

06-755-CD  
May L. Carson vs William Brunner

Mary Carson vs William Brunner  
2006-755-CD

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

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

No. 06 - 755 - CD

Type of case: Civil

Type of pleading: Complaint

Filed on behalf of: Plaintiff,  
Mary Louise Carson

Counsel for Plaintiff:  
Frederick M. Neiswender, Esquire  
Supreme Court No. 74456

NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, Pennsylvania 16830  
(814) 765-6500

**FILED**

MAY 12 2006

0/11:55/10

William A. Shaw

Prothonotary/Clerk of Courts

3 cert to Arts

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

MARY LOUISE CARSON,	:	
Plaintiff,	:	
	:	
vs.	:	No. 06 - - CD
	:	
WILLIAM S. BRUNNER,	:	
Defendant.	:	

**NOTICE TO DEFEND**

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.**

COURT ADMINISTRATOR  
1 North Second Street  
Clearfield, Pennsylvania 16830  
(814) 765-2641

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

MARY LOUISE CARSON,	:	
Plaintiff,	:	
	:	
vs.	:	No. 06 - - CD
	:	
WILLIAM S. BRUNNER,	:	
Defendant.	:	

**COMPLAINT**

AND NOW, comes the Plaintiff, MARY LOUISE CARSON, by and through her attorneys, NEISWENDER & KUBISTA, and files this Complaint against the Defendant, WILLIAM S. BRUNNER, on a cause of action upon which the following is a statement:

**COUNT I**

**MARY LOUISE CARSON V. WILLIAM S. BRUNNER**

1. The Plaintiff, Mary Louise Carson, is an adult individual residing at P.O. Box 325, Madera, Clearfield County, Pennsylvania 16661.
2. The Defendant, William S. Brunner, is an adult individual residing at 1716 Evergreen Drive, Coalport, Clearfield County, Pennsylvania 16627.
3. That the events hereinafter complained of occurred on or about the 13<sup>th</sup> day of May 2004, at approximately 2:00 p.m. in Madera, Clearfield County, Pennsylvania.
4. That the events hereinafter complained of occurred at the residence of the Plaintiff located at Madera, Bigler Township, Clearfield County, Pennsylvania at the corner of State Route 2009 and Township Route 559.

5. That on or about the above date and time, intending to cause harmful and offensive contact with the person of the Plaintiff, the Defendant did grab the Plaintiff, throw her to the ground, and proceed to hit and kick her about the arms, legs and torso.

6. That all such conduct by Defendant was done without privilege and was against the will, wishes and without the consent of the Plaintiff.

7. That such conduct on the part of Defendant was done without provocation of any type on the part of the Plaintiff.

8. That the injuries and damages suffered by the Plaintiff as hereinafter set forth were caused by, and were the sole, legal, direct and proximate result of the willfulness and outrageousness of the Defendant as set forth above.

9. That the Plaintiff sustained the following serious and severe injuries, some or all of which may be permanent in nature:

- (a) Injuries and damage in and about the muscles, ligaments, tissues, nerves, bones and joints and intervertebral discs of the neck, back and spine including, but not limited to severe injury to the lumbosacral region;
- (b) Injuries and damage in and about the muscles, ligaments, tissues, nerves, bones and joints of the legs, ankles and feet;
- (c) Injuries and damage in and about the muscles, ligaments, tissues, nerves, bones and joints of the arms, hands and wrists;
- (d) Lacerations, contusions and abrasions about the arms, legs and back;
- (e) Severe emotional distress;
- (f) A possible aggravation of a pre-existing, non-disabling and asymptomatic condition;
- (g) Shock and injuries to the nerves and nervous system;

- (h) Internal injuries;
- (i) Other serious and severe injuries.

10. That as the sole, legal, direct and proximate result of the willfulness and outrageousness of the Defendant as set forth above, the Plaintiff has suffered the following damages:

- (a) She has suffered great bodily pain and suffering, inconvenience, embarrassment, severe emotional distress and mental anguish, to her great detriment and loss;
- (b) She has sustained serious and permanent injury, for the treatment of which she has incurred medical bills and expenses and will probably incur additional medical bills in the future;
- (c) She has suffered a loss of earnings and/or earning capacity;
- (d) She has suffered an interruption of her daily habits and pursuits to her great and permanent detriment and loss;
- (e) Her general health, strength and vitality have been impaired;
- (f) She has been unable to enjoy the ordinary pleasures of life;
- (g) She stands at risk for the onset of traumatic arthritis;
- (h) She stands at risk for further surgeries, medical services and/or treatments.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter judgment, including punitive damages, in her behalf and against the Defendant, William S. Brunner, in an amount in excess of Twenty Thousand Dollars (\$20,000.00), exclusive of interest and cost of the suit.

## **COUNT II**

### **MARY LOUISE CARSON V. WILLIAM S. BRUNNER**

11. That the Plaintiff hereby incorporates by reference the allegations in Paragraphs 1 through 10 above as though set forth at length herein.

12. That on the above mentioned date and time, the Defendant through verbal threats and physical conduct intended to cause harmful and offensive contact with the person of the Plaintiff and to place Plaintiff in imminent apprehension of such conduct.

13. That as a result of same, Plaintiff was thereby placed in imminent apprehension of harm and physical contact.

14. That on the above mentioned date and time, the Defendant intended to cause harm and imminent apprehension of bodily contact in Plaintiff which through such conduct became known to Plaintiff who believed said contact and harm would result.

15. That the injuries and damages as herein set forth above were caused by, and were the sole, legal, direct and proximate result of the willfulness and outrageousness of the Defendant as set forth above.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter judgment, including punitive damages, in her behalf and against the Defendant, William S. Brunner, in an amount in excess of Twenty Thousand Dollars (\$20,000.00), exclusive of interest and cost of the suit.

**COUNT III**

**MARY LOUISE CARSON V. WILLIAM S. BRUNNER**

16. That the Plaintiff hereby incorporates by reference the allegations in Paragraphs 1 through 15 above as though set forth at length herein.

17. That the conduct herein set forth above constituted extreme and outrageous conduct on the part of the Defendant who intended to cause severe emotional distress to the Plaintiff and in fact caused severe emotional distress and bodily harm to Plaintiff as a result of such conduct.

18. That the injuries and damages as herein set forth above were caused by, and were the sole, legal, direct and proximate result of said extreme and outrageous conduct intended by the Defendant to cause such harm to the Plaintiff.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter judgment, including punitive damages, in her behalf and against the Defendant, William S. Brunner, in an amount in excess of Twenty Thousand Dollars (\$20,000.00), exclusive of interest and cost of the suit.



**COUNT IV**

**MARY LOUISE CARSON V. WILLIAM S. BRUNNER**

19. That the Plaintiff hereby incorporates by reference the allegations in Paragraphs 1 through 18 above as though set forth at length herein.

20. That in the alternative the above described injuries and damages were not intended by the Defendant to be inflicted upon the Plaintiff and said conduct on the part of the Defendant constituted negligence.

21. That the injuries and damages as herein set forth above were caused by, and were the sole, legal, direct and proximate result of the negligence of the Defendant as aforesaid.

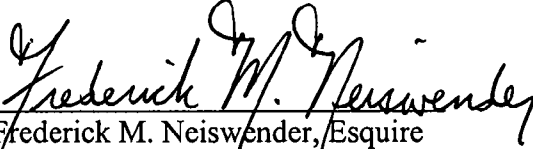
WHEREFORE, Plaintiff respectfully requests that this Honorable Court enter judgment, including punitive damages, in her behalf and against the Defendant, William S. Brunner, in an amount in excess of Twenty Thousand Dollars (\$20,000.00), exclusive of interest and cost of the suit.

**DEMAND FOR JURY TRIAL**

Plaintiff, Mary Louise Carson, by and through her undersigned counsel, hereby demands a trial by jury.

Respectfully submitted,

NEISWENDER & KUBISTA

  
Frederick M. Neiswender, Esquire  
Counsel for Plaintiff

MARY LOUISE CARSON hereby states that she is the Plaintiff in this action and that the statements of fact made in the foregoing Complaint are true and correct upon personal knowledge. The undersigned understands that the statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

DATE: 10/26/05

Mary Louise Carson  
MARY LOUISE CARSON

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 101530  
NO: 06-755-CD  
SERVICE # 1 OF 1  
COMPLAINT

PLAINTIFF: MARY LOUISE CARSON  
vs.  
DEFENDANT: WILLIAM S. BRUNNER

SHERIFF RETURN

NOW, May 22, 2006 AT 11:05 AM SERVED THE WITHIN COMPLAINT ON WILLIAM S. BRUNNER DEFENDANT AT 1716 EVERGREEN DRIVE, COALPORT, CLEARFIELD COUNTY, PENNSYLVANIA, BY HANDING TO WILLIAM BRUNNER, DEFENDANT A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN THE CONTENTS THEREOF.

SERVED BY: DAVIS / MORGILLO

**FILED**  
06/30/06  
MAY 24 2006  
William A. Shaw  
Prothonotary/Clerk of Courts

PURPOSE	VENDOR	CHECK #	AMOUNT
SURCHARGE	NEISWENDER	2164	10.00
SHERIFF HAWKINS	NEISWENDER	2164	43.31

Sworn to Before Me This

\_\_\_\_\_ Day of \_\_\_\_\_ 2006

So Answers,

  
Chester A. Hawkins  
Sheriff

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

MARY LOUISE CARSON,  
Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,  
Defendant

Type of Pleading  
ANSWER, NEW MATTER  
AND COUNTERCLAIM  
OF THE DEFENDANT

Filed on Behalf of:  
Defendant

Counsel of Record for  
this Party:

Richard A. Bell, Esquire  
PA I.D. #06808  
BELL, SILBERBLATT &  
WOOD  
318 East Locust Street  
P.O. Box 670  
Clearfield, PA 16830

(814) 765-5537

FILED <sup>no cc</sup>  
9/3/28/01  
JUN 02 2008

William A. Shaw  
Prothonotary/Clerk of Courts

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

MARY LOUISE CARSON,

Plaintiff

No. 06-755-CD

VS

WILLIAM S. BRUNNER,

Defendant

NOTICE TO PLEAD

TO: Mary Louise Carson  
Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

You are hereby notified to file a written response to the enclosed New Matter and Counterclaim within twenty (20) days from service hereof or a judgment may be entered against you.



Richard A. Bell, Esquire  
Attorney for Defendant

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

MARY LOUISE CARSON,  
Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,  
Defendant

ANSWER, NEW MATTER AND COUNTERCLAIM

NOW COMES the Defendant, William S. Brunner, with his attorney Richard A. Bell, Esquire of Bell, Silberblatt & Wood and files the following Answer, New Matter and Counterclaim to the Complaint of the Plaintiff:

COUNT I.

1. Admitted.

2. Admitted.

3. It is admitted that the Defendant did come to the property of the Plaintiff to repossess his horse on or about May 13, 2004, but it is denied that the events took place as alleged in this Complaint.

4. It is admitted that the Defendant did come to the Plaintiff's property for the purpose of repossessing his horse, but it is denied the events took place as stated in this Complaint.

5. The allegations of paragraph five are denied, and in further answer thereto, it is alleged that as the Defendant was seeking to repossess his horse, the Plaintiff attacked him with a broom, and in self defense he took the broom from her, but at no time did he have any physical contact with the person of the Plaintiff. The allegations of this paragraph as to the Defendant hitting, and kicking the Plaintiff and throwing her down are entirely false, irresponsible and frivolous.

6. The allegations of paragraph six are denied and in further answer thereto, it is stated that the conduct alleged by the Plaintiff never took place.

7. Paragraph seven is denied as the conduct alleged did not take place and the only action by the Defendant was to protect himself from the attack by the Plaintiff.

8. Paragraph eight is denied. It is specifically denied that the Plaintiff suffered any injuries or damages caused by the Defendant.

9. Paragraph nine is denied and it is alleged that none of the injuries alleged

in paragraph nine or any of its subparagraphs were caused by the Defendant.

10. It is denied that any of the allegations of paragraph ten or its subparagraphs were caused by the Defendant.

WHEREFORE, Defendant requests that Count I of the Plaintiff's Complaint be dismissed.

## COUNT II

11. The answers to paragraphs one through ten are incorporated by reference.

12. Paragraph twelve is denied. The Defendant did nothing either verbally or physically with any intention to cause harm to the person of the Plaintiff, and to place the Plaintiff in apprehension of harm. The only thing Defendant did was to protect himself from the attack upon his person by the Plaintiff.

13. It is denied that the Plaintiff was placed in any apprehension of harm or physical contact by any actions of the Defendant.

14. Paragraph fourteen is denied. This is simply a repetition of previous



paragraphs, and it is specifically denied that the Defendant had any intent to cause harm or apprehension to the Plaintiff, and did not do so.

15. Paragraph fifteen is denied, and again it is a repetition of previous paragraphs, and it is specifically denied that the Defendant is responsible for any damages suffered by the Plaintiff.

WHEREFORE, the Defendant respectfully requests that Count II of the Complaint of the Plaintiff be dismissed.

### COUNT III

16. The answers to paragraphs one through fifteen are incorporated herein by reference.

17. Paragraph seventeen is a legal conclusion which does not require an answer, but to the extent that an answer is required, it is denied that the Defendant engaged in any extreme and outrageous conduct, and it is further denied that he intended to cause any kind of distress to the Plaintiff or that he did cause any such distress or bodily harm.

18. Paragraph eighteen is denied. It is denied that any of the injuries and

damages as alleged in this Complaint were caused by the Defendant or that he engaged in any extreme and outrageous conduct.

WHEREFORE, the Defendant respectfully requests that Count III of the Plaintiff's Complaint be dismissed.

#### COUNT IV

19. The answers to paragraphs one through eighteen are hereby incorporated by reference.

20. Paragraph twenty is denied. It is specifically denied that the Defendant engaged in any negligent conduct.

21. It is denied that any of the injuries and damages as set forth in this Complaint was the result of any conduct of the Defendant either intentional or negligent.

WHEREFORE, the Defendant respectfully requests that Count IV of the Plaintiff's Complaint be dismissed.

### NEW MATTER

In further answer to the Complaint of the Plaintiff the Defendant alleges the following New Matter:

22. Prior to the events alleged in the Complaint, the Plaintiff agreed to purchase a stallion from the Defendant. As the result the Plaintiff obtained possession of the stallion, but would not pay for it. The Defendant brought a claim against the Plaintiff before the District Justice resulting in a judgment in Defendant's favor. Plaintiff appealed to Arbitration, and the Arbitrators again found for Defendant entering an Award in Defendant's favor.

23. More than a month after the date of the Award, the Plaintiff had still not paid the Judgement, but still possessed the stallion. On or about May 13, 2004, the Defendant went to Plaintiff's barn to repossess the horse.

24. While the Defendant was placing a halter on the horse, the Plaintiff attacked him with a broom. The Defendant took the broom from Plaintiff and threw the broom down on the barn floor, but at no time did Plaintiff have any physical contact with the Plaintiff.

25. Defendant took the horse to his property, but at sometime someone cut

his fences and retook the horse.

### COUNTERCLAIM

In further answer thereto, the Defendant files the following Counterclaim against the Plaintiff.

26. As the result of the conduct of Plaintiff or her agents, Defendant's property has been damaged and destroyed in the amount of approximately One Hundred and Twenty-Five (\$125.00) Dollars.

27. The Plaintiff has been slandering the Defendant by telling vicious lies and ascribing to him despicable conduct to others to his great detriment.

28. The untrue stories and conduct relayed to others by Plaintiff has caused the Defendant great embarrassment and humiliation, has caused great damage to his reputation, and has caused the public to lose confidence in him, and resulted in a loss of business to his great detriment.

29. As a further result of the conduct of the Plaintiff the Defendant has suffered a loss of business in an amount that cannot be calculated at this time.

