. The Plaintiff and/or Plaintiff's counsel failed to reduce or mitigate their damages by contesting, appealing or seeking compromise or waiver of the Medicare claim.

WHEREFORE, Defendant demands judgment in its favor.

Respectfully submitted,

HANAK, GUIDO and TALADAY

By


Matthew B. Taladay

Attorney for Defendant

VERIFICATION

I, Sharon Wilson, being the Medical Management Spec. of ERIE INSURANCE EXCHANGE, do hereby verify that I have read the foregoing Answer and New Matter. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn fabrication to authorities, which provides that if I make knowingly false averments I may be subject to criminal penalties.

Date: 7-12-05

Sharon Wilson

ERIE 3
1 JUL 11 2005
CLAIMS

RECEIVED

OCT 12 2001

GINGER, DELORES
2255867

ALTOONA HOSPITAL STATE COLLEGE FCI

BOUCHARD

EMERGENCY ROOM REPORT

DATE SEEN:

TIME SEEN:

CHIEF COMPLAINT: Motor vehicle accident.

HISTORY OF PRESENT ILLNESS: The patient is a 77-year-old female who was an unrestrained driver when she hit another vehicle. There was significant damage to the front end of the car. The steering wheel was not bent but seemed to be slightly shifted in position. She is complaining of mild, left anterior chest discomfort which is somewhat worse with inspiration. She denies shortness of breath. She denies neck pain, numbness, weakness in any of the extremities, abdominal pain, nausea, vomiting or pain in any of the extremities. She denies any head injury, loss of consciousness. The rest of the review of systems are negative.

PAST MEDICAL HISTORY: Recurrent urinary tract infections.

MEDICATIONS: Macrobid, vitamin.

SOCIAL HISTORY: She denies alcohol, tobacco or drugs.

ALLERGIES: Pencillin and Septra.

PHYSICAL EXAMINATION: The patient is awake and alert. VITAL SIGNS: O2 saturation is 98%. Temperature 97.4, pulse rate 70, respiratory rate 20, blood pressure 164/76. HEENT: Normocephalic atraumatic. Pupils are equal, round and reactive to light bilaterally. TMs are clear. NECK: Nontender. Strength is 5/5. EXTREMITIES: No edema, cyanosis or clubbing. Sensation intact to touch. NEUROLOGIC: The patient is awake, alert and oriented times three with no injury. The C-collar was removed. She has absolutely no midline neck or lateral neck tenderness noted. She has full range of motion of her neck without neurologic symptoms or pain. LUNGS: Clear to auscultation. CHEST: Reveals mild reproducible left anterior chest tenderness. There is really no ecchymosis or other lesions noted. ABDOMEN: Soft, nontender, nondistended. There is a recent surgical scar. This is well healed. EXTREMITIES: The patient has full range of motion of all extremities without pain. There is no reproducible back tenderness noted.

ERIE 7

EMERGENCY ROOM REPORT

Page 1

MAR 13 2003

EXHIBIT "A"

CLAIMS

RECEIVED

GINGER, DELORES
2255867

ALTOONA HOSPITAL
STATE COLLEGE FC

OCT 12 2001

BOUCHARD

EMERGENCY ROOM REPORT

ASSESSMENT: This is a 77-year-old female with the above symptoms. She does appear to have hit the steering wheel with her chest. Chest x-ray reveals a normal mediastinum. Rib films revealed no evidence of fracture. EKG revealed normal sinus rhythm with no ectopy. The patient was given a tetanus.

SUMMARY: This is a 67-year-old female with the above symptoms. I do not believe the patient requires trauma consult at this time. I did discuss the patient with Dr. Schocker over the phone. He agreed. The patient will be discharged with chest contusion instructions. She will be given ibuprofen for pain. She is to return with any worsening. She will follow up with the trauma clinic in 2-3 days.

Matthew P. Bouchard, M.D./JLG/lbi
Dict: 08/04/2001 1615 Tran: 08/06/2001 9:58 am
23627
cc: Matthew P. Bouchard, M.D.



ERIE 7

MAR 13 2003
EMERGENCY ROOM REPORT

Page 2

CLAIMS

RECEIVED

Lexington Surgical Associates, Inc.
Intowne Square
1701 - 12th Avenue
Altoona, PA 16601

JAN 18 2002
STATE COLLEGE ECO

Building G

Robert E. Wertz, MD
Daniel C. Clark, MD
814-943-1112
814-943-4304 (Fax)

OFFICE NOTE

Building D

Simon D. Lampard, MD
Johannes Schokker, MD
814-943-7040
814-943-7002 (Fax)

DATE OF VISIT: August 10, 2001

PATIENT'S NAME: DELORES GINTER

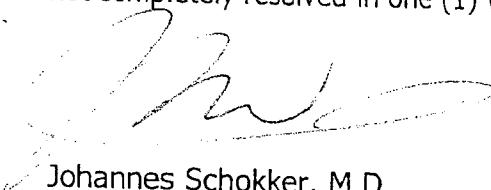
This patient is unknown to me. She had a motor vehicle accident and was not wearing a seatbelt. She was hit on the left side and the steering wheel was bent and into the left chest. The only information that I have in her record is the chest x-ray and rib x-ray show no evidence of damage or injury. She also stated that she had a headache at the time and hit her head as well. Apparently no studies were performed with regards to the head. However she does not have any neurological signs and at the time of injury she did not have any loss of consciousness. Today's complaint is that the pain in the left ribcage is still severe enough that she requires medication for it. She was only given a few tablets of Lortab and she was using Tylenol with codeine that she had left over from a previous colon surgery.

PHYSICAL EXAMINATION:

Head: Somewhat tender to touch on the scalp, but I feel no hematoma.
Pupils: Are normally reactive to light.
Facial features: Are normal.
Neck: Is normal.
Heart: Normal sinus rhythm.
Lungs: Clear.
Abdomen: Obese,
Ribs: By palpation the rib cage is normal. She has pain in the anterior rib cage over T6, T7, T8 ----- costochondral margin.

She has a small hematoma on the right forearm and on the left upper arm. Motor function is normal.

IMPRESSION: S/P motor vehicle accident for about six (6) days. Residual anterior left chest pain. A prescription has been given for Vicodin 5/500 as needed for pain. If the pain is not completely resolved in one (1) week she is to return to my office.



Johannes Schokker, M.D.

ERIE 7

MAR 13 2003

CLAIMS



ERIE INSURANCE GROUP
100 Erie Insurance Place • Erie, PA 16530

APPLICATION FOR BENEFITS (PA)

PLEASE COMPLETE THIS FORM AND RETURN IT PROMPTLY

DATE OF THIS REQUEST 8/9/01	DATE OF ACCIDENT 8/4/01	FILE NUMBER 010110403044MW	OUR POLICYHOLDER Delores Ginter
--------------------------------	----------------------------	-------------------------------	------------------------------------

IMPORTANT: 1. To be eligible for benefits you must complete and sign this application.
2. You must also sign the authorization at the bottom of the sheet.
3. Return promptly with copies of any bills you have received to date.
4. Use reverse side if necessary.