30. As a further result of the conduct of the Plaintiff, the Defendant has

suffered a loss of his reputation for honesty, decency and fair dealing, and further his character has been damaged to his great humiliation and embarrassment.

31. In addition to the other damages suffered by the Defendant because of the conduct of the Plaintiff, Defendant alleges that this Complaint, and the facts stated therein are false, irresponsible and frivolous, and the Defendant demands that the Plaintiff pay his attorneys fees and costs.

WHEREFORE, the Defendant respectfully requests that your Honorable Court enter Judgment in his favor against the Plaintiff in an amount in excess of Twenty Thousand (\$20,000.00) Dollars.

BELL, SILBERBLATT & WOOD  
BY

A handwritten signature in cursive script, reading "Richard A. Bell", is written over a horizontal line.

Richard A. Bell, Esquire  
Attorney for Defendant

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

MARY LOUISE CARSON,  
Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,  
Defendant

VERIFICATION

I verify that the statements made in this Answer, New Matter and Counterclaim 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.

William S. Brunner  
WILLIAM S. BRUNNER

DATE: 6-2-06

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

MARY LOUISE CARSON,

Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,

Defendant

Defendant

CERTIFICATE OF SERVICE

I hereby certify that a copy of the Answer, New Matter and Counterclaim of the Defendant in the above matter was mailed the 2 day of June, 2006 by regular mail postage prepaid at the post office in Clearfield, PA 16830 to the following:

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830



Richard A. Bell, Esquire  
Attorney for Defendant

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

MARY LOUISE CARSON,  
Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,  
Defendant

Type of Pleading  
TEN DAY NOTICE

Filed on Behalf of:  
Defendant

Counsel of Record for  
this Party:

Richard A. Bell, Esquire  
PA I.D. #06808  
BELL, SILBERBLATT &  
WOOD  
318 East Locust Street  
P.O. Box 670  
Clearfield, PA 16830

(814) 765-5537

FILED <sup>NO</sup>ce  
0/13/30/01  
JUL 10 2008

William A. Shaw  
Prothonotary/Clerk of Courts



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

MARY LOUISE CARSON,

Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,

Defendant

Mary Louise Carson,  
C/O Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

Date of Notice: July 10, 2006

IMPORTANT NOTICE


YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO FILE A REPLY TO THE NEW MATTER AND COUNTERCLAIM OF THE DEFENDANT IN THIS CASE. UNLESS YOU ACT WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE, A JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT A HEARING AND YOU MAY LOSE YOUR RIGHT TO SUE THE DEFENDANT AND THEREBY LOSE PROPERTY OR OTHER IMPORTANT RIGHTS.

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

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

Court Administrator  
CLEARFIELD COUNTY COURTHOUSE  
Clearfield, PA 16830  
(814) 765-2641

Regular Mail AND  
Certified Mail No.  
7001 2510 0003 0263 6703

  
Richard A. Bell, Esquire, Atty-Defendant  
318 East Locust Street  
P.O. Box 670  
Clearfield, PA 16830  
(814) 765-5537

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

MARY LOUISE CARSON,

Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,

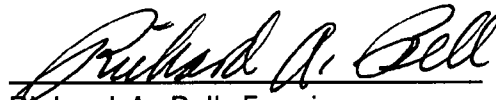
Defendant

Defendant

CERTIFICATE OF SERVICE

I hereby certify that a copy of the Ten (10) Day Notice filed on behalf of the Defendant in the above matter was mailed the 10th day of July, 2006 by regular mail and certified mail postage prepaid at the post office in Clearfield, PA 16830 to the following:

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830  
Certified Mail No. 7001 2510 0003 0263 6703



Richard A. Bell, Esquire  
Attorney for Defendant

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

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

No. 06 - 755 - CD

Type of case: Civil

Type of pleading: Reply to New Matter  
and Answer to Counterclaim

Filed on behalf of: Plaintiff,  
Mary Louise Carson

Counsel for Plaintiff:  
Frederick M. Neiswender, Esquire  
Supreme Court No. 74456

NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, Pennsylvania 16830  
(814) 765-6500

**FILED** 3cc  
01312364  
JUL 12 2006  
William A. Shaw  
Prothonotary/Clerk of Courts  
Att'y Neiswender

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

MARY LOUISE CARSON,	:	
Plaintiff,	:	
	:	
vs.	:	No. 06 - 755 - CD
	:	
WILLIAM S. BRUNNER,	:	
Defendant.	:	

**REPLY TO NEW MATTER**

NOW, comes the Plaintiff, MARY LOUISE CARSON, by and through her attorney, FREDERICK M. NEISWENDER, ESQUIRE and makes her Reply to Defendant's New Matter as follows:

22. Paragraph 22 is Admitted in Part and Denied in Part. It is admitted that judgments had been entered in favor of Defendant, it is denied that Plaintiff agreed to purchase the stallion from Defendant. To the contrary, Plaintiff repeatedly asked Defendant to take the stallion back to his property.
23. Paragraph 23 is Admitted. By way of further reply, on May 13, 2004 Defendant went uninvited onto Plaintiff's property with the intent of using illegal force to repossess the horse rather than employing legal means to have his judgment satisfied.
24. Paragraph 24 is Denied. To the contrary, Plaintiff asked Defendant to leave her property at which time Defendant grabbed the broom Plaintiff was holding threw her to the ground and proceeded to hit and kick her causing serious and permanent injuries. Defendant then forcibly removed the horse from Plaintiff's property. Defendant was later convicted of Harassment following a hearing before District Judge James Hawkins.

25. Paragraph 25 is neither Admitted nor Denied. Following investigation by the Plaintiff, she is without sufficient information to either Admit or Deny Defendant's ambiguous averment.

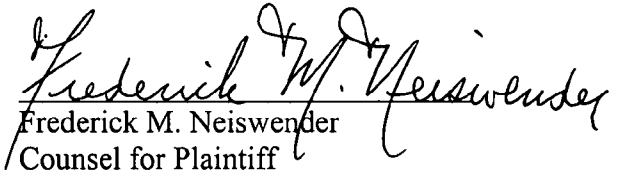
**ANSWER TO COUNTERCLAIM**

NOW, comes the Plaintiff, MARY LOUISE CARSON, by and through her attorney, FREDERICK M. NEISWENDER, ESQUIRE and makes her Answer to Defendant's Counterclaim as follows:

26. Paragraph 26 is Denied. It is denied that Plaintiff or her agents damaged or destroyed Defendant's property.
27. Paragraph 27 is Denied. It is denied that Plaintiff has slandered Defendant to his detriment.
28. Paragraph 28 is Denied. It is denied that Plaintiff has caused Defendant embarrassment and humiliation, damage to his reputation and public loss of confidence resulting in loss of business to his detriment.
29. Paragraph 29 is Denied. It is denied that Plaintiff has caused Defendant loss of business to his detriment.
30. Paragraph 30 is Denied. It is denied that Plaintiff has caused Defendant a loss of his reputation for honesty, decency and fair dealing and damaged his character.
31. Paragraph 31 is Denied. It is denied that Plaintiff has caused Defendant any loss. It is further denied that the facts as stated in the Complaint are false, irresponsible and frivolous and the Plaintiff should pay Defendant's attorney's fees and costs.

WHEREFORE, Plaintiff respectfully requests that this Court dismiss Defendant's Counterclaim and enter judgment in favor of the Plaintiff.

Respectfully submitted,

  
Frederick M. Neiswender  
Counsel for Plaintiff

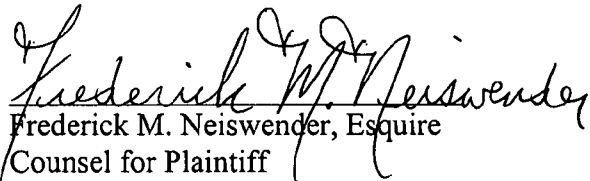
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

MARY LOUISE CARSON,	:	
Plaintiff,	:	
	:	
vs.	:	No. 06 - 755 - CD
	:	
WILLIAM S. BRUNNER,	:	
Defendant.	:	

**CERTIFICATE OF SERVICE**

I, Frederick M. Neiswender, Esquire, hereby certify that service of the foregoing Reply to New Matter and Answer to Counterclaim were made upon William S. Brunner, by mailing, first class, postage prepaid, a true copy to the office of his attorney of record, Richard A. Bell, Esquire, on July 12, 2006, at the following address:

Richard A. Bell, Esquire  
Bell, Silberblatt & Wood  
318 East Locust Street  
P.O. Box 670  
Clearfield, Pennsylvania 16830

  
Frederick M. Neiswender, Esquire  
Counsel for Plaintiff  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, Pennsylvania 16830

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 06 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Appearance

Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED <sup>NO CC</sup>  
m 11:17 AM  
AUG 09 2006 

William A. Shaw  
Prothonotary/Clerk of Courts



MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Division  
\*  
\*  
\*  
\* Number 06 - 755 C.D.

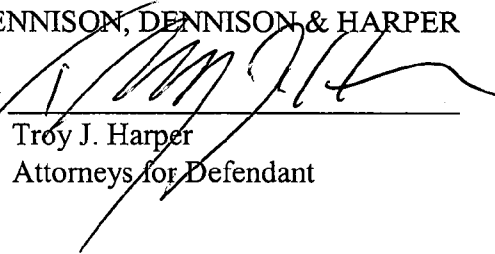
**APPEARANCE**

**TO WILLIAM SHAW, CLEARFIELD COUNTY PROTHONOTARY:**

Enter our Appearance on behalf of the Defendant, WILLIAM S. BRUNNER, in regard to the above-captioned matter.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

Dated: August 8, 2006

### **CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing Appearance was served on the  
8<sup>th</sup> day of August, 2006, by United States Mail, First Class, Postage Prepaid, addressed to the  
following:

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

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

MARY LOUISE CARSON,  
Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,  
Defendant

Type of Pleading  
PRAECIPE TO WITHDRAW  
APPEARANCE

Filed on Behalf of:  
Defendant

Counsel of Record for  
this Party:

Richard A. Bell, Esquire  
PA I.D. #06808  
BELL, SILBERBLATT &  
WOOD  
318 East Locust Street  
P.O. Box 670  
Clearfield, PA 16830

(814) 765-5537

FILED NOCC  
013:2861  
AUG 14 2008

William A. Shaw  
Prothonotary/Clerk of Courts

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

MARY LOUISE CARSON,  
Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,  
Defendant

TO: WILLIAM A. SHAW, PROTHONOTARY

PRAECIPE TO WITHDRAW APPEARANCE

Please withdraw my Appearance as counsel on behalf of the above named  
Defendant.

BELL, SILBERBLATT & WOOD  
BY

DATED: 8-14-06

  
Richard A. Bell, Esquire

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

MARY LOUISE CARSON,

Plaintiff

No. 06-755-CD

vs

WILLIAM S. BRUNNER,

Defendant

Defendant

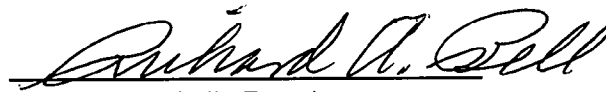
CERTIFICATE OF SERVICE

I hereby certify that a copy of the Praecipe To Withdraw Appearance in the  
above matter was mailed the 14 day of August, 2006 by regular  
mail postage prepaid at the post office in Clearfield, PA 16830 to the following:

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

Mr. William Brunner  
1716 Evergreen Drive  
Coalport, PA 16627

Troy J. Harper, Esquire  
DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, PA 15825-1291



Richard A. Bell, Esquire  
Attorney for Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper

Supreme Court Number: 74753

John C. Dennison, II

Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED No CC.  
m/10:50 am  
JUN 13 2007 (m)

William A. Shaw  
Prothonotary/Clerk of Courts

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania

\*

\* Civil Division

\*

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\* Number 2006 - 755 C.D.

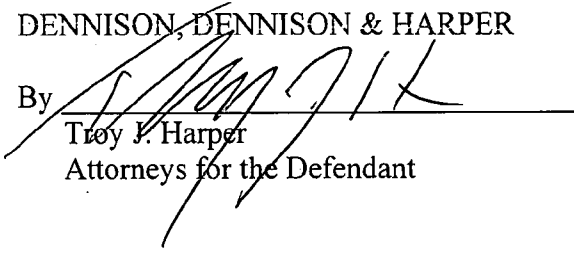
### CERTIFICATE OF SERVICE

I certify that an original and one certified copy of the First Set of Interrogatories Directed to the Plaintiff and an original and one certified copy of the First Set of Request for Production of Documents Directed to the Plaintiff was served on the 11<sup>th</sup> day of June, 2007, by United States Mail, First Class, postage prepaid, addressed to the following:

Frederick M. Neiswender, Esq.  
Neiswender & Kubista  
501 East Market Street, Suite 3  
Clearfield, Pennsylvania 16830

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 06 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Motion to Compel

Filed on behalf of: Defendant,  
William S. Brunner

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED  
NOV 02 2007  
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(GR)

William A. Shaw  
Prothonotary/Clerk of Courts



MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania

\*

\* Civil Action - Law

\*

\*

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\*

\* Number 06 - 755 C.D.

### **MOTION TO COMPEL**

AND NOW, comes the Defendant, WILLIAM S. BRUNNER, by his attorneys,  
Dennison, Dennison & Harper, who file the following Motion to Compel pursuant to Pa.R.C.P.  
4019:

1. On or about May 12, 2006, the Plaintiff filed a Complaint alleging that on May 13, 2004, the Defendant grabbed her, threw her to the ground and proceeded to hit and kick her and that she sustained injuries from the alleged act at her residence located at Madera, Bigler Township, Clearfield County, Pennsylvania, at the corner of State Route 2009 and Township Route 559.

2. On or about June 2, 2006, the Defendant, William S. Brunner, filed an Answer, New Matter and Counterclaim to the Plaintiff's Complaint denying said allegations, through his legal counsel at the time, Richard A. Bell, Esquire.

3. On or about July 12, 2006, the Plaintiff filed a Reply to New Matter and Answer to Counterclaim.

4. On or about August 8, 2006, Troy J. Harper entered his Appearance on behalf of the Defendant, William S. Brunner, and on or about August 14, 2006, Richard A. Bell, Esquire withdrew his Appearance of behalf of the Defendant.

5. On or about June 11, 2007, the Defendant, through his counsel, Troy J. Harper, served a First Set of Interrogatories and a First Set of Request for Production of Documents Directed to the Plaintiff upon counsel for the Plaintiff. A true and correct copy of the Interrogatories, Request for Production of Documents and the Certificate of Service are attached hereto as Exhibit "A" and made part hereof.

6. Pursuant to Pa.R.C.P. 4006 (a)(2) and 4009.12, the Plaintiff's Answers to the Interrogatories and Request for Production of Documents were due on or before July 11, 2007.

7. The Plaintiff failed to answer the Interrogatories and Request for Production of Documents by July 11, 2007.

8. By letter dated October 8, 2007, directed to counsel for the Plaintiff, counsel for the Defendant, William S. Brunner, requested that the Plaintiff respond to the Interrogatories and Request for Production of Documents. A true and correct copy of Defendant's counsel's file copy of the letter dated October 8, 2007, is attached hereto as Exhibit "B" and made part hereof.

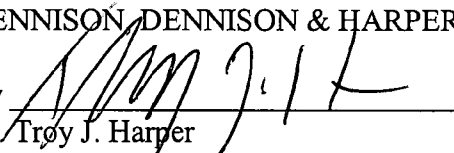
9. To date, the Plaintiff has failed to respond to the Interrogatories and Request for Production of Documents.

**WHEREFORE**, the Defendant, William S. Brunner, requests this Honorable Court to enter an Order directing the Plaintiff to file full and complete answers to the Interrogatories and responses to the Request for Production of Documents within twenty (20) days, and, if the

Plaintiff fails to file full and complete answers within the allotted time, to impose appropriate sanctions and such other relief the Court deems appropriate.

DENNISON DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant,  
William S. Brunner

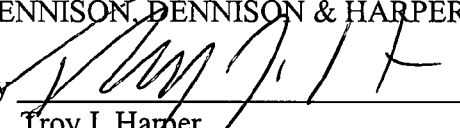
**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing Motion to Compel was served on the  
1<sup>st</sup> day of NOVEMBER 2007, by United States Mail, First Class, postage prepaid,  
addressed to the following:

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street  
Suite 3  
Clearfield, PA 16830

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant,  
William S. Brunner

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: First Set of Interrogatories  
Directed to Plaintiff

Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

EXHIBIT

" A "

MARY LOUISE CARSON,  
Plaintiff,

vs.

WILLIAM S. BRUNNER,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Division  
\*  
\*  
\*  
\*  
\* Number 2006 - 755 C.D.

**FIRST SET OF INTERROGATORIES DIRECTED TO PLAINTIFF**

**TO: MARY LOUISE CARSON:**

You are hereby required to answer the following Interrogatories under oath, pursuant to the Pennsylvania Rules of Civil Procedure, within thirty (30) days after service hereof. These Interrogatories shall be deemed continuing so as to require supplemental answers if further information not contained in the answers to the following Interrogatories is obtained between the time the answers hereto are filed and the time of the trial.

**YOU ARE HEREBY REQUESTED TO ANSWER EACH OF THE FOLLOWING  
INTERROGATORIES WITH RESPECT TO THE PLAINTIFF, MARY LOUISE  
CARSON, UNLESS INDICATED OTHERWISE.**

1. Please provide the full name, current address, date of birth, social security number, and marital status including the date of any marriages and divorces for the Plaintiff.

2. Please provide a list of all alias names and/or identities ever used by the Plaintiff.

3. Please provide the address where the Plaintiff was residing at the time of the incident alleged in your Complaint and provide the names, ages and relationships to you of every other person residing at said address at that time.

4. Please list the names, addresses and telephone numbers of all physicians and medical care providers seen by you for the injuries which you allege to have sustained in the incident described in your Complaint and the dates on which you were treated by that person.

5. Please list the names and addresses of all hospitals, clinics and convalescent homes wherein you received medical attention for the injuries you allege were caused by the incident described in your Complaint and list the dates on which you were treated at each of the institutions listed.



6. Please set forth an itemized list of all charges made by all those medical care providers listed in the answers to Interrogatories 4 and 5 and attach copies of all bills presented to you by the same.

7. If you have ever in your lifetime suffered from any injuries, illnesses, diseases, sicknesses, or abnormalities which required any type of medical treatment involving those portions of your body which you allege were injured in the incident described in your Complaint, including but not limited to your neck, back, spine, legs, ankles, feet, arms, hands, and wrists, set forth the following:

- a. the names and addresses of all doctors or hospitals that rendered service in connection therewith and the nature of the service or treatment rendered;

b. the type and/or nature of the injuries, illnesses, diseases, sicknesses, or abnormalities;

c. whether the injuries, illnesses, diseases, sicknesses, or abnormalities were the result of any type of accident;

(1) If the answer to subparagraph c. is yes, please provide the following information:

(a) the date, time, location and nature of the accident; and

(b) whether any lawsuit was filed as the result of the accident, and if so, the name and docket number of the Court where the lawsuit was filed.

8. Please state whether you suffered from any emotional, mental, psychological and/or nervous condition prior to or subsequent to the date of the incident described in your Complaint. If yes, please describe the nature of the condition and provide the name, address and telephone number of any medical care provider including any doctor, therapist, psychologist or psychiatrist who provided any treatment for such condition.

9. Please provide the names, addresses and telephone numbers of any and all physicians, doctors, medical care providers, psychologists, psychiatrists, counselors or therapists who have treated you:

- a. as your family physician in the last ten years; and
- b. for any injury, sickness or disease in the last ten years; and
- c. for any emotional, mental, psychological and/or nervous condition.

10. Please identify in detail to the following for each person whom you expect to call as an expert witness at trial:

- a. full name, home address, business address;
- b. the subject matter on which the expert is expected to testify;

- c. the substance of the facts and opinions to which the expert is expected to testify and a summary of the grounds for each opinion.

11. For the ten (10) years immediately preceding the date of the incident described in your Complaint, state the following:

- a. the name and address of each of your employers or, if you were self-employed during that period, each of your business addresses and the name and nature of your business while self-employed;
- b. the dates of commencement and termination of each of your periods of employment or self-employment;

c. a detailed description of the nature of your occupation in each employment or self-employment;

d. the amount of income, wages or salary you earned from such employment or self-employment.

12. Are you making a claim for past, present or future lost wages as a result of the incident described in the Complaint? If so, state the following:

a. the following information as of the time of the incident described in your Complaint:

(1) the name and address of your employer at the time of the incident;

(2) the date you started your employment with the employer;

(3) the date you last worked for your employer prior to the accident;

- (4) the nature of your work;
- (5) your hourly wage or salary;
- (6) the number of hours you worked on average per week;
- (7) the number of work days lost as a result of the accident and injuries described in the Complaint and the dates of those lost days;
- (8) the amount of any wages or income lost and describe in detail how the loss was calculated; and
- (9) whether you received any type of loss income benefits or disability benefits from any source for said lost wages and, if so, state the name and address of the entity providing said benefits and provide the policy number or claim number assigned to said benefits claim.

b. the following information at the present time;

(1) the name and address of your employer;

(2) the date you started your employment with your current employer;

(3) your hourly wage or salary; and

(4) the number of hours you work on average per week.

c. Please attach copies of your Federal Income Tax Returns for years 2002 through 2006.

13. At the time of the accident described in your Complaint, state whether or not you were acting within the scope of your employment for any person or entity or otherwise performing acts or duties associated with any employment. If your answer is in the affirmative, state the following:

- a. the name, address and telephone number of your employer or any person or entity for whom you were performing the act or duty; and
- b. the precise act or duty you were performing at the time of the incident described in the Complaint.



14. As a result of the incident described in your Complaint, did you make a claim for Workman's Compensation Benefits or like benefits? If the answer is the affirmative, state the following:

- a. the name, address and telephone number of the entity and/or insurance carrier providing said benefits;
- b. the policy number under which said benefits were payable;
- c. the claim number assigned to said benefits claim;
- d. the name, address and telephone number of any claim representative or like person assigned to administer said claim; and
- e. whether or not you have been notified of any lien for said benefits and if so, provide the total amount of said lien being claimed.

15. Have you ever made application or claim for any other Workmen's Compensation Benefits in the last ten (10) years? If yes, please state the following for each application:

- a. the name and address of your employer at the time of the application or claim;
- b. the date on which you made any application or claim for such benefits;
- c. the nature and extent of the injury or condition which was the basis for any such application or claim; and
- d. the date on which the injury or condition began which was the basis for any such application or claim.

16. Are you now receiving or have you ever received any income or benefits under any disability, pension or income insurance policy or any Workmen's Compensation from any agency, company, person, corporation, state or governmental agency for any disability, condition, disease, ailment or injury?

If yes, please state the following:

- a. under what program or policy you received any payment;
- b. the dates you received such payments and the amounts of such payments;
- c. the injuries or disability for which you received any payment and when such injuries or disability arose;
- d. the name of the company, person, corporation or agency which made any payments;
- e. whether you now have any permanent disability as a result of such injuries or disability for which you received any payments, and if so, the nature and extent of the disability;

- f. whether you had a disability at the time of the incident referred to in your Complaint, and if so, the nature and extent of the disability.

17. Please provide the name, home address, business address (if any), and your relationship to any person known to you, your agents, representatives or attorney who witnessed the events: (1) for the two-hour period prior to the incident described in your Complaint; (2) at the time of the incident described in your Complaint; and (3) the two-hour period after the incident described in your Complaint.

18. Please state the name, home address, business address (if any) and job classification of all persons whom you intend to call as nonexpert witnesses on your behalf at the trial of this case and the substance on which you expect them to testify.

19. In regard to the date of the incident described in the Complaint, please state in detail your activities and whereabouts for the 12-hour period preceding the incident.

20. Please state whether or not you had taken any prescription or nonprescription medication within the 24-hour period preceding the incident. If yes, please provide the name of the medication and the time it was taken.

21. Please state in detail without reference to your Complaint and in your own words how the incident described in your Complaint occurred.

22. Have you ever been charged with or convicted of any crime other than a traffic citation with the last ten years; if yes, please provide the following information:

- a. the date, state and county where the criminal offense took place;
- b. the name and address of the issuing authority, i.e. police department; and
- c. the final disposition of the criminal charge.

23. Please provide a detailed list of any incidental or out-of-pocket expenses you allege you incurred as a result of the accident described in your Complaint, including the following information for each of the expenses:

- a. the amount of the expense;
- b. the date of the expense;
- c. a description of what the expense was for;
- d. the name of the person, agency or company to whom the expense was paid; and
- e. Attach copies of any records in your possession supporting the expenses.

24. Please state whether you were covered under any type of health insurance plan, HMO, or group health insurance plan for the period from two years prior to the accident until the present. If so, please provide the name and address of the plan provider, the group number, the identification number, the plan number and dates of coverage for each such plan.

25. With regard to any medical bills you have incurred as a result of the incident described in your Complaint, please state the following:

- a. the name of any insurance company, group program, HMO or other agency which has provided payment for said bills;
- b. whether or not you have been notified of any lien and/or subrogation claim in regard to any payments made by any insurance company, group program, HMO, or other agency, and if so, the amount of any such lien and/or subrogation claim. Also, please provide copies of any documents identifying the notice and amount of the lien.

26. Please state whether or not you have been notified by any company, entity or agency of a lien and/or subrogation claim in regard to the payment of any costs or damages related to the accident and your injuries, and if so, please state the following:

- a. the name of any company, entity or agency which has provided payment for said bills;
- b. the amount of any such lien and/or subrogation claim. Also, please provide copies of any documents identifying the notice and amount of the lien.

27. Please state whether any representative, investigator, employee of yours or of your attorney has conducted any investigation on your behalf relating to your claims in this matter.

If yes, please provide the following information:

- a. the name, address, employer, job title, position or capacity of each such person; and
- b. whether any such person has prepared any notes, memoranda or summaries in connection with any such investigation, and if yes, provide copies of the same.



28. State whether, as a result of the accident described in your Complaint, you have been unable to perform or had to modify how you perform any of your customary occupational duties or social or other activities as compare to prior to the accident, stating with particularity:

- a. the duties and/or activities you have been unable to perform or have had to modify and state how you have had to modify the same;
- b. the periods of time you have been unable to perform any said activities;
- c. the names, addresses and telephone numbers of all persons having knowledge thereof.

29. If you have not fully recovered from the injuries alleged in your Complaint, state in detail in what respect you have not fully recovered.

30. Please state the “pre-existing, non-disabling and asymptomatic condition” as set forth in Paragraph 9.(f) of your Complaint which you alleged was possibly aggravated by the incident described in your Complaint and set forth the following:

- a. the last time the condition was symptomatic prior to the incident described in the Complaint; and
- b. the name, address and telephone number of any doctor or medical care provider that diagnosed and/or provided treatment for the condition prior to the incident described in the Complaint.

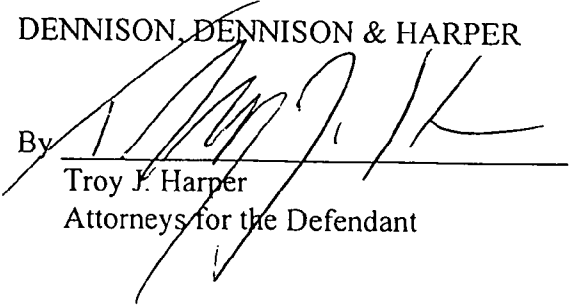
31. Please state whether or not you reported the incident described in your Complaint to the Pennsylvania State Police or any other law enforcement agency. If yes, please state the following:

- a. the name and address of the law enforcement agency to which you reported the incident;

- b. the name, address and telephone number of the Trooper, Officer or Investigator to whom you made any such report;
- c. the date and time you made any such report;
- d. whether or not you were issued, given or received any type of official report or incident number relative to any such report you made; and
- e. whether or not you provided any written or recorded statement to any such law enforcement agency relative to the incident, and if so, state whether or not the statement was written, recorded or oral.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: First Set of Request for  
Production of Documents Directed to  
Plaintiff

Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania

\*

\* Civil Division

\*

\*

\*

\*

\* Number 2006 - 755 C.D.

**FIRST SET OF REQUEST FOR PRODUCTION OF DOCUMENTS  
DIRECTED TO PLAINTIFF**

**TO: MARY LOUISE CARSON:**

You are hereby required to answer the following Request for Production of Documents under oath, pursuant to the Pennsylvania Rules of Civil Procedure, within thirty (30) days after service hereof. This Request for Production of Documents shall be deemed continuing so as to require supplemental answers if further information not contained in the Answers to the following Request for Production of Documents is obtained between the time the Answers hereto are filed and the time of the trial.

**PROVIDE COPIES OF THE FOLLOWING REQUESTED INFORMATION  
REGARDING THE ALLEGED INCIDENT AND ALLEGED INJURIES DESCRIBED IN  
YOUR COMPLAINT:**

1. All medical and hospital records, reports, bills and invoices relating to any injuries or damages alleged to have been caused by the occurrence described in your Complaint.

2. All medical and hospital records, bills and invoices relating to prior or subsequent injuries to the same parts of the body claimed to have been injured as a result of the occurrence described in your Complaint.

3. All statements; whether written, recorded, signed and/or unsigned, by you or by the Defendant.

4. All statements; whether written, recorded, signed and/or unsigned, of all witnesses or potential witnesses.

5. All expert/nonexpert written reports.

6. All photographs, videotapes or other graphic representations relating to the place of the incident or the persons or other things involved.

7. Maps, drawings, charts and sketches relating to the place of the incident or the persons or things involved.

8. Any reports, notes, summaries or memoranda made by you or any person performing any investigation on your behalf or on behalf of your counsel.

9. All police reports or incident report notices or reports issued.
10. All statements; whether written, recorded, signed and/or unsigned, given by you or any other witnesses to the Pennsylvania State police or other law enforcement agency
11. Copies of explanation of benefits forms, claim forms, invoices, notices or correspondences from any insurance company, HMO, group program, Department of Public Welfare, government agency or other provider relating to any medical expenses for treatment related to the injuries set forth in the Plaintiff's Complaint.
12. Copies of all correspondences, notices, documents or agreements concerning any lien or subrogation claim being made by, assigned by or waived by any entity for the payment of any costs, damages, or bills related to the accident and injuries described in your Complaint.
13. All exhibits you intend to produce at the trial of this action.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper

Supreme Court Number: 74753

John C. Dennison, II

Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316



MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania

\*  
\* Civil Division

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\* Number 2006 - 755 C.D.

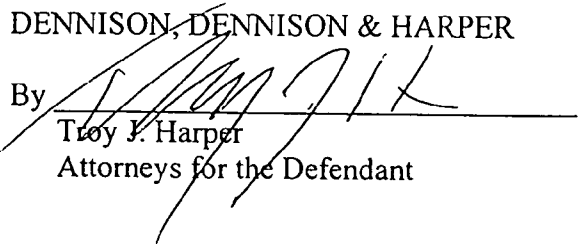
### CERTIFICATE OF SERVICE

I certify that an original and one certified copy of the First Set of Interrogatories Directed to the Plaintiff and an original and one certified copy of the First Set of Request for Production of Documents Directed to the Plaintiff was served on the 11<sup>th</sup> day of June, 2007, by United States Mail, First Class, postage prepaid, addressed to the following:

Frederick M. Neiswender, Esq.  
Neiswender & Kubista  
501 East Market Street, Suite 3  
Clearfield, Pennsylvania 16830

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant



October 8, 2007

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

RE: Carson v. Brunner  
No. 2006 - 755 C.D. (Clearfield County)

Dear Mr. Neiswender:

On June 11, 2007, I served you with a set of Interrogatories and a set of Request for Production of Documents in this matter. To date, I have not received your client's responses. I request that you please forward your client's responses within the next ten (10) days. My staff will also be contacting your office to schedule the deposition of your client.