1. APPLICANT'S NAME Delores Ginter	DATE OF BIRTH 12-23-33	SOCIAL SECURITY NO. 174-28-2216
2. YOUR ADDRESS NO. STREET PO. BOX 337	CITY Coal Port	STATE ZIP PA 16627
3. OWNER OF VEHICLE YOU OCCUPIED OR OPERATED Delores Ginter	WERE YOU WEARING A SEAT BELT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YOUR HOME PHONE NO. 814-672-3624
4. PLACE OF ACCIDENT STREET Main St	CITY OR TOWN Coal Port	STATE PA

YOUR CLAIM CANNOT BE PROCESSED WITHOUT ALL THE INFORMATION REQUESTED IN QUESTION 5

5. LIST ALL MOTOR VEHICLES OWNED BY YOU OR ANY MEMBER OF YOUR FAMILY RESIDING IN YOUR HOUSEHOLD ON DATE OF THE ACCIDENT					
VEH 1	MAKE 92 - Olds	LICENSE NUMBER DEP-8029	OWNER Delores Ginter	INSURER ERIC INS	POLICY NUMBER GL 904422
VEH 2					
VEH 3					

6. DESCRIBE YOUR INJURY <u>INJURY TO RIBS - CONTUSIONS on both sides of Head And Contusions + Bruises on both arms</u>					
7. DOCTOR OR OTHER PERSON FURNISHING HEALTH SERVICES NAME <u>Dr Shockert</u> ADDRESS <u>Towne Square bldg D Altoona PA</u>			ADDITIONAL DOCTOR OR HEALTH CARE PERSON NAME _____ ADDRESS _____		
8. HOSPITAL NAME AND ADDRESS <u>Altoona General Hospital Altoona PA 16603</u>					
9. WILL YOU HAVE MORE HEALTH EXPENSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AT THE TIME OF YOUR ACCIDENT, WERE YOU ON YOUR EMPLOYER'S BUSINESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. DID YOU LOSE TIME FROM WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE DISABILITY BEGAN		DATE YOU RETURNED TO WORK	
11. GIVE EMPLOYMENT INFORMATION FOR ONE YEAR PRIOR TO DATE OF ACCIDENT					
EMPLOYER <u>N/A</u>	ADDRESS _____ _____		OCCUPATION _____ _____	FROM _____ _____	TO _____ _____

The applicant authorizes the insurer to submit any and all of these forms to another party or insurer if such is necessary to protect its rights of recovery provided for under this act.

SIGNATURE Delores Ginter DATE 8-14-01

NOTICE Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

C-60 PA 2/95

DO NOT DETACH

AUTHORIZATION TO FURNISH HEALTH SERVICES, TREATMENT, WORK OR OTHER LOSS INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY HEREOF SHALL AUTHORIZE YOU TO RELEASE TO THE ERIE INSURANCE GROUP ALL INFORMATION YOU HAVE REGARDING MY CONDITION WHILE UNDER YOUR OBSERVATION OR TREATMENT, INCLUDING HISTORY OBTAINED, TEST RESULTS, DIAGNOSIS AND PROGNOSIS. I ALSO AUTHORIZE MY EMPLOYER TO FURNISH ANY INFORMATION WITH REGARD TO MY COMPENSATION AND LOST TIME OR OTHER LOSS INFORMATION. THIS AUTHORIZATION SHALL NOT BE INVALIDATED BY THE PASSAGE OF TIME.

Delores Ginter Delores Ginter 8-14-01 174-28-2216
NAME (Print or Type) SIGNATURE DATE SOCIAL SECURITY NUMBER

(If a minor, parent or guardian shall sign and indicate capacity and relationship)

EXHIBIT "C"

PENN CARE PHYSICAL THERAPY

P.O. Box 207

Coalport, PA 16627

CLINICAL PHYSICAL THERAPY EVALUATION

PATIENT'S NAME: Delores Ginter HICN#: 148.16.2482.D INITIAL: 081402 FEMALE: X
 DATE OF BIRTH: 122233 AGE: 68 DIAGNOSIS: Rt. hip bursitis/rt. hip pain/rt sacroiliac dysfunction
 ICD9#: 719.45, 726.5, 739.4

HISTORY:

The pt is a 68 yr old white female referred by Dr. G. Sweeney, MD for physical therapy on 081202. The pt has a diagnosis of rt hip bursitis. The pt reports the onset of pain approximately three months ago on or about 051402. She noted a gradual onset of pain in the rt posterior hip and rt sacroiliac region. The pt has noted that this pain has become more intense as time goes on. Increased pain is noted primarily with sitting as well as with transfer sit to stand. The pt has had no recent tests or x rays performed to the rt hip. Prior medical history is essentially unremarkable per the pt. with the exception of borderline high blood pressure. The pt also does note that she has had history of low back pain and rt hip pain previously.

SUBJECTIVE:

The pt has no complaints of pain with weight bearing. She reports the presence of focal pain in the rt posterolateral hip described as a deep ache. This pain also involves the rt sacroiliac joint. The pain is reported to be a 9 out of 10 on the pain analog scale and does appear to be somewhat worse at night. Occasionally, when the pain is very severe, the pain is referred into the anterior aspect of the thigh. The pt has attempted to take Tylenol as well as other medications without appreciable change in status of pain.

OBJECTIVE:

Initially the pt is alert, oriented and cooperative x3. The pt appears to be in no apparent acute distress. Initial examination of the pt's rt hip reveals no substantial amount of increased tenderness. There is some degree of mild focal spasm in the rt piriformis and there is focal tenderness in the rt sacroiliac area. Lumbar ROM is within normal limits without complaints of pain or referral into the hip or lower extremity. The pt exhibits no segmental weakness of either lower extremity. Active ROM of the rt hip is within normal limits. The pt demonstrates a negative hip scour test. Passive internal and external rotation is within normal limits and is pain free. The pt demonstrates decreased amounts of lumbar lordosis in standing. The pt does demonstrate a leg length discrepancy with the rt lower extremity being approximately 3/4 in. shorter as compared to that of the lt.

ASSESSMENT/IMPRESSION:

As diagnosed.

PROBLEMS:

- (1) Increased pain and spasm of the rt piriformis
- (2) Leg length discrepancy
- (3) Abdominal weakness

FUNCTIONAL LIMITATIONS

- (1) The pt has increased difficulty with prolonged sitting postures
- (2) The pt has increased pain in going sit to stand

EXISTING NEED FOR PHYSICAL THERAPY SERVICES:

[X] YES [] NO

ERIE 7
 MAR 13 2003
 CLAIMS
 FAXED 2-11-03
 Dr. Dross

PENNCARE PHYSICAL THERAPY
P.O. Box 207
Coalport, PA 16627

PLAN OF CARE

PATIENT: Delores Ginter **HICN#:** 148.16.2482.D **AGE:** 68 **DATE OF BIRTH:** 122233
REFERRED BY: Dr. G. Sweeney, MD **DATE OF REFERRAL:** 081202 **DATE OF ONSET:** 051402
DIAGNOSIS: Rt. hip bursitis/rt hip pain/rt sacroiliac dysfunction **ICD9#:** 719.45, 726.5, 739.4

SHORT TERM GOALS:

- (1) To decrease pt rt hip and piriformis spasm
- (2) To correct pt leg length discrepancy
- (3) To improve pt abdominal strength

ESTIMATED DURATION: 2-3 weeks

TREATMENT PLAN TO ACHIEVE:

I would recommend interferential e stim with moist heat to the rt piriformis as well as ultrasound at 1.5 w/cm² for 6 min to the same area. This would then be followed by muscle energy techniques to correct leg length discrepancy. The pt then would be instructed in gluteal sets, as well as pelvic tilt. We will progress with ex. as pt status improves.