Thank you for your cooperation.

Very truly yours,

DENNISON, DENNISON & HARPER

Troy J. Harper

EXHIBIT

"B"

CR

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Action - Law  
\*  
\*  
\*  
\* Number 06 - 755 C.D.

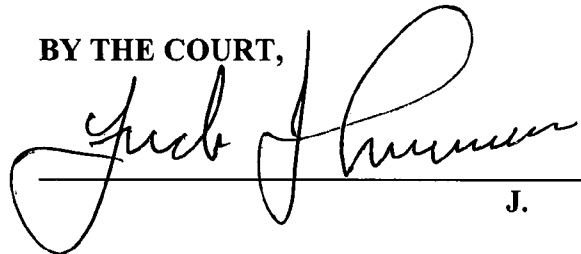
**ORDER**

AND NOW, November 5<sup>th</sup>, 2007, the

Defendant, William S. Brunner, having filed a Motion to Compel;

**IT IS HEREBY ORDERED** that the Plaintiff is directed to file and serve full and complete answers to the Defendant, William S. Brunner's, First Set of Interrogatories and First Set of Request for Production of Documents within twenty (20) days from the date of service of this Order. If full and complete answers to the Interrogatories and Request for Production of Documents are not filed and served within said time, the Court will impose appropriate sanctions.

BY THE COURT,

  
J.

**FILED**  
014:00301  
NOV 05 2007  
cc  
Atty Harpes  
William A. Shaw  
Prothonotary/Clerk of Courts  
(60)

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 06 - 755 C. D.

Type of Case: Civil Division

Type of Pleading: Notice of  
Deposition of Plaintiff

Filed on behalf of: Defendant

Counsel of Record for this Party:  
Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

FILED *no cc*  
*m/12:37/84*  
NOV 05 2007 *@*

William A. Shaw  
Prothonotary/Clerk of Courts

MARY LOUISE CARSON,  
Plaintiff,

vs.

WILLIAM S. BRUNNER,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\* Civil Action - Law

\*

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\* No. 06 - 755 C.D.

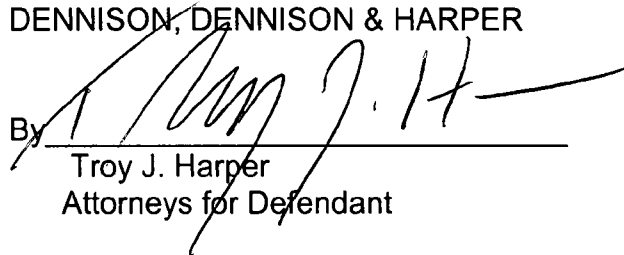
### NOTICE OF DEPOSITION

TO: MARY LOUISE CARSON  
c/o Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

Take notice that the deposition of **MARY LOUISE CARSON** will be taken pursuant to the Pennsylvania Rules of Civil Procedure, as amended, before a Notary Public duly authorized by law to administer oaths, on Wednesday, November 21, 2007, at 10:00 a.m., at Sargent's Court Reporting, 106 North 2<sup>nd</sup> Street, 1<sup>st</sup> Floor, Clearfield, Pennsylvania 16830. The deposition will be taken upon oral examination for all purposes provided for and allowed by the Pennsylvania Rules of Civil Procedure.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper  
Attorneys for Defendant

CERTIFICATE OF SERVICE

I hereby certify that on the 24<sup>th</sup> day of November, 2007, a true and correct copy of the foregoing Notice of Deposition for Mary Louise Carson, Plaintiff, was mailed by United States mail, first class, postage prepaid, addressed to the following:

Frederick M. Neiswender, Esquire  
NEISWENDER & KUBISTA  
501 East Market Street, Suite 3  
Clearfield, PA 16830

Sargent's Court Reporting, Inc.  
210 Main Street  
Johnstown, PA 15901

DENNISON, DENNISON & HARPER

By: 

Troy J. Harper  
Attorneys for Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 755 - 2006, C. D.

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on Behalf of: Defendant

Counsel of Record for this Party:  
Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

**FILED**

NOV 16 2007

m/12:50/w  
William A. Shaw  
Prothonotary/Clerk of Courts

nc/c (JM)

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\* Civil Action - Law

\*

\*

\*

\*

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\* Number 755 - 2006 C. D.

### CERTIFICATE OF SERVICE

I hereby certify that a certified copy of an Order entered on November 5, 2007, by the Honorable Fredric J. Ammerman in the above matter was served on the Plaintiff, Mary Louise Carson, on the 14<sup>th</sup> day of November, 2007, by United States Mail, First Class, postage prepared, addressed to her attorney, Frederick M. Neiswender, Esq., 211-1/2 N. Second Street, Clearfield, PA 16830.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant



COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 06 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Motion for Sanctions  
Against the Plaintiff Pursuant to  
Pa.R.C.P. 4019

Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

**FILED** <sup>icc</sup>  
m113061 <sup>Atty</sup>  
FEB 20 2008  
William A. Shaw  
Prothonotary/Clerk of Courts

MARY LOUISE CARSON,  
Plaintiff,

vs.

WILLIAM S. BRUNNER,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Action - Law  
\*  
\* Number 06 - 755 C.D.

**MOTION FOR SANCTIONS AGAINST THE PLAINTIFF  
PURSUANT TO Pa.R.C.P. 4019**

AND NOW, comes the Defendant, WILLIAM S. BRUNNER, by his attorneys,  
Dennison, Dennison & Harper, who file the following Motion for Sanctions Against the Plaintiff  
Pursuant to Pa.R.C.P. 4019:

1. The above-captioned action was instituted by a Complaint filed by the Plaintiff on or about May 12, 2006.
2. On or about June 2, 2006, the Defendant filed an Answer, New Matter and Counterclaim in response to the Complaint through his legal counsel at the time, Richard A. Bell, Esquire.
3. On or about July 12, 2006, the Plaintiff filed a Reply to New Matter and Answer to Counterclaim.
4. On or about August 8, 2006, Troy J. Harper entered his Appearance on behalf of the Defendant, William S. Brunner, and on or about August 14, 2006, Richard A. Bell, Esquire withdrew his Appearance of behalf of the Defendant.
5. On or about June 11, 2007, the Defendant, through his counsel, Troy J. Harper, served a First Set of Interrogatories and a First Set of Request for Production of Documents Directed to the Plaintiff upon counsel for the Plaintiff.

6. On or about November 1, 2007, counsel for the Defendant filed a Motion to Compel Discovery Responses inasmuch as the Plaintiff failed to provide timely responses to the Interrogatories and Request for Production of Documents.

7. On November 5, 2007, this Honorable Court entered an Order directing the Plaintiff to file full and complete answers to the Defendant's discovery requests within twenty (20) days from the date of the service of the Order. A copy of said Order is attached hereto as Exhibit "A".

8. On or about November 14, 2007, counsel for the Defendant, served the Order dated November 5, 2007, directing the Plaintiff to respond to the discovery requests within twenty (20) days. A copy of said Certificate of Service is attached hereto as Exhibit "B".

9. To date, despite repeated requests, the Plaintiff has failed to provide responses to the Defendant's discovery requests in defiance of this Honorable Court's Order dated November 5, 2007.

**WHEREFORE**, the Defendant, William S. Brunner, requests this Honorable Court to enter an Order imposing sanctions against the Plaintiff pursuant to Pa.R.C.P. 4019 (a)(1)(i), (vii) and (viii) to include a dismissal of all of her claims and causes of action as set forth in the Plaintiff's Complaint with prejudice and such other relief and sanctions as this Honorable Court may deem appropriate.

DENNISON, DENNISON & HARPER

By 

Troy J. Harper  
Attorneys for the Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Action - Law  
\*  
\*  
\*  
\* Number 06 - 755 C.D.

**ORDER**

AND NOW, November 5<sup>th</sup>, 2007, the

Defendant, William S. Brunner, having filed a Motion to Compel;

**IT IS HEREBY ORDERED** that the Plaintiff is directed to file and serve full and complete answers to the Defendant, William S. Brunner's, First Set of Interrogatories and First Set of Request for Production of Documents within twenty (20) days from the date of service of this Order. If full and complete answers to the Interrogatories and Request for Production of Documents are not filed and served within said time, the Court will impose appropriate sanctions.

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

**BY THE COURT,**

/S/ Fredric J Ammerman

J.

NOV 05 2007

Attest:

*William S. Brunner*  
Prothonotary/  
Clerk of Courts

**EXHIBIT**  
"A"

100 - 7

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 755 - 2006, C. D.

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on Behalf of: Defendant

Counsel of Record for this Party:  
Troy J. Harper

Supreme Court Number: 74753

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

EXHIBIT  
"B"

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\* Civil Action - Law

\*

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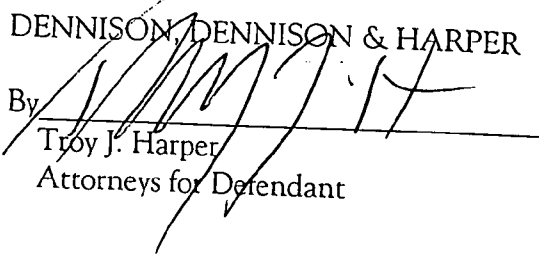
\* Number 755 - 2006 C. D.

### CERTIFICATE OF SERVICE

I hereby certify that a certified copy of an Order entered on November 5, 2007, by the Honorable Fredric J. Ammerman in the above matter was served on the Plaintiff, Mary Louise Carson, on the 14<sup>th</sup> day of November, 2007, by United States Mail, First Class, postage prepared, addressed to her attorney, Frederick M. Neiswender, Esq., 211-1/2 N. Second Street, Clearfield, PA 16830.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

### CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Motion for Sanctions was served on the 14<sup>th</sup> day of February, 2008, by United States Mail, First Class, postage prepaid, addressed to the following:

Frederick M. Neiswender, Esquire  
211-1/2 N. Second Street  
Clearfield, PA 16830

DENNISON, DENNISON & HARPER

By 

Troy J. Harper

Attorneys for the Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

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\* Civil Action - Law

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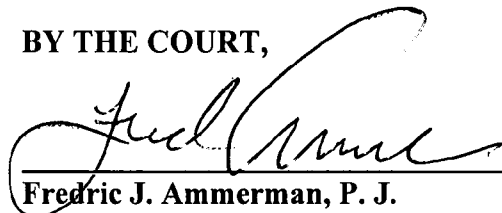
\* Number 06 - 755 C.D.

AND NOW, February 28<sup>th</sup>, 2008, the

Defendant, William S. Brunner, having filed a Motion for Sanctions against the Plaintiff, Mary Louise Carson;

IT IS HEREBY ORDERED that oral argument on said Motion shall be conducted on the 8<sup>th</sup> day of April, 2008, at 10:30, A. M. in Courtroom Number 1, of the Clearfield County Courthouse.

BY THE COURT,

  
Fredric J. Ammerman, P. J.

FILED  
014:00207  
FEB 28 2008

3cc

Atty Harper

(62)

William A. Shaw  
Prothonotary/Clerk of Courts



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 06 - 755 CD

Type of Case: Civil Division

Type of Pleading: Certificate of Service

Filed on behalf of: Defendant

Counsel of Record for this Party:

John C. Dennison, II

Supreme Court ID Number: 29408

Troy J. Harper

Supreme Court ID Number: 74753

DENNISON, DENNISON & HARPER

293 Main Street

Brookville, PA 15825

(814)849-8316

FILED  
MAR 11 2008  
William A. Shaw  
Prothonotary/Clerk of Courts

MARY LOUISE CARSON,  
Plaintiff,

vs.

WILLIAM S. BRUNNER,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Action - Law  
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\* 06 - 755 C.D.

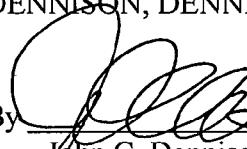
### **CERTIFICATE OF SERVICE**

I certify that a certified copy of the Court Order dated February 28, 2008, was served upon the following on the 10th day of March, 2008, by mailing the same, by United States Mail, First Class, Postage Prepaid, addressed to the following:

Frederick M. Neiswender, Esquire  
211-1/2 N. Second Street  
Clearfield, PA 16830

DENNISON, DENNISON & HARPER

By

  
John C. Dennison, II  
Attorneys for the Defendant

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 06 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Withdrawal of Motion  
for Sanctions Against the Plaintiff Pursuant  
to Pa.R.C.P. 4019


Filed on behalf of: Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

**FILED**   
MAR 28 2008  
W/11-20/0  
William A. Shaw  
Prothonotary/Clerk of Courts  
W 9/8

MARY LOUISE CARSON,  
Plaintiff,

vs.

WILLIAM S. BRUNNER,  
Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Action - Law  
\*  
\*  
\* Number 06 - 755 C.D.

**WITHDRAWAL OF MOTION FOR SANCTIONS AGAINST THE PLAINTIFF  
PURSUANT TO Pa.R.C.P. 4019**

AND NOW, comes the Defendant, WILLIAM S. BRUNNER, by his attorneys,  
Dennison, Dennison & Harper, who file the following Withdrawal of Motion for Sanctions  
Against the Plaintiff Pursuant to Pa.R.C.P. 4019 and states the following:

1. On or about February 20, 2008, counsel for the Defendant in this matter filed a Motion for Sanctions Against the Plaintiff Pursuant to Pa.R.C.P. 4019 based on the Plaintiff's failure to comply with the Court's Order dated November 5, 2007, directing the Plaintiff to file responses to outstanding discovery requests.
2. By Order dated February 28, 2008, this Honorable Court scheduled a hearing on the Motion for Sanctions to be conducted on April 8, 2008, at 10:30 a.m.
3. Counsel for the Plaintiff has recently provided the responses to the outstanding discovery requests.
4. Counsel for the Defendant hereby withdraws the Motion for Sanctions Against the Plaintiff Pursuant to Pa.R.C.P. 4019.

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for the Defendant

### CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Withdrawal of Motion for Sanctions was served on the 27<sup>th</sup> day of March, 2008, by United States Mail, First Class, postage prepaid, addressed to the following:

Frederick M. Neiswender, Esquire  
211-1/2 N. Second Street  
Clearfield, PA 16830

DENNISON, DENNISON & HARPER

By 

Troy J. Harper

Attorneys for the Defendant

MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA  
:  
: CIVIL ACTION  
:  
: NO. 06 – 755 – CD  
:  
: **PRAECIPE TO ENTER APPEARANCE  
: AND WITHDRAW APPEARANCE**  
:  
: Filed on behalf of Plaintiff:  
: **MARY LOUISE CARSON**  
:  
: Counsel of Record for this Party:  
: **FREDERICK B. GIEG, JR., ESQUIRE**  
: PA I.D. # 09965  
: GIEG AND GIEG  
: 401 North Logan Boulevard  
: Altoona PA 16602  
: 814-946-1606

5 FILED ICC Att  
m 12:11pm Gieg  
DEC - 6 2010 copy to C/A

William A. Shaw  
Prothonotary/Clerk of Courts (60)

MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NO. 06-755-CD

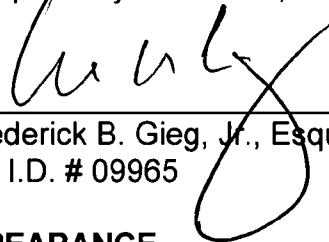
: CIVIL ACTION

**ENTRY OF APPEARANCE**

TO: PROTHONOTARY OF CLEARFIELD COUNTY,

Please enter the appearance of Frederick B. Gieg, Jr., Esquire, on behalf of the Plaintiff, Mary Louise Carson, in the above-captioned matter.