LONG TERM GOALS(FUNCTIONAL):

- (1) To restore pain free ability to transfer sit to stand as well as sit for prolonged periods of time without increased exacerbation or pain.

ESTIMATED DURATION: 3-4 weeks

TREATMENT PLAN TO ACHIEVE:

The pt will be instructed in pelvic stabilization ex. once leg length discrepancy is corrected and the pt will be given a home program.

FREQUENCY OF VISITS: 3 times per week

REHABILITATION POTENTIAL: EXCELLENT GOOD FAIR POOR

John D. Burmeister, Jr.

PHYSICAL THERAPIST

John D. Burmeister, Jr. P.T.

081402

DATE

Dr. G. Sweeney, MD

8/26/02

DATE

FAXED
8-11-03
Dr. D. Sweeney

Michael-Gerard Wlancman, DO, MSc, FACCOS
Neurosurgeon • Board Certified

814-944-7810 • Fax 814-944-5327
cpnalt@aol.com

Central Pennsylvania Neurosurgical
Associates LTD

February 10, 2003

Gregory Sweeney, M.D.
Mainline Medical Center
792 Gallitzin Road
Cresson, PA 16630

RE: DELORES GINTER
DATE OF VISIT: FEBRUARY 6, 2003

Dear Gregg:

Thank you for asking me to evaluate Delores Ginter.

Delores is a retired 69-year-old right-handed female. She presents with pain in the right buttock that is sometimes referred anteriorly and down the leg to the mid thigh. This has been present for about six months. Aleve takes the edge off. She denies numbness or tingling. Physical therapy did not help her.

On August 4, 2001 this lady was involved in an auto accident. She is not sure if this has anything to do with her complaints. Since her pains have really only been present for the last six months I told her that it was unlikely that her complaints stemmed from that accident.

I reviewed the MRI of January 19, 2003. She has degenerative disc disease through multiple levels with some foraminal stenosis bilaterally at L4-5 and L5-S1.

My chart contains a detailed health history questionnaire and a pain drawing along with an assessment form and systems review. The information was reviewed in detail with the patient and remain a part of my chart.

PHYSICAL EXAMINATION:

This lady is 5 feet 2 inches tall and weighs 140 pounds. Blood pressure is 122/76. Vital signs are stable. She has no focal neurologic abnormalities. She has full lumbar ranges of motion in all planes. She has active right buttock muscle spasm and trigger points over the right PSIS and the right SI joint. She also has some low lumbar muscle spasm on the right. She walks without a limp. Pulses are present at all stations.

1701 12th Avenue
Suite 7
Altoona, PA 16602

Cave Medical Center
Suite 4 - Mason Drive
Roaring Spring, PA 16673

2437 E. College Avenue
Suite 1
State College, PA 16801

PAGE 2

RE: DELORES GINTER

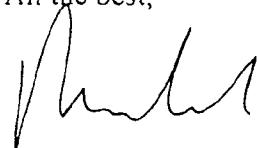
IMPRESSIONS:

1. Mechanical low back pain.
2. Right buttock pain.

I have nothing to offer this lady. I would suggest trigger point injections and a re-try at physical therapy. She may do well with the non-steroidal agent of your choice. I asked her to try to stay active. I will see her again p.r.n. your request.

Thank you for seeking my opinion. Contact me if you have any questions or comments.

All the best,



Michael-G. Moncman, DO, MSc, FACOS
MGM/ls

D 02/09/03

T 02/10/03



ERIE INSURANCE GROUP

Branch Office • 3410 West 12th Street • Erie, Pennsylvania 16505
Phone (814) 451-5000 • Toll Free 1-877-771-3743 • Fax (814) 451-5060 • <http://www.erie-insurance.com>

May 5, 2003

Colavecchi & Colavecchi
Attention: Joseph Colavecchi, Esq.
221 East Market Street
P.O. Box 131
Clearfield, PA 16830

Re: ERIE Claim #010110403044
ERIE Insured: Delores Ginter
Date of Loss: 8/4/01

Dear Mr. Colavecchi:

I am in receipt of your letter dated February 12, 2003. I requested medical records from the physicians. You indicated you thought the bills were the result of the motor vehicle accident of August 4, 2001. I did receive bills back from Dr. Mitchell, where all the treatment related to a right hip injury. From what I can interpret from the medical records, I do not feel his treatment relates to the motor vehicle accident.

At the time of the accident, all the medical records indicated rib injuries and chest contusions. Basically, we only paid for services within the same month of the date of the accident.

If you can get me some more medical information which indicates to me that her treatment does relate to the auto accident, I will be more than happy to consider payment of the bills you submitted.

I am sorry I cannot make payment for any of these bills at this time, as I do not have sufficient medical documentation to indicate treatment relates to the motor vehicle accident.

Thank you for your cooperation.

Sincerely,

Sharon L. Wilson
Medical Management Specialist
Erie Branch Claims

SLW:lml

Law Offices
COLAVECCHI & COLAVECCHI
221 East Market Street
(across from Courthouse)
P.O. Box 131
Clearfield, Pennsylvania 16830
(814) 765-1566
(800) 953-1566

FAX
(814) 765-4570

October 18, 2004

Sharon Wilson
Medical Management Specialist
Erie Insurance Group
100 Erie Insurance Place
Erie, PA 16530

In Re: My Client: Delores Ginter
Your Claim No.: 010110403044
Date of Loss: 8/4/01

Dear Ms. Wilson:

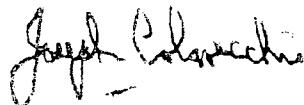
I am enclosing, herein, a copies of the documents which I received from the Department of Treasury, Financial Management Service, regarding reimbursement to Medicare for amounts paid by them for medical treatment rendered to my client, Delores Ginter.

Medicare is claiming reimbursement in the amount of \$418.84 as set out on the Medicare Liability Settlement Claim Reimbursement Summary for treatment rendered to Delores Ginter by PennCare Physical Therapy and Dr. Kivitz.

I would ask that you please send me a check in the amount of \$418.84 payable to Medicare - Mutual of Omaha at which time I will forward it to them.

Thank you in advance for your kind cooperation.