Respectfully Submitted,



Frederick B. Gieg, Jr., Esquire  
PA I.D. # 09965

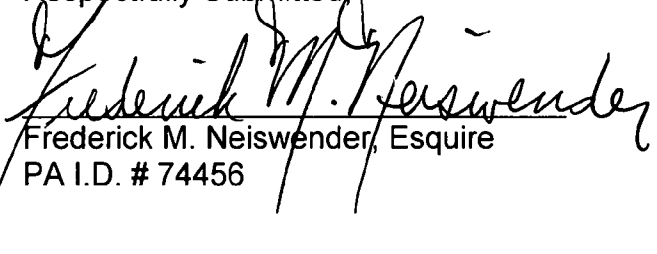
Dated: 11-8-10

**WITHDRAWAL OF APPEARANCE**

TO: PROTHONOTARY OF CLEARFIELD COUNTY,

Please withdraw the appearance of Frederick M. Neiswender, Esquire, on behalf of the Plaintiff, Mary Louise Carson, in the above-captioned matter.

Respectfully Submitted,



Frederick M. Neiswender, Esquire  
PA I.D. # 74456

Dated: 11/22/10

MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NO. 06-755-CD

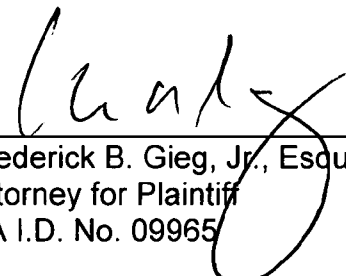
: CIVIL ACTION

**CERTIFICATE OF SERVICE**

I, FREDERICK B. GIEG, JR., ESQUIRE, hereby certify that on this <sup>3rd</sup> day of  
<sup>Dec</sup> 2010, a true and correct copy of the foregoing Praecipe has been sent by  
regular U.S. mail to the following:

Troy J. Harper, Esquire  
John C. Dennison, II, Esquire  
DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, PA 15825

GIEG AND GIEG

  
\_\_\_\_\_  
Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiff  
PA I.D. No. 09965



MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NO. 06-755-CD

: CIVIL ACTION

**CERTIFICATE OF READINESS**

On behalf of Plaintiff: Mary Louise Carson

1. Type of Trial: \_\_\_\_\_ Jury \_\_\_\_\_ Non-Jury   x   Arbitration

1a. Amount in Controversy:

\_\_\_\_\_ \$2,000.00 or less

  x   \$5,000.00 to \$25,000.00

\_\_\_\_\_ more than the magisterial limits  
but less than \$50,000.00

\_\_\_\_\_ more than \$25,000.00

2. Estimated Trial Time:   1/2   day(s)  
or for Arbitrations: \_\_\_\_\_ hours \_\_\_\_\_ minutes

3. Consolidation: \_\_\_\_\_ yes   x   no

4. Minor Party in the Case:   N/A  

5. Counsel Responsible for Case:

For the Plaintiff: Frederick B. Gieg, Jr., Esquire/401 North Logan Boulevard, Altoona,  
PA 16602/(814) 946-1606/I.D. #208624

For the Defendant: Troy J. Harper, Esquire, DENNISON, DENNISON & HARPER,  
293 Main Street, Brookville, PA 15825/(814)849-8316

For the Additional Defendant: n/a

I certify on behalf of Mary Louise Carson, Plaintiff, that all pleadings have been filed, all preliminary motions and objections have been disposed of, all discovery has been completed, all medical examination have occurred and that the case is ready in all respects for trial.

DATE: May   15  , 2012

Frederick B. Gieg, Jr.  
Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiff

c: Troy J. Harper, Esquire

**FILED**

MAY 1 2012  
William A Shaw  
Prothonotary/Clerk of Courts  
1 case to

Incorrect amount  
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is under 20,000.00  
July 26 @  
9:00 AM

CA

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON ,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Motion for Continuance

Filed on behalf of: William S. Brunner,  
Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

**FILED**

JUL 10 2012

William A. Shaw  
Prothonotary/Clerk of Courts

MT: 33264 Atty Harper

66

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Division  
\*  
\*  
\*  
\*  
\* Number 2006 - 755 C.D.

### **MOTION FOR CONTINUANCE**

AND NOW, comes the Defendant, WILLIAM S. BRUNNER, by and through his attorneys, Dennison, Dennison & Harper, who file the following Motion for Continuance Pursuant to 46 J.D.R..P. 1303 and 216(b)(3) :

1. An Arbitration Hearing has been scheduled in the above-captioned matter by the Clearfield County Court Administrator for July 26, 2012, at 9:00 a.m. in the above-captioned matter.

2. Counsel for the Defendant, William S. Brunner, is unavailable to attend the Arbitration Hearing as he has been diagnosed with Cholangiocarcinoma (bile duct cancer) and has undergone substantial surgery and multiple hospitalizations and he is currently undergoing treatment including daily radiation in addition to chemotherapy. Presently, counsel for the Defendant is under the care of Dr. Carmine Marchioli and Dr. Sri Kottapally at the D.R.M.C. - Hahne Regional Cancer Center. Because of the effects and side effects of the current radiation and chemotherapy treatments, counsel for the Defendant is unable to maintain any regular work schedule and is unable to prepare for or present cases for hearings. It is expected that counsel for

the Defendant's current treatment will extend through August.

3. Counsel for the Plaintiff has been informed of the need for a Continuance of the Arbitration and agrees and consents to the same.

4. No previous continuances have been requested in this matter.

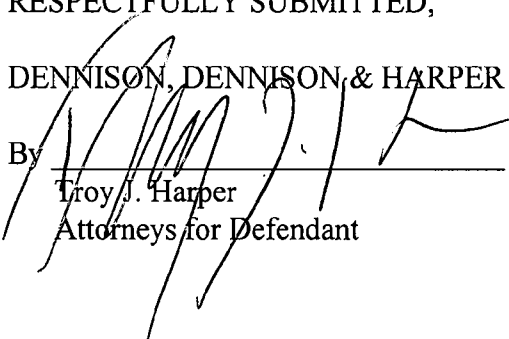
5. In light of the foregoing, counsel for the Defendant requests this Honorable Court to continue the Arbitration Hearing scheduled for July 26, 2012, until an available arbitration date in September or October of 2012.

**WHEREFORE**, this Defendant, William S. Brunner, respectfully requests that the Arbitration Hearing scheduled for July 26, 2012, be continued until an available arbitration date in September or October of 2012.

RESPECTFULLY SUBMITTED,

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

### CERTIFICATE OF SERVICE

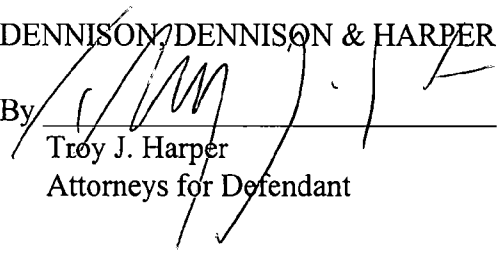
I certify that a true and correct copy of the foregoing Motion for Continuance was served on the 9<sup>th</sup> day of July, 2012, by United States Mail, First Class,

Postage Prepaid, addressed to the following:

Frederick B. Gieg, Jr., Esq.  
Gieg and Gieg  
401 N. Logan Boulevard  
Altoona, Pennsylvania 16602

~~DENNISON~~ DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

CA

MARY LOUISE CARSON,  
Plaintiff,

vs.

WILLIAM S. BRUNNER,  
Defendant.

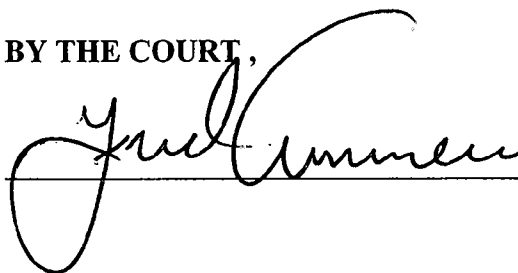
\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Division  
\*  
\*  
\*  
\*  
\* Number 2006 - 755 C.D.

**ORDER**

AND NOW, this 11 day of July, 2012, upon consideration  
of the Motion for Continuance on behalf of the Defendant, William S. Brunner;

**IT IS HEREBY ORDERED** that said Motion is granted and the Arbitration Hearing  
scheduled for July 26, 2012, is continued and the Clearfield County Court Administrator is  
directed to reschedule an Arbitration Hearing in the matter on an available arbitration date in  
September or October.

BY THE COURT,

  
J.

<sup>S</sup> FILED 100  
07:37 PM  
JUL 13 2012  
Atty Harper  
William A. Shaw  
Prothonotary/Clerk of Courts

FILED

JUL 13 2012

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 7/13/12

☒ X

You are responsible for serving all appropriate parties.  
\_\_\_ The Prothonotary's office has provided service to the following parties:

\_\_\_ Plaintiff(s)

\_\_\_ Defendant(s)

\_\_\_ Plaintiff(s) Attorney

\_\_\_ Defendant(s) Attorney

\_\_\_ Special Instructions:

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

MARY LOUISE CARSON  
Plaintiff

vs

WILLIAM S. BRUNNER  
Defendant

NO. 2006-0755-CD

**ORDER**

AND NOW, this 13<sup>th</sup> day of August, 2012, it is the ORDER  
of the Court that the above-captioned matter, previously scheduled for Arbitration  
on September 27, 2012, is hereby rescheduled to **Thursday, November 8, 2012,**  
**beginning at 1:00 PM in Hearing Room 3.**

BY THE COURT:

*Fredric J. Ammerman*

FREDRIC J. AMMERMAN  
President Judge

FILED 3cc  
02-26-12 CIA  
AUG 13 2012

William A. Shaw  
Prothonotary/Clerk of Courts



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

MARY LOUISE CARSON  
Plaintiff,

vs.

WILLIAM S. BRUNNER  
Defendant,

NO. 2006-0755-CD

**ORDER**

NOW, this 23<sup>rd</sup> day of August, 2012, it is the ORDER of the Court that the above-captioned matter is scheduled for Arbitration on **Thursday, November 8, 2012 at 1:00 P.M.** in the Conference/Hearing Room No. 3, 2<sup>nd</sup> Floor, Clearfield County Courthouse, Clearfield, PA. The following have been appointed as Arbitrators:

Timothy Durant, Esquire, Chairman

John R. Lhota, Esquire

Blaise J. Ferraraccio, Esquire

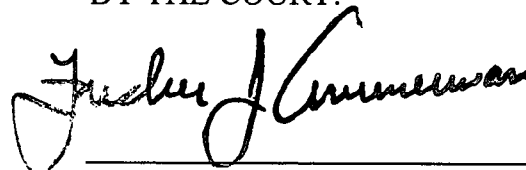
Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. **The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and each member of the Board of Arbitrators.** For your convenience, a Pre-Trial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

BY THE COURT:

FILED

AUG 23 2012

William A. Shaw  
Prothonotary/Clerk of Courts



FREDRIC J. AMMERMAN  
President Judge

MARY LOUISE CARSON  
Plaintiff

vs.

WILLIAM S. BRUNNER  
Defendants

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION - LAW  
:  
: NO. 2006-755 C.D.  
:  
: **PRAECIPE TO SETTLE**  
: **AND DISCONTINUE**  
:  
: Filed on behalf of Plaintiffs:  
: **MARY LOUISE CARSON**  
:  
:  
: Counsel of Record for this Party:  
: **FREDERICK B. GIEG, JR., ESQUIRE**  
: **GIEG AND GIEG**  
: **PA I.D. #09965**  
: 401 North Logan Boulevard  
: Altoona PA 16602  
: 814-946-1606

5  
2  
**FILED** NO  
7/12/2012  
NOV 09 2012  
William A. Shaw  
Prothonotary/Clerk of Courts  
Copy to  
CIA  
66

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

: NO. 2006-755 C.D.

: CIVIL ACTION - LAW'

Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiffs  
I.D. No. 09965

MARY LOUISE CARSON  
Plaintiffs

vs.

WILLIAM S. BRUNNER  
Defendants

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

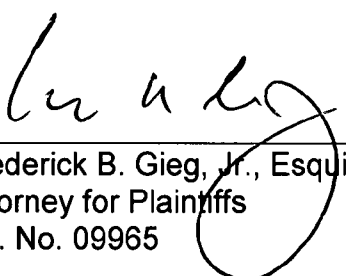
: NO. 2006-755 C.D.

: CIVIL ACTION - LAW

**CERTIFICATE OF SERVICE**

I, FREDERICK B. GIEG, JR., ESQUIRE, hereby certify that on this 7<sup>th</sup> day of  
November, 2011, a true and correct copy of the foregoing Praecipe has been sent by regular  
U.S. mail to the following:

Troy J. Harper, Esquire  
John C. Dennison, II, Esquire  
DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, PA 15825

  
\_\_\_\_\_  
Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiffs  
I.D. No. 09965

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

MARY LOUISE CARSON  
Plaintiff

vs.

WILLIAM S. BRUNNER  
Defendant

\* NO. 2006-755-CD  
\*  
\*  
\*  
\*  
\*

**FILED**

01/21/13

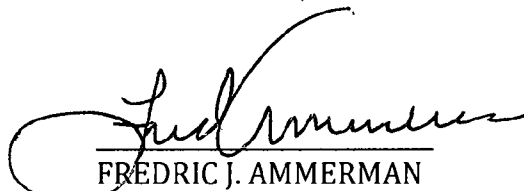
4 MAR 2013

William A. Shaw *KK*  
Prothonotary/Clerk of Courts

**ORDER**

NOW, this 15<sup>th</sup> day of March, 2013, upon the Court's review of the record, with the Court noting that on November 9, 2012 Attorney Frederick B. Gieg, Jr., Esquire filed a Praeipie to Settle and Discontinue; therefore, the Court considers this case to be settled, dismissed and discontinued. The Prothonotary shall code the case in Full Court as Z-SETTLA.

BY THE COURT,

  
FREDRIC J. AMMERMAN  
President Judge

**DENNISON, DENNISON & HARPER**

Attorneys at Law

Donald J. Dennison (1917-2002)  
John C. Dennison, II  
Troy J. Harper

293 Main Street  
Brookville, PA 15825  
Telephone: (814) 849-8316  
Fax: (814) 849-4656  
Email: [ddhtroy@usachoice.net](mailto:ddhtroy@usachoice.net)  
Website: [www.dennisonharper.com](http://www.dennisonharper.com)

October 30, 2012

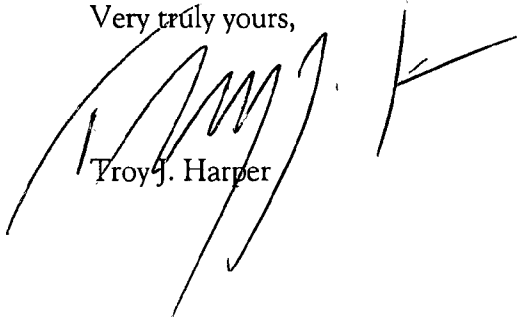
William Shaw  
Prothonotary  
Court House  
P. O. Box 549  
Clearfield, PA 16830

RE: Mary Louise Carson v. William S. Brunner  
Number 2006 - 755 C. D.

Dear Mr. Shaw:

Enclosed is my Prearbitration Statement on behalf of William S. Brunner, the Defendant in regard to the above entitled matter. Kindly file the same.

Very truly yours,

  
Troy J. Harper

TJH:slr

Enclosure

cc: Frederick B. Gieg, Jr., Esq.

*Arbitration: Nov. 8 @ 1:00*

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

**RECEIVED**

OCT 31 2012

Court Administrator's  
Office

MARY LOUISE CARSON ,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Prearbitration Statement

Filed on behalf of: William S. Brunner,  
Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania  
\*  
\* Civil Division  
\*  
\*  
\*  
\* Number 2006 - 755 C.D.

### **PREARBITRATION STATEMENT**

AND NOW, comes the Defendant, WILLIAM S. BRUNNER, by and through his attorneys, Dennison, Dennison & Harper, who file the following Prearbitration Statement pursuant to 46 J.D.R..P. 1306A:

### **STATEMENT OF THE CASE**

In 2002, the Defendant, William S. Brunner, sold a Morgan Stallion to the Plaintiff and the Plaintiff agreed to pay \$2,500.00 for the same. After the Plaintiff received the horse, the Plaintiff refused to pay Mr. Brunner the balance which she owed. As such, in 2003, William S. Brunner filed a civil suit in the office of District Magistrate James L. Hawkins against the Plaintiff for the balance he was owed. On or about May 15, 2003, the District Magistrate entered judgment in favor of the William Brunner and against the Plaintiff. Thereafter, the Plaintiff filed an appeal to the Court of Common Pleas of Clearfield County at Docket Number 2003 - 804 C.D. An Arbitration Hearing was conducted and a Notice of Award was entered in favor of William S. Brunner and against the Plaintiff on or about April 5, 2004.



Despite the Notice of Award, the Plaintiff still refused to pay Mr. Brunner. As such, on May 13, 2004, Mr. Brunner went to the Plaintiff's residence to speak to the Plaintiff to determine whether or not the parties could work something out with regard to the judgment.

When William Brunner arrived at the Plaintiff's residence on May 13, 2004, the Plaintiff told him that she was not going to pay the judgment and she was not giving the horse back to him. After approximately 20 minutes of discussion, William Brunner left the Plaintiff's residence.

Mr. Brunner then went to his home and got his pickup truck and horse trailer and then returned to the Plaintiff's residence to retrieve the horse in question. While he was at the Plaintiff's residence the second time on May 13, 2004, the Plaintiff began yelling, screaming and swearing at Mr. Brunner. As Mr. Brunner attempted to remove the horse from the barn, the Plaintiff attempted to strike Mr. Brunner with a wooden handled broom. Mr. Brunner grabbed the broom from the Plaintiff's hands and threw it in the corner of the barn. Mr. Brunner then put the halter on the horse and walked the horse out of the barn and into his trailer. Thereafter, Mr. Brunner departed.

The Plaintiff contends that while Mr. Brunner was in the barn, he attacked her, threw her to the ground and hit and kicked her in the arms, legs and torso. Mr. Brunner denies that there was any physical contact with the Plaintiff.

WITNESSES

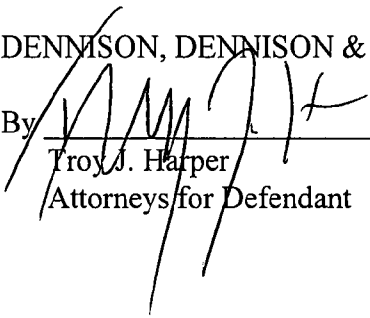
(1) William Brunner

(2) Mary Louise Carson

RESPECTFULLY SUBMITTED,

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing Prearbitration Statement was served  
on the 30<sup>th</sup> day of October, 2012, by United States Mail, First Class,

Postage Prepaid, addressed to the following:

Frederick B. Gieg, Jr., Esq.  
Gieg and Gieg  
401 N. Logan Boulevard  
Altoona, Pennsylvania 16602

DENNISON, DENNISON & HARPER

By 

Troy J. Harper

Attorneys for Defendant

F. CORTEZ BELL, III, ESQUIRE  
DISTRICT COURT ADMINISTRATOR

SHARON S. WHIPPLE  
DEPUTY COURT ADMINISTRATOR

PHONE: 814-765-2641 x 5982  
FAX: 814-765-7649  
EMAIL: courtadmin@clearfieldco.org



OFFICE OF THE COURT ADMINISTRATOR  
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA  
CLEARFIELD COUNTY COURTHOUSE  
230 EAST MARKET STREET, SUITE 228  
CLEARFIELD, PENNSYLVANIA 16830-2448  
[www.clearfieldco.org/courts.htm](http://www.clearfieldco.org/courts.htm)

HON. FREDRIC J. AMMERMAN  
PRESIDENT JUDGE

HON. PAUL E. CHERRY  
JUDGE

### FACSIMILE COVERSHEET

TO: Timothy Durant, Rick Lhota, Blaise Ferraraccio

FROM: Sharon S. Whipple, Deputy Court Admin.

RE: Pre-Trial Memorandum - Arbitration

DATE: 11-02-12

NUMBER OF PAGES (INCLUDING COVER PAGE): 8

FAX NUMBER: 765.9596, 765.9503, 765-9377

#### MESSAGE:

Tim, Rick & Blaise

Here is the Pre-Trial Memorandum I just received for the 1:00 PM Arbitration next Thursday, November 8.

And just to confirm, the 9:00 AM arbitration (Sekula vs. Buckle) is cancelled, it will be rescheduled in January, 2013.

See you all next week.

Sharon

**CONFIDENTIALITY NOTICE:** The information contained in this communication is confidential, may be legally privileged, and is only intended for the use of the addressee. It is the property of Clearfield County Government and/or the Office of the Court Administrator. If you are not the intended recipient, you are hereby notified that any disclosure, copy, distribution, or use of the contents of this transmission, including all attachments, is strictly prohibited and may be unlawful. If you have received this communication in error, please notify me immediately by return fax or by calling me at (814) 765-2641 ext. 5982. You are also directed to destroy this communication and all copies thereof, including all attachments. Thank you.

**DENNISON, DENNISON & HARPER**

Attorneys at Law

Donald J. Dennison (1917-2002)

John C. Dennison, II

Troy J. Harper

293 Main Street

Brookville, PA 15825

Telephone: (814) 849-8316

Fax: (814) 849-4656

Email: [ddhtroy@usachoice.net](mailto:ddhtroy@usachoice.net)

Website: [www.dennisonharper.com](http://www.dennisonharper.com)

October 30, 2012

William Shaw  
Prothonotary  
Court House  
P. O. Box 549  
Clearfield, PA 16830

RE: Mary Louise Carson v. William S. Brunner  
Number 2006 - 755 C. D.

Dear Mr. Shaw:

Enclosed is my Prearbitration Statement on behalf of William S. Brunner, the Defendant in regard to the above entitled matter. Kindly file the same.

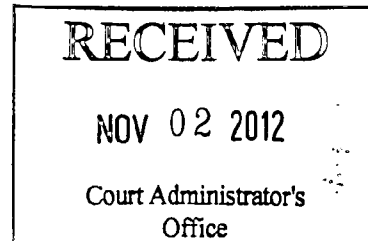
Very truly yours,

Troy J. Harper

TJH:slr

Enclosure

cc: Frederick B. Gieg, Jr., Esq.



## DENNISON, DENNISON &amp; HARPER

Attorneys at Law

Donald J. Dennison (1917 - 2002)  
John C. Dennison, II  
Troy J. Harper

293 Main Street  
Brookville, PA 15825-1291  
Telephone (814) 849-8316  
Fax (814) 849-4656  
E-Mail: ddh@usachoice.net

FAX COVER SHEETDATE: 11-2-12TIME: 11:30 A.M.RE: Carson v. Brunner

FROM: Troy Harper - Leah  
DENNISON, DENNISON & HARPER

PHONE: (814)849-8316  
FAX: (814)849-4656

293 MAIN STREET

BROOKVILLE, PA 15825

TO: Sharon  
Court Administrator's Office

FAX: 765-7649TOTAL NUMBER OF PAGES (including cover page): 7

The information contained in this facsimile transmission is privileged and confidential information intended only for the use of the recipient named above. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are notified that any dissemination, distribution or copying of this document or its contents is strictly prohibited. If you have received this document in error, please notify us immediately by telephone and return the facsimile transmission to us by United States Mail. Thank you.

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

CIVIL ACTION - LAW

Number 2006 - 755 C.D.

Type of Case: Civil Division

Type of Pleading: Prearbitration Statement

Filed on behalf of: William S. Brunner,  
Defendant

Counsel of Record for this Party:

Troy J. Harper  
Supreme Court Number: 74753

John C. Dennison, II  
Supreme Court Number: 29408

DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, Pennsylvania 15825  
(814) 849-8316

MARY LOUISE CARSON,

Plaintiff,

vs.

WILLIAM S. BRUNNER,

Defendant.

\* In the Court of Common Pleas of  
\* Clearfield County, Pennsylvania

\*  
\* Civil Division

\*

\*

\*

\*

\* Number 2006 - 755 C.D.

### **PREARBITRATION STATEMENT**

AND NOW, comes the Defendant, WILLIAM S. BRUNNER, by and through his attorneys, Dennison, Dennison & Harper, who file the following Prearbitration Statement pursuant to 46 J.D.R..P. 1306A:

### **STATEMENT OF THE CASE**

In 2002, the Defendant, William S. Brunner, sold a Morgan Stallion to the Plaintiff and the Plaintiff agreed to pay \$2,500.00 for the same. After the Plaintiff received the horse, the Plaintiff refused to pay Mr. Brunner the balance which she owed. As such, in 2003, William S. Brunner filed a civil suit in the office of District Magistrate James L. Hawkins against the Plaintiff for the balance he was owed. On or about May 15, 2003, the District Magistrate entered judgment in favor of the William Brunner and against the Plaintiff. Thereafter, the Plaintiff filed an appeal to the Court of Common Pleas of Clearfield County at Docket Number 2003 - 804 C.D. An Arbitration Hearing was conducted and a Notice of Award was entered in favor of William S. Brunner and against the Plaintiff on or about April 5, 2004.



Despite the Notice of Award, the Plaintiff still refused to pay Mr. Brunner. As such, on May 13, 2004, Mr. Brunner went to the Plaintiff's residence to speak to the Plaintiff to determine whether or not the parties could work something out with regard to the judgment.

When William Brunner arrived at the Plaintiff's residence on May 13, 2004, the Plaintiff told him that she was not going to pay the judgment and she was not giving the horse back to him. After approximately 20 minutes of discussion, William Brunner left the Plaintiff's residence.

Mr. Brunner then went to his home and got his pickup truck and horse trailer and then returned to the Plaintiff's residence to retrieve the horse in question. While he was at the Plaintiff's residence the second time on May 13, 2004, the Plaintiff began yelling, screaming and swearing at Mr. Brunner. As Mr. Brunner attempted to remove the horse from the barn, the Plaintiff attempted to strike Mr. Brunner with a wooden handled broom. Mr. Brunner grabbed the broom from the Plaintiff's hands and threw it in the corner of the barn. Mr. Brunner then put the halter on the horse and walked the horse out of the barn and into his trailer. Thereafter, Mr. Brunner departed.

The Plaintiff contends that while Mr. Brunner was in the barn, he attacked her, threw her to the ground and hit and kicked her in the arms, legs and torso. Mr. Brunner denies that there was any physical contact with the Plaintiff.

**WITNESSES**

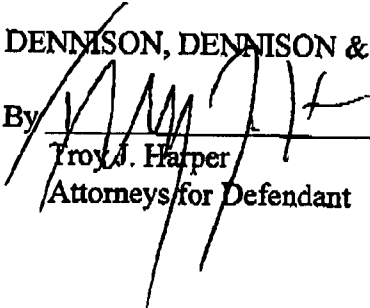
(1) William Brunner

(2) Mary Louise Carson

RESPECTFULLY SUBMITTED,

DENNISON, DENNISON & HARPER

By

  
Troy J. Harper

Attorneys for Defendant

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing Prearbitration Statement was served  
on the 30<sup>th</sup> day of October, 2012, by United States Mail, First Class,

Postage Prepaid, addressed to the following:

Frederick B. Gieg, Jr., Esq.  
Gieg and Gieg  
401 N. Logan Boulevard  
Altoona, Pennsylvania 16602

DENNISON, DENNISON & HARPER

By 

Troy J. Harper

Attorneys for Defendant

**GIEG AND GIEG**  
ATTORNEYS AT LAW  
401 N. LOGAN BOULEVARD  
ALTOONA, PENNSYLVANIA 16602  
(814) 946-1606  
FAX (814) 942-5169  
e-mail: attorney@gieg-law.com

FREDERICK B. GIEG, JR.

FRED B. GIEG  
(1915-2000)

ASSOCIATES:

MATTHEW P. GIEG  
CHRISTOPHER R. JANCULA

October 23, 2012

Clearfield Co. Prothonotary  
230 E. Market Street  
Clearfield, PA 16830

In Re: Mary Louise Carson v. William S. Brunner  
06 – 755 CD (Clearfield County)

Dear Prothonotary:

Please find enclosed my Pre-Trial Statement for filing in the above matter.

Sincerely yours,

GIEG AND GIEG

  
Frederick B. Gieg, Jr., Esquire

FBG/jlr

enc.

c: Troy J. Harper, Esquire

*Arbitration* : 11-8-12  
1:00 PM

MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

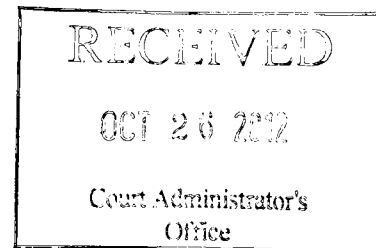
:  
: CIVIL ACTION

:  
: NO. 06 – 755 – CD

:  
: **PRE-TRIAL STATEMENT**

:  
: Filed on behalf of Plaintiff:  
: **MARY LOUISE CARSON**

:  
: Counsel of Record for this Party:  
: **FREDERICK B. GIEG, JR., ESQUIRE**  
: PA I.D. # 09965  
: GIEG AND GIEG  
: 401 North Logan Boulevard  
: Altoona PA 16602  
: 814-946-1606



MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NO. 06-755-CD

: CIVIL ACTION

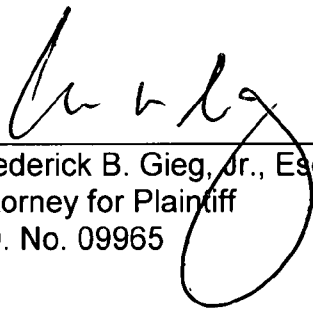
**PRE-TRIAL STATEMENT**

Under date of May 13, 2004, in Madera, Clearfield County, the Defendant grabbed the Plaintiff, threw her to the ground and proceeded to hit and kick her in all areas of her body. As a result of this attack by the Defendant, which was on Plaintiff's property in Bigler Township, she sustained numerous injuries which result in intractable pain syndrome, cervical and lumbar spine, cervical and lumbar spine facet arthropathy, bilateral upper extremities radiculitis and right lower extremity radiculitis.

The witnesses in this matter will be Plaintiff and her daughter, Lisa Jo Vaughn.

The Plaintiff in this case filed the appropriate Rule 1305 Notice listing the medical and hospital bills of \$15,540.87, as well as an expert report from Dr. Michael Saltzburg outlining the injuries and the causation thereof.

Respectfully Submitted,

  
\_\_\_\_\_  
Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiff  
I.D. No. 09965

MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NO. 06-755-CD

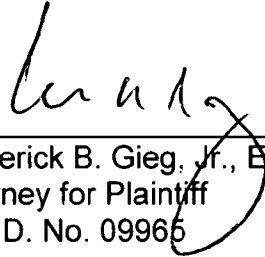
: CIVIL ACTION

**CERTIFICATE OF SERVICE**

I, FREDERICK B. GIEG, JR., ESQUIRE, hereby certify that on this 23<sup>rd</sup> day of October, 2012, a true and correct copy of the foregoing Pre-Trial Statement has been sent by regular U.S. mail to the following:

Troy J. Harper, Esquire  
John C. Dennison, II, Esquire  
DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, PA 15825

GIEG AND GIEG



---

Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiff  
PA I.D. No. 09966

*Arbitration:*  
7-26-12  
@ 9:00 AM

MARY LOUISE CARSON,  
Plaintiff

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: CIVIL ACTION

: NO. 06 – 755 – CD

: **RULE 1305 NOTICE**

VS.