Sincerely yours,


Joseph Colavecchi

JC:11h
Enclosures

cc: Delores Ginter

**ERIE INSURANCE GROUP**

Branch Office • 3410 West 12th Street • Erie, Pennsylvania 16505
Phone (814) 451-5000 • Toll Free 1-877-771-3743 • Fax (814) 451-5060 • <http://www.erie-insurance.com>

January 26, 2005

Dr. Kivitz
1125 Old Route 220 North
P.O. Box 909
Duncansville, PA 16635

Re: ERIE Claim #010110403044
ERIE Insured: Delores Ginter
Accident Date: 08/04/01

Dear Dr. Kivitz:

We are in receipt of a Payment Summary form from Medicare indicating that treatment was rendered to Delores from July 28, 2003 to November 10, 2003. We understand that Medicare has made payment to you for these dates of service, but now they are looking to Ms. Ginter for reimbursement, as Medicare feels these treatments related to the automobile accident of August 4, 2001. Could you please advise us if you feel that your treatment from July 28, 2003 through November 10, 2003 relates to the automobile accident of August 4, 2001.

This is of a quite urgent matter as the U.S. Department of Treasury has now become involved and they want to take money out of Ms. Ginter's Social Security check in order for her to reimburse them for payment of the bills she sustained from you.

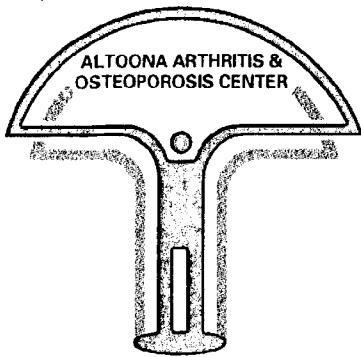
If possible, could you please fax your response to my attention at (814) 451-5060. Thank you for your cooperation. I am enclosing a Medical Authorization for the release of this information.

Sincerely,

Sharon L. Wilson
Medical Management Specialist
Erie Branch Claims

SLW:ds

Enclosure:
Medical Authorization



ERIE 21
FEB 21 2005
CLAIMS

ALAN J. KIVITZ, M.D.

Board Certified Rheumatologist
Diplomate American Board of Internal Medicine
Internal Medicine
Rheumatology
UPIN B34867

FREDERICK T. MURPHY, D.O.

Board Certified Rheumatologist
Diplomate American Board of Internal Medicine
Internal Medicine
Rheumatology
UPIN H12561

SHELLY P. KAFKA, M.D.

Board Certified Rheumatologist
Diplomate American Board of Internal Medicine
Internal Medicine
Rheumatology
UPIN F56751

MARIANNE L. SHAW, M.D.

Board Certified Rheumatologist
Diplomate American Board of Internal Medicine
Internal Medicine
Rheumatology
UPIN G73928

WILLIAM J. POLITICO, Practice Mgr.
DEBRA RENTZ, PA-C

MICHAEL ZUMER, PA-C
MARISSA DUDECK, PA-C
SHARON RITCHHEY, RN, CRNP
LESLIE KRUG, PA-C
ANGELA ZUMER, PA-C

Meadowbrook Plaza
1125 Old Route 220 North
P.O. Box 909
Duncansville, PA 16635-0909

336 Bloomfield Street
Johnstown, PA 15904

Tel: 814.693.0300
Tel: 800.924.7790
Fax: 814.693.0400

www.altoonaarthritis.com

February 11, 2005

Sharon Wilson
Eric Insurance Group
Branch Office
3410 West 12th Street
Erie, PA 16505

RE: Ginter, Delores

Dear Ms. Wilson,

I have reviewed our record on Delores Ginter from the time she first presented to our office in July 2003 through November 2003.

All of the records indicate a history of chronic pain in the right hip area predominately, extending into the thigh having had a multitude of interventions that had not benefited her at that time.

However, in my review of that record, nowhere during the time interval is there any mention whatsoever of her being involved in a motor vehicle injury which was considered by any party to have been potentially responsible for symptomatology she was experiencing.

Although she has listed that she was involved in a car accident two years prior to her evaluation one of her intake forms, at no time was there any discussion documented of any association with a prior automobile injury.

Please feel free to contact me with any further questions regarding this issue.

Sincerely,

Alan J. Kivitz, M.D.

AJK:mk

EXHIBIT "I"

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER,
Plaintiff

-vs-

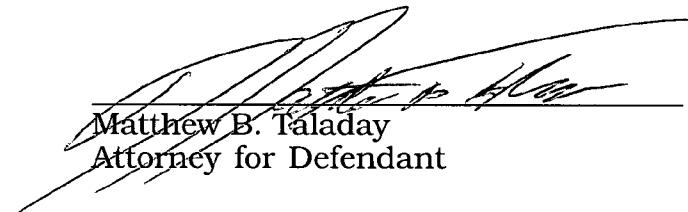
No. 2005-00834-CD

ERIE INSURANCE GROUP,
Defendant

CERTIFICATE OF SERVICE

I certify that on the 19th day of July, 2005, a true and correct copy of the foregoing Answer and New Matter was sent via first class mail, postage prepaid, to the following:

Joseph H. Colavecchi, Esq.
Attorney for Plaintiff
211 East Market Street
P.O. Box 131
Clearfield, PA 16830


Matthew B. Taladay
Attorney for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES W. GINTER,
Plaintiff
Vs.

ERIE INSURANCE GROUP,
Defendant

CIVIL DIVISION

No. 2005 - 00834 - CD

REPLY TO NEW MATTER

Filed on Behalf of:

Plaintiff, DELORES GINTER

Counsel of Record for This
Party:

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830

814/765-1566

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED *JK*
08/30/2005 *ICC*
AUG 10 2005 *Atty J. Colavecchi*

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER, :
Plaintiff :
:
vs. : No. 2005 - 00834 - CD
:
ERIE INSURANCE GROUP, :
Defendant :

REPLY TO NEW MATTER

NOW COMES, Delores Ginter, who, through her Attorney, Joseph Colavecchi, Esquire, files her Reply to the New Matter of Defendant and respectfully avers as follows:

15. This does not require a reply.
16. Admitted.
17. Admitted.
18. Admitted.
19. Denied. The document speaks for itself and is limited to the four corners of said document.
20. Denied. The document speaks for itself and is limited to the four corners of said document.
21. Denied. The document speaks for itself.
22. Denied for the reasons set forth in the Complaint.

23. Denied. The document speaks for itself and is limited to the four corners of said document.

24. Denied. The documents are limited to the four corners of said document.

25. Admitted.

26. Admitted.

27. Admitted.

28. It is admitted that Sharon Wilson forwarded a letter to Dr. Alan Kivitz. However, prior to the letter to Dr. Kivitz, Joseph Colavecchi, Attorney for Plaintiff, sent a letter to Dr. Kivitz asking for an opinion. A copy of said letter is attached hereto as Plaintiff's Exhibit "1".

29. Denied. This letter does not say that the injury of Plaintiff or symptoms of which Plaintiff was complaining did not arise out of the auto accident. In addition, at that time, Dr. Kivitz had failed to respond to the letter from Joseph Colavecchi, Attorney for Plaintiff. It is alleged on information and belief that the representatives of Erie Insurance Group talked to Dr. Kivitz prior to his letter to him which would influence his decision since Erie Insurance Group would be paying medical bills to doctors for their services to patients arising out of accidents and the relationship between Erie Insurance Group and Dr. Kivitz is important to him.

30. Denied. Erie Insurance Group makes judgments on a daily basis as to what to pay for medical bills for injuries and any other type of payments. It is alleged on information and belief that Erie Insurance Group has a policy of refusing payments to Plaintiffs where they feel if they do nothing, Medicare will pay it.

31. Denied. The payments by Erie Insurance Group for injuries to Plaintiff is a primary claim and must be made before Medicare makes payment. In any event, the case was settled on or about November 14, 2003 which was prior to the claim from Medicare. The letter from Medicare directed to Plaintiff was dated April 19, 2004.

32. Denied. On the contrary, Erie Insurance Group avoided payment claims which they felt might be paid by Medicare if Erie Insurance did not make payment.

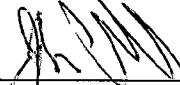
33. Denied. Plaintiff has stated that she feels these injuries arose out of the accident.

34. Denied. On the contrary, Plaintiff, through her Attorney, Joseph Colavecchi, Esquire, spoke with the attorneys for Medicare who told Plaintiff that Erie Insurance Group was refusing any type of payment and that this was their policy in a number of claims by Medicare. In addition, Dr. Kivitz refused to supply any type of letter to Plaintiff stating whether the injury arose out of the auto accident which could be submitted to Medicare.

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

WHEREFORE, Plaintiff asks that judgment be entered against Erie Insurance Group in the amount claimed.

Respectfully submitted:


JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff
221 East Market Street
Clearfield, PA 16830
(814) 765-1566

8/20/85

DATE

LAW OFFICES OF
COLAVECCHI
& COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

VERIFICATION

I verify that the statements made in this Reply To New Matter are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DeLores Ginter
DELORES GINTER

Law Offices
COLAVECCHI & COLAVECCHI

Joseph Colavecchi
Paul Colavecchi

221 East Market Street
(across from Courthouse)
P.O: Box 131
Clearfield, Pennsylvania 16830
(814) 765-1566
(800) 953-1566

FAX
(814) 765-4570

January 18, 2005

Dr. Alan J. Kivitz
1125 Old Route 220 N
P.O. Box 909
Duncansville, PA 16635

In Re: Delores Ginter

Dear Dr. Kivitz:

Please be advised that I represent Delores Ginter of P.O. Box 337, Coalport, Pennsylvania 16627.

We are having a problem with Erie Insurance which carried the first party benefits regarding the auto accident that involved my client, Delores Ginter that occurred on August 1, 2001.

It is my understanding that she continued to experience pain as a result of the accident and was treated by you. A copy of the billing is enclosed, herein.

We presently have a dispute between Medicare and Erie Insurance as to whether the treatment arose out of the accident.

Mrs. Ginter has indicated that the treatment arose out of the auto accident since she was still experiencing pain.

I believe you will receive by separate mail, a Medical Release from Erie Insurance asking for a statement of the reason for the treatment of Delores Ginter. When you notify them, I would appreciate it if you would send a copy of the letter to me.

Thank you for your kind cooperation.

Sincerely yours,

Joseph Colavecchi

JC:11h

Enclosure

cc: Delores Ginter

P.S. I am enclosing an executed Medical Release from my client, Delores Ginter.

EXHIBIT "1"

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
CIVIL TRIAL LISTING

05-834-CD

GA

CERTIFICATE OF READINESS

TO THE PROTHONOTARY

CASE NUMBER	TYPE	TRIAL REQUESTED	DATE PRESENTED	ESTIMATED TRIAL TIME
			2	

2005-00834-CD () Jury () Non-Jury
Date Complaint (X) Arbitration
Filed:

FILED

03/28/05
AUG 10 2005

PLAINTIFF (S)

DELORES W. GINTER ()

William A. Shaw
Prothonotary/Clerk of Courts

DEFENDANT (S)

ERIE INSURANCE GROUP ()

Check Block if
a Minor is a
Party to the
Case

ADDITIONAL DEFENDANT (S)

()

JURY DEMAND FILED BY:

DATE JURY DEMAND FILED:

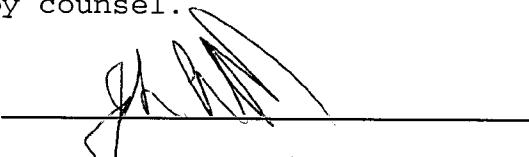
AMOUNT AT ISSUE	CONSOLIDATION	DATE CONSOLIDATION ORDERED
-----------------	---------------	----------------------------

less than
more than

\$ 25,000 () yes () no

PLEASE PLACE THE ABOVE CAPTIONED CASE ON THE TRIAL LIST.

I certify that all discovery in the case has been completed; all necessary parties and witnesses are available; serious settlement negotiations have been conducted; the case is ready in all respects for trial; and a copy of this Certificate has been served upon all counsel of record and upon all parties of record who are not represented by counsel.



JOSEPH COLAVECHI, ESQUIRE

(814) 765-1566

FOR THE PLAINTIFF

TELEPHONE NUMBER

MATTHEW B. TALADAY

(814) 371-7768

FOR THE DEFENDANT

TELEPHONE NUMBER

FOR ADDITIONAL DEFENDANT

TELEPHONE NUMBER

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER, : Type of Case: Civil Action
Plaintiff :
-vs- : No. 2005-00834-CD
ERIE INSURANCE GROUP, : Type of Pleading:
Defendant :
: Stipulation to
: Amend Case Caption
: Filed on Behalf of:
: Defendant
: Counsel of Record for This
Party: Matthew B. Taladay, Esq.
: Supreme Court No. 49663
: Hanak, Guido and Taladay
: 498 Jeffers Street
: P.O. Box 487
: DuBois, PA 15801
: (814) 371-7768

Date: September 28, 2005

FILED *icc*
m 110:52 AM Atty
SEP 29 2005
Taladay
William A. S.
Prothonotary Clerk of Courts

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER,
Plaintiff

-vs- : No. 2005-00834-CD

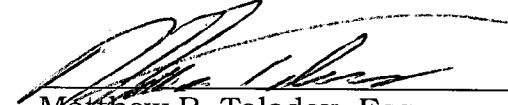
ERIE INSURANCE GROUP,
Defendant

STIPULATION TO AMEND CASE CAPTION

The parties, by their undersigned counsel, hereby stipulate
to amendment of the case caption to read as follows:

DELORES GINTER, Plaintiff
vs.
ERIE INSURANCE EXCHANGE, Defendant


Joseph Colavecchi, Esq.
Attorney for Plaintiff


Matthew B. Taladay, Esq.
Attorney for Defendant

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER, :
Plaintiff :
: :
-vs- : No. 2005-00834-CD
: :
ERIE INSURANCE GROUP, :
Defendant :
:

ORDER

AND NOW, this 27th day of September, 2005
upon Stipulation of the parties,

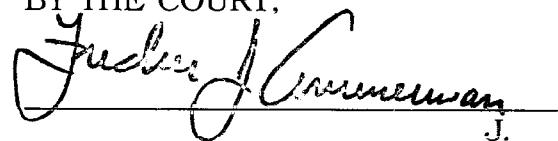
IT IS HEREBY ORDERED AND DECREED that the case
caption in the above docketed matter shall read as follows:

DELORES GINTER, Plaintiff

vs.