: Filed on behalf of Plaintiff:  
**MARY LOUISE CARSON**

: Counsel of Record for this Party:  
**FREDERICK B. GIEG, JR., ESQUIRE**  
PA I.D. # 03965

: GIEG AND GIEG  
: 401 North Logan Boulevard  
: Altoona PA 16602  
: 814-943-1606

WILLIAM S. BRUNNER,  
Defendant

RECEIVED

JUN 20 2012

Court Administrator's  
Office



MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NO. 06-755-CD

: CIVIL ACTION

**RULE 1305 NOTICE**

Plaintiff, Mary Louise Carson, through her legal counsel, Gieg and Gieg, hereby notices their intention to offer the following documents into evidence at the arbitration hearing to be held in the above action, photocopies of which are attached hereto:

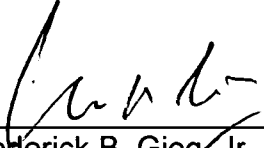
1. December 2, 2010 report of Dr. Michael Saltzburg.
2. Medical bills for Plaintiff, Mary Louise Carson:

a. Leyo's Pharmacy	\$ 15.00
b. Keystone Rehab.	1,442.72
c. American Home Patient	97.00
d. EMPI	485.00
e. Dr. Polintan	254.00
f. Allegheny Brain and Spine Surgeons	325.00
g. Glendale Area Medical	898.84
h. Clearfield Prof. Group	487.00
i. Clearfield Hospital	4,381.00

j. Medicare	4,444.31
k. Highmark	<u>2,710.50</u>
TOTAL	\$15,540.87

3. Records of Clearfield Hospital.

Respectfully Submitted,



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Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiff  
I.D. No. 09965

1.

**December 2, 2010 report of Dr. Michael Saltzburg.**

**TRI-COUNTY ORTHOPAEDICS**

**MICHAEL C. SALTZBURG, D.O.**

*Board Certified In Orthopaedic Surgery*

Practice Limited To:  
Orthopaedic Surgery  
Arthroscopic Surgery  
Spinal Surgery  
Disability Evaluations

Fellow, American Academy of  
Specialists in Orthopaedic Surgery

Fellow, American Academy of  
Disability Evaluating Physicians

Diplomate, Board of Certification  
Orthopaedic Surgery

December 2, 2010

**RE: MARY CARSON**

**OFFICE CONSULTATION:**

I examined the above patient, Mary Carson, who presents as a 72-year-old white female with the chief complaints of pain and tenderness referable to her cervical and lumbar spine areas, as well as a previous history of a hematoma of the right hip and swelling of both hands following an attack by another individual on May 13, 2004. The purpose of this orthopaedic examination is as a second opinion to update the interested parties in regard to her current status.

She explains to me a history of being severely beaten by an attacker, and there were some photos available, but not specifically for my review. Following the attack, she was treated by her family doctor, Dr. Romao, local neurosurgeon, Dr. Osgood, and local orthopaedic specialist, Dr. Harvey all in the Altoona area.

She utilizes a wheelchair as necessary. She lives in the Clearfield area. Dr. Romao has her on Vicodin medicine as an analgesic.

Previous outpatient diagnostic studies available for my review include x-rays of the cervical spine of February 12, 2010, which demonstrated both degenerative spondylosis and osteoporosis. MRI of the cervical spine on the same date demonstrates disk bulging at the C5-C6 level on the left side, with neural foraminal encroachment, as well as central canal stenosis at this level was noted.

Symptom-wise, she continues to have pain in both the neck and low back areas and numbness into the right lower extremity, with intermittent pain into both of her upper extremities.

**PHYSICAL EXAMINATION:** Comprehensive physical examination of the cervical spine demonstrates pain along the midline of the paraspinal muscles, with cervical ranges of motion restricted 20 degrees of normal in the planes of rotation and sidebending. There are various types of transient symptomatology into the bilateral upper extremities, but do not follow a specific dermatome pattern. Deep tendon reflexes of the biceps and triceps and hypoactive bilaterally. There is no evidence of obvious paresis of the bilateral upper extremities.

**RE: MARY CARSON**  
**DATE: DECEMBER 2, 2010**

Lumbar spine evaluation demonstrates pain along the midline and right side of the paraspinals and facet joints, with pain greater on the right as compared to the left. Numbness goes into the right lower extremity, at the L4-L5 nerve roots. Straight leg raises are bilaterally positive at 60 degrees in both the sitting and supine position. Lumbar spine flexion is 60 degrees, extension 5 degrees. The Lasegue's test is negative. There is no evidence of obvious paresis in the bilateral lower extremities. Deep tendon reflexes of the patellar and Achilles are bilaterally symmetrical.

**DIAGNOSIS:**

1. Intractable pain syndrome, cervical and lumbar spine.
2. Cervical and lumbar spine facet arthropathy.
3. Bilateral upper extremities radiculitis.
4. Right lower extremity radiculitis.

**DISCUSSION:** It certainly appears this individual has long-term orthopaedic complications and persistent symptoms from her physical beating and attack on May 13, 2004. The x-rays and MRI of the cervical spine demonstrate some continuing pathology that is clearly discernable. This would specifically be the disk bulging and protrusion at C5-C6 on the left side of the cervical spine canal, as well as neural foraminal encroachment at that area. Also, the continued exacerbation of symptomatology of the central canal stenosis at the C5-C6 level. The canal stenosis, itself, would be preexisting, the symptoms from it would be causally related to the attack injury.

The diagnosis on the plain x-rays of degenerative spondylosis would be preexisting; however, the symptomatology would be caused by the injury from the attack. The diagnosis of osteoporosis would be preexisting and would have no relevancy to the injury of May 13, 2004.

It regard to the type of treatment that could be offered to this patient to reduce her painful symptomatology, there would be various types of pain management techniques, including, but not limited to, outpatient physical therapy, injection therapy, cervical and lumbar spine facet injections, and electrical acupuncture.

Her prognosis would continue to be guarded.

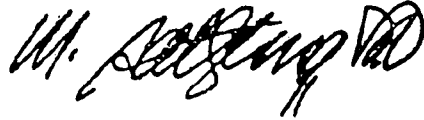
In summation, clearly the condition of Mary Carson is one of multiple areas of orthopaedic impairment that would be causally related to her May 13, 2004 beating. As noted from her cervical spine x-rays and MRI, there were areas that would be directly and

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**RE: MARY CARSON**  
**DATE: DECEMBER 2, 2010**

causally related to the beating of May 13, 2004, as well as conditions in her spine that were preexisting, but do demonstrate ongoing pathology and symptoms.

I believe the above is a fair and accurate description of Mary Carson at this time.

A handwritten signature in black ink, appearing to read "M. Saltzburg", with a stylized flourish at the end.

Michael C. Saltzburg, D.O.

MCS/mam

2. a.

**Leyo's Pharmacy**

**\$15.00**

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 \* M E D I C A L   E X P E N S   \* BGN DTE:09/01/2005 END DTE:05/31/2006 \*  
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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2005 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16651 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDCH	MFG# D/S	DEA#	GEN IND
09/01/05	04043625	AMBIEN 10MG TABLET	30TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00024-5421-31 SANFI	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5LRL9AE	
09/01/05	06299086	MICRO-K 10MEQ EXTE	60CAP	CORCINO,B.L.	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9HD	
09/01/05	06299084	LASIX 40MG TABLET	30TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9KX	
09/01/05	06297693	AVAPRO 300MG TABLE	30TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5LRL37P	
09/01/05	04043359	IONAMIN 30MG CAPSU	30CAP	HALL	.00 COPAY
	REFILL	53014-0904-71 CELLT	30DAYS	AH3202328	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL39D	
09/01/05	04043358	VICODIN 5/500 TABL	60TAB	HALL	.00 COPAY
	REFILL	00074-1949-14 ABBOT	30DAYS	AH3202328	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL39E	
09/01/05	06295511	MOTRIN 800MG TABLE	100TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9LH	
09/01/05	06295510	TOPICORT 0.25PC CR	60GM	CORCINO,B.L.	.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9LN	
09/01/05	06292954	GLUCOPHAGE 500MG T	180TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9QK	
09/01/05	06290792	LOPRESSOR 50MG TAB	30TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9L1	
09/01/05	06290791	LIPITOR 20MG TABLE	30TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9L3	
09/01/05	06290435	ZANTAC 150MG TABLE	30TAB	CORCINO,B.L.	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5LRL9MA	
10/03/05	06304661	ZANTAC 150MG TABLE	30TAB	CORCINO,B.L.	.00 COPAY
	NEW	00173-0344-42 GLSMK	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MNNR1F	
10/03/05	06304660	LIPITOR 20MG TABLE	30TAB	CORCINO,B.L.	.00 COPAY
	NEW	00071-0156-23 PFZER	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MNNQR9	
10/03/05	06304659	LOPRESSOR 50MG TAB	30TAB	CORCINO,B.L.	.00 COPAY
	NEW	00028-0051-01 NVRTS	30DAYS	AC4960123	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MNNQXQ	



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 \* M E D I C A L E X P E N S E S \* BGN DTE:09/01/2005 END DTE:05/31/2006 \*  
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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2005 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16661 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG#	DEA#	GEN IND
10/03/05	06302514	PRINIVIL 10MG TABL	60TAB	VETRANO, J.	.00 COPAY
	NEW	00006-0106-54 MERCK	30DAYS	BV4361591	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNNW9	
10/03/05	06299086	MICRO-K 10MEQ EXTE	60CAP	CORCINO, B.L.	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNNXF	
10/03/05	06299084	LASIX 40MG TABLET	30TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNNXH	
10/03/05	06297693	AVAPRO 300MG TABLE	30TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - SMNNNXP	
10/03/05	04043358	VICODIN 5/500 TABL	60TAB	HALL	.00 COPAY
	REFILL	00074-1949-14 ABBOT	30DAYS	AH3202328	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNN1M	
10/03/05	06295511	MOTRIN 800MG TABLE	100TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNPAF	
10/03/05	06295510	TOPICORT 0.25PC CR	60GM	CORCINO, B.L.	.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNPAN	
10/03/05	06292954	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SMNNQ9H	
10/27/05	06306372	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00 COPAY
	NEW	00087-6060-05 BMSPR	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENQ9A	
10/27/05	06304661	ZANTAC 150MG TABLE	30TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENP7X	
10/27/05	06304660	LIPITOR 20MG TABLE	30TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENP9E	
10/27/05	06304659	LOPRESSOR 50MG TAB	30TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENP9M	
10/27/05	06302514	PRINIVIL 10MG TABL	60TAB	VETRANO, J.	.00 COPAY
	REFILL	00006-0106-54 MERCK	30DAYS	BV4361591	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENP9T	
10/27/05	06299086	MICRO-K 10MEQ EXTE	60CAP	CORCINO, B.L.	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENP9X	
10/27/05	06299084	LASIX 40MG TABLET	30TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5NENP97	

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 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE	PR TYPE
	N/R	NDC#	MFG#	DEA#		GEN IND
12/30/05	06311046	MICRO-K 10MEQ EXTE	60CAP	ROMEO, ERUNO	.00	COPAY
	NEW	64011-0009-04 THERX	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WCXW		
12/30/05	06309000	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00	COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WA3H		
12/30/05	06308999	MOTRIN 800MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WA3Q		
12/30/05	06306372	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WD3R		
12/30/05	06304661	ZANTAC 150MG TABLE	30TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	AC4960123		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WA33		
12/30/05	06304660	LIPITOR 20MG TABLE	30TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	AC4960123		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WA7C		
12/30/05	06304659	LOPRESSOR 50MG TAB	30TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	AC4960123		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WA7D		
12/30/05	06302514	PRINIVIL 10MG TABL	60TAB	VETRANO, J.	.00	COPAY
	REFILL	00006-0106-54 MERCK	30DAYS	BV4361591		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5P9WA7H		
01/20/06	04045759	VICODIN 5/500 TABL	30TAB	DRUMMOND, D.	5.00	COPAY
	NEW	00074-1949-14 ABBOT	30DAYS	MD0363046		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5QQ9PLQ		
01/20/06	06312582	LISINAPRIL 20 MG T	30TAB	DRUMMOND, D.	5.00	COPAY
	NEW	00185-0102-01 EON	30DAYS	MD0363046		GENERIC
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - 5QQ9KFW		
01/24/06	06311048	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	5.00	COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - 5QWECEQ		
01/24/06	06311047	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	5.00	COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5QWECEX		
01/24/06	06311046	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	5.00	COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5QWECE7		
01/24/06	06309000	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	5.00	COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5QWECEP		
01/24/06	06308999	MOTRIN 800MG TABLE	30TAB	ROMEO, BRUNO	5.00	COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - 5QWECEFL		

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE	PR TYPE
	N/R	NDC#	MFG#	DEA#		GEN IND
01/24/06	06306372	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SQWECRR		
01/24/06	06304661	ZANTAC 150MG TABLE	30TAB	CORCINO, B.L.	5.00	COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SQWECFT		
01/24/06	06304660	LIPITOR 20MG TABLE	30TAB	CORCINO, B.L.	5.00	COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SQWECFX		
01/24/06	06304659	LOPRESSOR 50MG TAB	30TAB	CORCINO, B.L.	5.00	COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SQWECFL		
01/24/06	06302514	PRINIVIL 10MG TABL	60TAB	VETRANO, J.	.00	COPAY
	REFILL	00006-0106-54 MERCK	30DAYS	BV4361591		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SQWECCLK		
03/09/06	04045759	VICODIN 5/500 TABL	30TAB	DRUMMOND, D.	.00	COPAY
	REFILL	00074-1949-14 ABBOT	30DAYS	MD0363046		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRE9		
03/09/06	06312582	LISINOPRIL 20 MG T	30TAB	DRUMMOND, D.	.00	COPAY
	REFILL	00185-0102-01 EON	30DAYS	MD0363046		GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - STANRFF		
03/09/06	06311048	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - STANRFM		
03/09/06	06311047	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRFN		
03/09/06	06311046	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00	COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRFW		
03/09/06	06309000	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00	COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRF7		
03/09/06	06308999	MOTRIN 800MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRMK		
03/09/06	06306372	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANXTC		
03/09/06	06304661	ZANTAC 150MG TABLE	30TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRL3		
03/09/06	06304660	LIPITOR 20MG TABLE	30TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	AC4960123		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - STANRMC		

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 \* M E D I C A L   E X P E N S E   \*   BGN DTE:09/01/2005 END DTE:05/31/2006 \*  
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FOR:            CARSON, MARY                            LEYO'S PHARMACY  
 CARE OF:       PAID \$50 DEDUCTIBLE FOR 2005        N. MAIN ST., PO BOX 397  
                  P.O. BOX 325                            COALPORT, PA. 16627  
 CARSM        MADERA,                                PA 16661            PHARMACIST - M. REESE  
 Store LIC# - 412953                                    Store PH # - 814-672-5387  
 Store DEA# - AL1858616                                Provider # - 3944661  
 Birth Date - 04/17/1938                              Pat. Sex - F  
 Social Security# -                                    Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE	PR TYPE
	N/R	NDC#	MFG#	DEA#		GEN IND
03/09/06	06304659	LOPRESSOR 50MG TAB	30TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	AC4960123		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STANRME		
03/09/06	06302514	PRINIVIL 10MG TABL	60TAB	VETRANO, J.	.00	COPAY
	REFILL	00006-0106-54 MERCK	30DAYS	BV4361591		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STANRMN		
03/13/06	04046426	PROMETHAZINE/CODEI	240ML	ROMEO, BRUNO	.00	COPAY
	NEW	00472-1627-16 ALPHM	12DAYS	BR2814906		GENERIC
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - STDQC9M		
03/13/06	06316527	CEPHALEXIN 250MG C	40CAP	ROMEO, BRUNO	.00	COPAY
	NEW	63304-0656-05 RANBX	10DAYS	BR2814906		GENERIC
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - STDQADP		
04/01/06	06318187	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00	COPAY
	NEW	00028-0051-01 NVRTS	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLN33		
04/01/06	06318186	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	NEW	00071-0156-23 PFZER	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLNWC		
04/01/06	06318185	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	NEW	00173-0344-42 GLSMK	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLNRE		
04/01/06	04046459	VICODIN 5/500 TABL	30TAB	DRUMMOND, D.	.00	COPAY
	REFILL	00074-1949-14 ABBOT	30DAYS	MD0363046		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLMTW		
04/01/06	06311048	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - STTLM9X		
04/01/06	06311047	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLNAA		
04/01/06	06311046	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00	COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLNAK		
04/01/06	06309000	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00	COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLNHE		
04/01/06	06308999	MOTRIN 800MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	BR2814906		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLNHK		
04/01/06	06306372	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00	COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123		BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - STTLQ3A		
04/03/06	06318276	LISINAPRIL 20 MG T	30TAB	ROBINSON	.00	COPAY
	NEW	00185-0102-01 EON	30DAYS	AR2322181		GENERIC
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - 5TWKF79		