ERIE INSURANCE EXCHANGE, Defendant

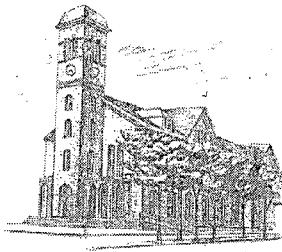
BY THE COURT,



J. C. Cunneman
J.

FILED 1cc
01/11/2005 Atty Taladecy
OCT 03 2005

William A. Shaw
Prothonotary/Clerk of Courts



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

Date: September 19, 2005

Over the past several weeks, it has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)/Attorney(s)

Defendant(s)/Attorney(s)

Other

Special Instructions:

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,
Plaintiff

-vs-

ERIE INSURANCE EXCHANGE,
Defendant

Type of Case: Civil Action

No. 2005-00834-CD

Type of Pleading:

Certificate of
Service

Filed on Behalf of:

Defendant

Counsel of Record for This
Party:

Matthew B. Taladay, Esq.
Supreme Court No. 49663
Hanak, Guido and Taladay
498 Jeffers Street
P.O. Box 487
DuBois, PA 15801

(814) 371-7768

Date: October 6, 2005

FILED NO
M 11/4/05
OCT 07 2005
S

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER,
Plaintiff

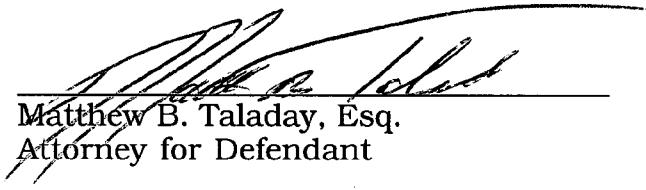
-vs- : No. 2005-00834-CD

ERIE INSURANCE EXCHANGE,
Defendant

CERTIFICATE OF SERVICE

I certify that on the 6th day of October, 2005, a Court certified copy of Stipulation to Amend Case Caption and Order of Court was sent via first class mail, postage prepaid, to the following:

Joseph H. Colavecchi, Esq.
Attorney for Plaintiff
211 East Market Street
P.O. Box 131
Clearfield, PA 16830


Matthew B. Taladay, Esq.
Attorney for Defendant

CA

FILED
 M 1/11/04 2000
 20.00
 JAN 19 2006 No CC

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
 CIVIL TRIAL LISTING

William A. Shaw
 Prothonotary/Clerk of Courts

CERTIFICATE OF READINESS

TO THE PROTHONOTARY

01/18/06

CASE NUMBER	TYPE	TRIAL REQUESTED	DATE PRESENTED
			ESTIMATED TRIAL TIME
2005-00834-CD Date Complaint Filed: 06/24/05	() Jury (x) Arbitration	() Non-Jury	_____ Days

PLAINTIFF(S)

DELORES GINTER

DEFENDANT(S)

ERIE INSURANCE EXCHANGE

ADDITIONAL DEFENDANT(S)

Check Block if
a Minor is a
Party to the
Case

()

JURY DEMAND FILED BY:

DATE JURY DEMAND FILED:

AMOUNT AT ISSUE	CONSOLIDATION	DATE CONSOLIDATION ORDERED
more than \$	() yes () no	

PLEASE PLACE THE ABOVE CAPTIONED CASE ON THE TRIAL LIST.

I certify that all discovery in the case has been completed; all necessary parties and witnesses are available; serious settlement negotiations have been conducted; the case is ready in all respects for trial, and a copy of this Certificate has been served upon all counsel of record and upon all parties of record who are not represented by counsel.

FOR THE PLAINTIFF **TELEPHONE NUMBER**

Joseph Colavecchi, Esq.

(814) 765-1566

FOR THE DEFENDANT **TELEPHONE NUMBER**

Matthew B. Taladay, Esq.

(814) 371-7768

FOR ADDITIONAL DEFENDANT **TELEPHONE NUMBER**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

DELORES W. GINTER :
vs. : No. 05-834-CD
ERIE INSURANCE EXCHANGE :
:

FILED *010-11-01* *bcc*
FEB 28 2006 *CIA*
CK

William A. Shaw
Prothonotary/Clerk of Courts

ORDER

NOW, this 27th day of February, 2006, it is the ORDER of the Court that the above-captioned matter is scheduled for Arbitration on Thursday, April 13, 2006 at 9:00 A.M. in the Conference/Hearing Room No. 3, 2nd Floor, Clearfield County Courthouse, Clearfield, PA. The following have been appointed as Arbitrators:

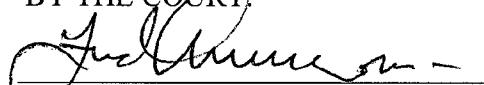
John A. Ayres, Jr., Chairman

Mark A. Falvo, Esquire

Courtney L. Kubista, Esquire

Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and each member of the Board of Arbitrators. For your convenience, a Pre-Trial (Arbitration) Memorandum Instruction Form is enclosed as well as a copy of said Local Rule of Court.

BY THE COURT


FREDERIC J. AMMERMAN
President Judge

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 101243
NO: 05-834-CD
SERVICE # 1 OF 1
SUBPOENA TO ATTEND AND TESTIFY

PLAINTIFF: DELORES GINTER
VS.
DEFENDANT: ERIE INSURANCE EXCHANGE
TO: ALAN J. KIVITZ, M.D.

SHERIFF RETURN

NOW, February 13, 2006, SHERIFF OF BLAIR COUNTY WAS DEPUTIZED BY CHESTER A. HAWKINS, SHERIFF OF CLEARFIELD COUNTY TO SERVE THE WITHIN SUBPOENA TO ATTEND AND TESTIFY ON ALAN J. KIVITZ, M.D..

NOW, February 15, 2006 AT 9:50 AM SERVED THE WITHIN SUBPOENA TO ATTEND AND TESTIFY ON ALAN J. KIVITZ, M.D., DEFENDANT. THE RETURN OF BLAIR COUNTY IS HERETO ATTACHED AND MADE PART OF THIS RETURN.

FILED
03/01/2006
MAR 01 2006
WAS
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 101243
NO: 05-834-CD
SERVICES 1
SUBPOENA TO ATTEND AND TESTIFY

PLAINTIFF: DELORES GINTER
vs.
DEFENDANT: ERIE INSURANCE EXCHANGE
TO: ALAN J. KIVITZ, M.D.

SHERIFF RETURN

RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	COLAVECCHI	8707	10.00
SHERIFF HAWKINS	COLAVECCHI	8707	27.78
BLAIR CO.	COLAVECCHI	8708	26.00

Sworn to Before Me This

____ Day of _____ 2006

So Answers,



Chester A. Hawkins
Sheriff

DATE RECEIVED

101243
DATE PROCESSED

SHERIFF'S DEPARTMENT

BLAIR COUNTY, PENNSYLVANIA
COURTHOUSE, HOLLIDAYSBURG, PA. 16648SHERIFF SERVICE
PROCESS RECEIPT, and AFFIDAVIT OF RETURN

INSTRUCTIONS:

Print legibly, insuring readability of all copies.

Do not detach any copies. BCSD ENV. #

1. PLAINTIFF / S /

Delores Ginter

2. COURT NUMBER

05-834-C0/6897T/06

3. DEFENDANT / S /

Erie Insurance Exchange et al Subpoena

4. TYPE OF WRIT OR COMPLAINT

SERVE

5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE OR DESCRIPTION OF PROPERTY TO BE LEVIED, ATTACHED OR SOLD.



6. ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)

AT

Meadowbrook Plaza 1125 Old Rt. N. Duncansville PA 16635

7. INDICATE UNUSUAL SERVICE:

 PERSONAL PERSON IN CHARGE DEPUTIZE CERT. MAIL REGISTERED MAIL POSTED OTHER

NOW, _____, I, SHERIFF OF BLAIR COUNTY, PA., do hereby depose the Sheriff of County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff.

SHERIFF OF BLAIR COUNTY

8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:

NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN — Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriffs' sale thereof.

9. SIGNATURE of ATTORNEY or other ORIGINATOR requesting service on behalf of:

Deputy G. Sheriff

 PLAINTIFF
 DEFENDANT

10. TELEPHONE NUMBER.

11. DATE

SPACE BELOW FOR USE OF SHERIFF ONLY — DO NOT WRITE BELOW THIS LINE

12. I acknowledge receipt of the writ or complaint as indicated above.

SIGNATURE of Authorized BCSD Deputy or Clerk and Title

13. Date Received

14. Expiration/Hearing date

3-14-06 3-16-06

15. I hereby CERTIFY and RETURN that I have personally served. have served person in charge. have legal evidence of service as shown in "Remarks" (on reverse) have posted the above described property with the writ or complaint described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address inserted below by hand and/or Posting a TRUE and ATTESTED COPY thereof.16. I hereby certify and return a NOT FOUND because I am unable to locate the individual, company, corporation, etc., named above. (See remarks below)

17. Name and title of individual served

Alan Kavits

18. A person of suitable age and discretion then residing in the defendant's usual place of abode. Read Order

19. Address of where served (complete only if different than shown above) (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)

Same

20. Date of Service

21. Time

2/15/06

9:50

22. ATTEMPTS Date Miles Dep. Int. Date Miles Dep. Int. Date Miles Dep. Int. Date Miles Dep. Int.

23. Advance Costs 24. 25. 26. 27. Total Costs 28. COST DUE OR REFUND

50.00 Det# 118524 021.00 5.00 26.00 124.00

30. REMARKS

AFFIRMED and subscribed to before me this

15th

SO ANSWER.

By (Sheriff/Dep. Sheriff) (Please Print or Type)

DAD/JTE

Signature of Sheriff

Date

2/15/06

MY COMMISSION EXPIRES APR. 3, 2007

My Commission Expires Apr. 3, 2007

I ACKNOWLEDGE RECEIPT OF THE SHERIFF'S RETURN SIGNATURE
Member Pennsylvania Association of Notaries

39. Date Received

SHERIFF'S RETURN OF SERVICE

() (1) The within _____ upon _____, the within named defendant by mailing to _____ by _____ mail, return receipt requested, postage prepaid _____ on the _____ a true and attested copy thereof at _____

The return receipt signed by _____ defendant on the _____ is hereto attached and made part of this return.

() (2) Outside the Commonwealth, pursuant to Pa. R.C.P. 405 (c) (1) (2), by mailing a true and attested copy thereof at _____

in the following manner.

() (a) To the defendant by () registered () certified mail, return receipt requested, postage prepaid, addressee only on the _____, said receipt being returned NOT signed by defendant, but with a notation by the Postal Authorities that defendant refused to accept the same. The returned receipt and envelope is attached hereto and made part of this return.

And thereafter:

() (b) To the defendant by ordinary mail addressed to defendant at same address, with the return address of the Sheriff appearing thereon, on the _____

I further certify that after fifteen (15) days from the mailing date, I have not received said envelope back from the Postal Authorities. A certificate of mailing is hereto attached as a proof of mailing.

() (3) By publication in a daily publication of general circulation in the County of Blair, Commonwealth of Pennsylvania, _____ time (s) with publication appearing _____

The affidavit from said publication is hereto attached.

() (4) By mailing to _____ by _____ mail, return receipt requested, postage prepaid, on the _____ a true and attested copy thereof at _____

The _____ returned by the Postal Authorities marked _____ is hereto attached.

() (5) Other _____

FILED

MAR 01 2006

CA

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,
Plaintiff

: Type of Case: Civil Action
: ~~2005-834~~
: No. ~~2002-00334~~ C.D.

-vs-

ERIE INSURANCE EXCHANGE,
Defendants

: Type of Pleading:
: Motion for
: Continuance

: Filed on Behalf of:
: Defendant

: Counsel of Record for This
: Party:

: Matthew B. Taladay, Esq.
: Supreme Court No. 49663
: Hanak, Guido and Taladay
: 498 Jeffers Street
: P.O. Box 487
: DuBois, PA 15801
: (814) 371-7768

FILED
M10:2184
MAR 01 2006
(GP)

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS
OF JEFFERSON COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER, :
Plaintiff :
: :
-vs- : No. 2005-00834 C.D.
: :
ERIE INSURANCE EXCHANGE, :
Defendant :
:

MOTION FOR CONTINUANCE

AND NOW, comes the Defendant, ERIE Insurance Exchange,
by its attorneys, Hanak, Guido and Taladay, and hereby submits the
within Motion for Continuance:

1. The above captioned matter involves a claim for a disputed insurance medical payment.
2. This matter is an appeal from a District Justice proceeding and is below the arbitration limit.
3. On February 2, 2006 Defendant was advised that an Arbitration Hearing had been scheduled for April 13, 2006.
4. A key witness for both Plaintiff and defense is Sharon Wilson, an employee of ERIE Insurance Exchange who resides in Erie, Pennsylvania.

5. Well prior to scheduling the hearing, Ms. Wilson had purchased and paid for non-refundable airline tickets to visit family out of state over the Easter weekend.

6. The Defendant will be severely prejudiced by the inability of this witness in the event that a continuance is not granted.

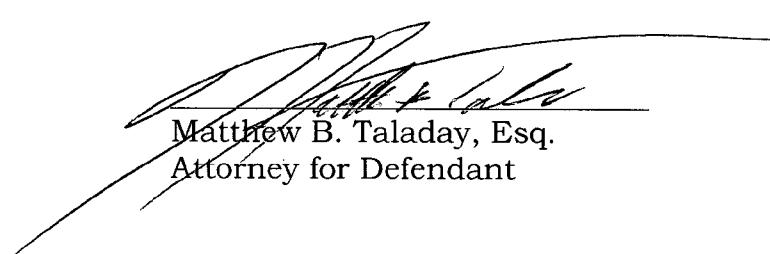
7. Counsel for the Plaintiff in this matter does not consent to the request for continuance.

8. It is respectfully requested that the court grant a continuance until the next available arbitration date.

WHEREFORE, it is respectfully requested that this Motion for Continuance be granted.

Respectfully submitted,

HANAK, GUIDO and TALADAY



Matthew B. Taladay, Esq.
Attorney for Defendant

IN THE COURT OF COMMON PLEAS
OF JEFFERSON COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER,

Plaintiff

-vs-

No. 2005-00834 C.D.

ERIE INSURANCE EXCHANGE,

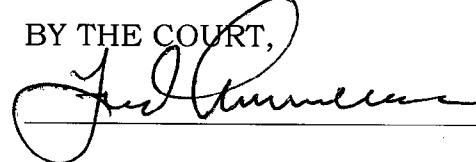
Defendant

ORDER OF COURT

AND NOW, this 1st day of March, 2006, the

Motion of Defendant, ERIE Insurance Exchange, for continuance is granted. The Court Administrator is directed to list this matter for arbitration on the next available arbitration date.

BY THE COURT,



J.

FILED *acc*
01/03/2006 *BN*
MAR 03 2006 *Atty Tala day*
(60)

William A. Shaw
Prothonotary/Clerk of Courts

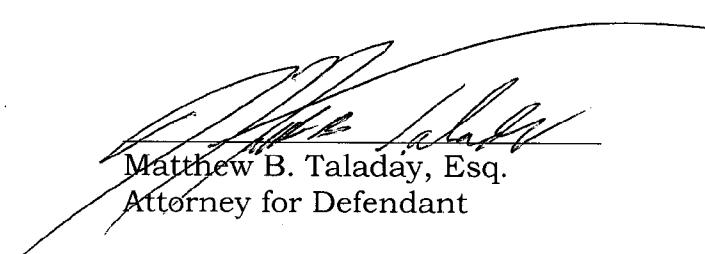
IN THE COURT OF COMMON PLEAS
OF JEFFERSON COUNTY, PENNSYLVANIA
CIVIL ACTION

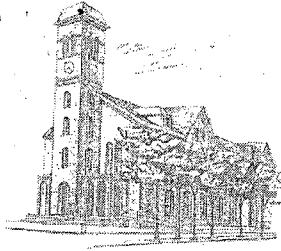
DELORES GINTER, :
Plaintiff :
: :
-vs- : No. 2005-00834 C.D.
: :
ERIE INSURANCE EXCHANGE, :
Defendant :
:

CERTIFICATE OF SERVICE

I certify that on the 28th day February, 2006, a true and correct copy of Motion for Continuance was sent via first class mail, postage prepaid, to the following:

Joseph Colavecchi, Esq.
Attorney for Plaintiff
Colavecchi & Colavecchi
P.O. Box 131
Clearfield, PA 16830


Matthew B. Taladay, Esq.
Attorney for Defendant



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

DATE: 3/3/06

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)/Attorney(s)

Defendant(s)/Attorney(s)

Other

Special Instructions:

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,
Plaintiff : Type of Case: Civil Action
2005- 834- C.D.
No. 2002-00334 C.D.
-vs-
ERIE INSURANCE EXCHANGE,
Defendants : Type of Pleading:
Certificate of
Service
: Filed on Behalf of:
Defendant
: Counsel of Record for This
Party:
Matthew B. Taladay, Esq.
Supreme Court No. 49663
Hanak, Guido and Taladay
498 Jeffers Street
P.O. Box 487
DuBois, PA 15801
(814) 371-7768

FILED NOCC
M 10 44 61
MAR 07 2006
S

William A. Shaw
Prothonotary/Clerk of Courts

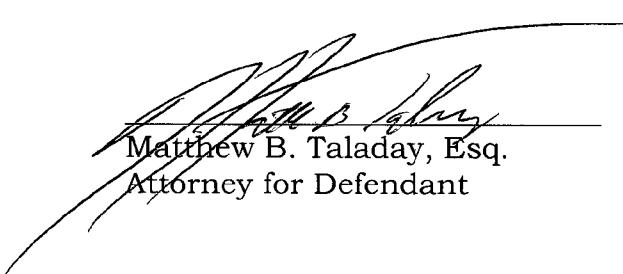
IN THE COURT OF COMMON PLEAS
OF JEFFERSON COUNTY, PENNSYLVANIA
CIVIL ACTION

DELORES GINTER, :
Plaintiff :
: :
-vs- : No. 2005-00834 C.D.
: :
ERIE INSURANCE EXCHANGE, :
Defendant :
:

CERTIFICATE OF SERVICE

I certify that on the 6th day March, 2006, a true and correct copy of Order of Court dated March 1, 2006 was sent via first class mail, postage prepaid, to the following:

Joseph Colavecchi, Esq.
Attorney for Plaintiff
Colavecchi & Colavecchi
P.O. Box 131
Clearfield, PA 16830


Matthew B. Taladay, Esq.
Attorney for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DELORES GINTER,

Plaintiff

Vs.

ERIE INSURANCE GROUP,

Defendant

CIVIL DIVISION

No. 05 - 834 - CD

PRAECIPE TO DISCONTINUE

Filed on Behalf of:

Plaintiff, DELORES GINTER

Counsel of Record for This Party:

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830

814/765-1566

FILED

4/12/07 cm *1Cet of dis*
No cc

APR 11 2006 *Issued to*
Attn: J. Colavecchi

William A. Shaw *Copy to C/A*
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

DELORES GINTER,

Plaintiff : No. 05 - 834 - CD

Vs.

ERIE INSURANCE GROUP,

Defendant :

PRAECIPE TO DISCONTINUE

TO: WILLIAM SHAW, PROTHONOTARY

Please mark the above-captioned action as discontinued,
settled and ended.


JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff

4/1/06

DATE

Law Offices
COLAVECCHI & COLAVECCHI

Joseph Colavecchi
Paul Colavecchi

221 East Market Street
(across from Courthouse)
P.O. Box 131
Clearfield, Pennsylvania 16830
(814) 765-1566
(800) 953-1566

FAX
(814) 765-4570

April 7, 2006

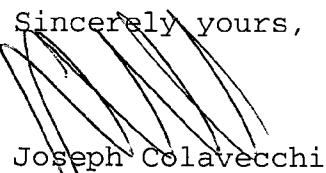
William A. Shaw, Prothonotary
Clearfield County Courthouse
P.O. Box 549
Clearfield, PA 16830

In Re: Delores Ginter vs. Erie Insurance

Dear Mr. Shaw:

I am enclosing, herein, a Praeclipe to Discontinue the above-captioned case.

A copy is being sent to Matthew Taladay, attorney for defendant.

Sincerely yours,

Joseph Colavecchi

JC:llh
Enclosure

cc: Delores Ginter
Matthew Taladay, Attorney at Law

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

Delores Ginter

Vs.
Erie Insurance Exchange

No. 2005-00834-CD

COPY

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 April 11, 2006, marked:

Discontinued, settled and ended

Joseph Colavecchi Esq., paid \$105.00 and
Matthew B. Taladay Esq. paid \$20.00

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 11th day of April A.D. 2006.



William A. Shaw, Prothonotary