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 \* M E D I C A L E X P E N S E S \* BGN DTE:09/01/2005 END DTE:05/31/2006 \*  
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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2005 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16601 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG# D/S	DEA#	GEN IND
04/27/06	04046982	VICODIN 5/500 TABL	30TAB	DRUMMOND, D.	.00 COPAY
	NEW	00074-1949-14 ABBOT	30DAYS	MD0363046	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNRQR9	
04/27/06	06318276	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - SWNNCL3	
04/27/06	06318187	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCMD	
04/27/06	06318186	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCME	
04/27/06	06318185	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCNA	
04/27/06	06311048	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - SWNNCQR	
04/27/06	06311047	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCQW	
04/27/06	06311046	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCQ9	
04/27/06	06309000	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCRD	
04/27/06	06308999	MOTRIN 800MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00009-7387-01 PHUPJ	25DAYS	BR2814906	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWNNCRF	
05/01/06	06320481	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00 COPAY
	NEW	00087-6060-05 BMSPR	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - SWQMXWA	
05/31/06	06322689	MOTRIN 800MG TABLE	30TAB	CORCINO, B.L.	.00 COPAY
	NEW	00009-7387-01 PHUPJ	25DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - OMMCKF3	
05/31/06	06320481	GLUCOPHAGE 500MG T	180TAB	CORCINO, B.L.	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	AC4960123	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - FFPMLMA	
05/31/06	04046982	VICODIN 5/500 TABL	30TAB	DRUMMOND, D.	.00 COPAY
	REFILL	00074-1949-14 ABBOT	30DAYS	MD0363046	BRAND
		Rx DAW Ind - Y2 Policy# 200307437		ECS Auth # - NEDLFLX	
05/31/06	06318276	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
		Rx DAW Ind - Y0 Policy# 200307437		ECS Auth # - OMMCERP	

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 \* M E D I C A L E X P E N S E S \* BGN DTE:01/01/2007 END DTE:12/21/2007 \*  
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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2007 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16601 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG# D/S	DEA#	GEN IND
01/02/07	04048331	VICODIN 5/500 TABL	30TAB	DRUMMOND, D.	5.00 COPAY
	REFILL	00074-1949-14 ABBOT	30DAYS	MD0363046	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5EHWFXD	
01/29/07	04050258	PROMETHAZINE W/COD	180ML	ROMEO, BRUNO	5.00 COPAY
	NEW	00603-1585-58 QUALI	9DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5FFDQRD	
01/25/07	06338737	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	5.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5FFDQPR	
01/29/07	06338736	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	5.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5FFDQQL	
01/29/07	06336365	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	5.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5FFDRMN	
01/25/07	06332963	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	5.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5FFDT1T	
01/29/07	06330579	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	5.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5FFDRN7	
01/29/07	06330578	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	5.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5FFDRPQ	
01/29/07	06330577	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	5.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5FFDRQA	
01/30/07	06341577	LISINAPRIL 20 MG T	30TAB	DRUMMOND, D.	5.00 COPAY
	NEW	00185-0102-01 EON	30DAYS	MD0363046	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5FF9C77	
02/28/07	06338737	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5HEK9PX	
02/28/07	06338736	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5HEK9NA	
02/28/07	06336365	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5HEK9NL	
02/28/07	06332963	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5HELAX9	
02/28/07	06330579	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5HEK9NR	

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 \* M E D I C A L   E X P E N S E S      BGN DTE:01/01/2007 END DTE:12/21/2007    \*  
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FOR:            CARSON, MARY                            LEYO'S PHARMACY  
 CARE OF:      PAID \$50 DEDUCTIBLE FOR 2007        N. MAIN ST., PO BOX 397  
                  P.O. BOX 325                            COALPORT, PA. 16627  
 CARSM        MADERA,                            PA 16611            PHARMACIST - M. REESE  
 Store LIC# - 412953                            Store PH # - 814-672-5387  
 Store DEA# - AL1858616                        Provider # - 3944661  
 Birth Date - 04/17/1938                        Pat. Sex - F  
 Social Security# -                            Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG#	DEA#	GEN IND
02/28/07	06330578	LIPITOR 20MG TABLE	30TAB	ROMEO BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SHEK9N9	
02/28/07	06330577	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SHEK9N3	
03/07/07	06344640	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	NEW	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - SHMT9WH	
03/26/07	06346131	CEPHALEXIN 250MG C	30CAP	ROMEO, BRUNO	.00 COPAY
	NEW	63304-0656-05 RANBX	8DAYS	BR2814906	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5K397PF	
03/26/07	04050929	PROMETHAZINE W/COD	120ML	ROMEO, BRUNO	.00 COPAY
	NEW	00603-1585-58 QUALI	6DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5K39R3A	
03/26/07	06346129	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5K39RNP	
03/26/07	06346128	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5K39RL9	
03/26/07	06346127	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	NEW	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5K39RD3	
03/26/07	06338737	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5K39Q7L	
03/26/07	06338736	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5K39QWH	
03/26/07	06336365	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5K39QR7	
03/26/07	06332963	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5K393QP	
03/30/07	06346517	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	NEW	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - SLKMKLW	
03/30/07	06346481	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SLKDPNA	
04/27/07	06348784	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00087-6060-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - SMMM7T7	

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 \* M E D I C A L E X P E N S E S \* BGN DTE:01/01/2007 END DTE:12/21/2007 \*  
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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2007 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16661 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE	PR TYPE
	N/R	NDC#	MFG#	DEA#		GEN IND
04/27/07	06346481	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MMKNKM		
04/27/07	06346129	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MMKNKC		
04/27/07	06346128	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MMKNRM		
04/27/07	06346127	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00	COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MMKNQM		
04/27/07	06338737	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5MMKNWX		
04/27/07	06338736	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MMKN1K		
05/04/07	04051367	TUSSIONEX PENNKINE	240ML	ROBINSON	.00	COPAY
	NEW	53014-0548-67 CELLT	24DAYS	AR2322181		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5MRPA1A		
05/04/07	04051366	HYDROCODONE/APAP 5	40TAB	ROBINSON	.00	COPAY
	NEW	00603-3881-28 QUALT	20DAYS	AR2322181		GENERIC
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5MRNX1W		
05/04/07	06349284	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00	COPAY
	NEW	00185-0102-01 EON	30DAYS	AR2322181		GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5MRNWM		
05/24/07	06350855	ALLEGRA-D 24 HOUR	30TAB	ROMEO, BRUNO	.00	COPAY
	NEW	00088-1095-47 SANOF	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3FQCAMP		
05/30/07	04051367	TUSSIONEX PENNKINE	240ML	ROBINSON	.00	COPAY
	REFILL	53014-0548-67 CELLT	24DAYS	AR2322181		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3FWXDCW		
05/30/07	04051366	VICODIN 5/500 TABL	40TAB	ROBINSON	.00	COPAY
	REFILL	00074-1949-14 ABBOT	20DAYS	AR2322181		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDDA		
05/30/07	06349284	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00	COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181		GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3FWXDDD		
05/30/07	06348784	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXD1N		
05/30/07	06346481	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDDK		

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\* M E D I C A L   E X P E N S E S   \*   BGN DTE:01/01/2007   END DTE:12/21/2007   \*

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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2007 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16661 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG#	DEA#	GEN IND
05/30/07	06346129	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDDT	
05/30/07	06346128	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDDP	
05/30/07	06346127	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDEC	
05/30/07	06338737	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3FWXDMQ	
05/30/07	06338736	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDMR	
05/30/07	06336365	TOPICORT 0.25PC CR	60GM	ROMEO, BRUNO	.00 COPAY
	REFILL	51672-5204-03 TARO	20DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3FWXDNA	
06/25/07	06350855	ALLEGRA-D 24 HOUR	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00088-1095-47 SANOF	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3H7FLH3	
06/25/07	04051367	TUSSIONEX PENNKINE	240ML	ROBINSON	.00 COPAY
	REFILL	53014-0546-67 CELLT	24DAYS	AR2322181	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3H7FLKM	
06/25/07	06349284	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3H7FLKP	
06/25/07	06348784	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3H7FMAX	
06/25/07	06346481	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3H7FLLR	
06/25/07	06346129	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3H7FLLX	
06/25/07	06346128	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3H7FLL7	
06/25/07	06346127	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3H7FLMF	
07/06/07	06353999	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3KK7KH7	

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 \* M E D I C A L E X P E N S E S \* BGN DTE:01/01/2007 END DTE:12/21/2007 \*  
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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2007 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALFORT, PA. 16627  
 CARSM MADERA, PA 16661 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

\*\*\*\*\*  
 DATE RX# DRUG (ITEM) NAME QTY PRESCRIBER PRICE PR TYPE  
 N/R NDC# MFG# D/S DEA# GEN IND  
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07/06/07	04051366	VICODIN 5/500 TABL	40TAB	ROBINSON	.00	COPAY
	REFILL	00074-1949-14 ABBOT	20DAYS	AR2322181		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3KXXDR		
07/31/07	06353999	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHL		
07/31/07	06350855	ALLEGRA-D 24 HOUR	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00088-1095-47 SANOF	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3LEAHL		
07/31/07	04051366	VICODIN 5/500 TABL	40TAB	ROBINSON	.00	COPAY
	REFILL	00074-1949-14 ABBOT	20DAYS	AR2322181		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHT		
07/31/07	06349284	LISINAPRIL 20 MG T	30TAB	ROBINSON	.00	COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181		GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 3LEAHT		
07/31/07	06348784	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHT		
07/31/07	06346481	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHT		
07/31/07	06346129	LIPITOR 20MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHT		
07/31/07	06346128	ZANTAC 150MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHT		
07/31/07	06346127	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00	COPAY
	REFILL	64011-0005-04 THERX	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 3LEAHT		
03/29/07	06358120	AVAPRO 300MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	NEW	00087-2773-31 BMSPR	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5TRAADR		
08/29/07	06358119	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00	COPAY
	NEW	00087-6060-05 BMSPR	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TRAENW		
08/29/07	06353999	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TQ99F1		
08/29/07	06350855	ALLEGRA-D 24 HOUR	30TAB	ROMEO, BRUNO	.00	COPAY
	REFILL	00088-1095-47 SANOF	30DAYS	BR2814906		BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5TQ99HA		
08/29/07	04051366	VICODIN 5/500 TABL	40TAB	ROBINSON	.00	COPAY
	REFILL	00074-1949-14 ABBOT	20DAYS	AR2322181		BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TQ99LN		

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FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2007 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16661 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG#	DEA#	GEN IND
08/29/07	06349284	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5TQ99M1	
08/29/07	06346481	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TQ99W7	
08/29/07	06346129	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TQ991T	
08/29/07	06346128	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TQ993F	
08/29/07	06346127	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5TQ9939	
09/25/07	06360243	MICRO-K 10MEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	NEW	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5WLERCL	
09/25/07	06360242	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5WLEQXC	
09/25/07	06360241	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5WLEQQN	
09/25/07	06360240	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	NEW	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5WLEQLD	
09/25/07	06358120	AVAPRO 300MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5WLDPPQ	
09/25/07	06358119	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-6060-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5WLDQNT	
09/25/07	06353999	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00039-0060-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5WLDPPQ	
09/25/07	06350855	ALLEGRA-D 24 HOUR	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00088-1095-47 SANOF	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5WLDPPQ1	
09/25/07	06349284	LISINOPRIL 20 MG T	30TAB	ROBINSON	.00 COPAY
	REFILL	00185-0102-01 EON	30DAYS	AR2322181	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 5WLDPPA	
10/05/07	04053020	VICODIN 5/500 TABL	40TAB	ROBINSON	.00 COPAY
	NEW	00074-1949-14 ABBOT	20DAYS	AR2322181	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 5XLL9D9	

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 \* M E D I C A L E X P E N S E S \* BGN DTE:01/01/2007 END DTE:12/21/2007 \*

FOR: CARSON, MARY LEYO'S PHARMACY  
 CARE OF: PAID \$50 DEDUCTIBLE FOR 2007 N. MAIN ST., PO BOX 397  
 P.O. BOX 325 COALPORT, PA. 16627  
 CARSM MADERA, PA 16661 PHARMACIST - M. REESE  
 Store LIC# - 412953 Store PH # - 814-672-5387  
 Store DEA# - AL1858616 Provider # - 3944661  
 Birth Date - 04/17/1938 Pat. Sex - F  
 Social Security# - - - Medical Record# -

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DATE	RX#	DRUG (ITEM) NAME	QTY	PRESCRIBER	PRICE PR TYPE
	N/R	NDC#	MFG#	DEA#	GEN IND
10/26/07	06362972	LISINOPRIL 20 MG T	30TAB	HALL	.00 COPAY
	NEW	00185-0102-01 EON	30DAYS	AH3202328	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 51AKQXF	
10/26/07	04053020	VICODIN 5/500 TABL	40TAB	ROBINSON	.00 COPAY
	REFILL	00074-1949-14 ABBOT	20DAYS	AR2322181	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD11K	
10/26/07	06360243	MICRO-K 1CMEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD11R	
10/26/07	06360242	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD11T	
10/26/07	06360241	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD13A	
10/26/07	06360240	ZANTAC 150MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00173-0344-42 GLSMK	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD13E	
10/26/07	06358120	AVAPRO 30CMG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-2773-31 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 51AD13Q	
10/26/07	06358119	GLUCOPHAGE 500MG T	180TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00087-606C-05 BMSPR	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD3HX	
10/26/07	06353999	LASIX 40MG TABLET	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00039-006C-13 AVNTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 51AD139	
11/09/07	06364208	CEPHALEXIN 250MG C	40CAP	ROMEO, BRUNO	.00 COPAY
	NEW	63304-0656-05 RANBX	10DAYS	BR2814906	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 531KPXF	
11/14/07	04053509	PROMETHAZINE W/COD	120ML	ROMEO, BRUNO	.00 COPAY
	NEW	00603-1585-58 QUALI	6DAYS	BR2814906	BRAND
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 571TW7K	
12/03/07	06362972	LISINOPRIL 20 MG T	30TAB	HALL	.00 COPAY
	REFILL	00185-0102-01 EON	30DAYS	AH3202328	GENERIC
	Rx DAW Ind - Y0 Policy#	200307437		ECS Auth # - 591AC13	
12/03/07	06360243	MICRO-K 1CMEQ EXTE	60CAP	ROMEO, BRUNO	.00 COPAY
	REFILL	64011-0009-04 THERX	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 591AC33	
12/03/07	06360242	LOPRESSOR 50MG TAB	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00028-0051-01 NVRTS	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 591AC39	
12/03/07	06360241	LIPITOR 20MG TABLE	30TAB	ROMEO, BRUNO	.00 COPAY
	REFILL	00071-0156-23 PFZER	30DAYS	BR2814906	BRAND
	Rx DAW Ind - Y2 Policy#	200307437		ECS Auth # - 591AC7D	

FOR:	CARSON, MARY	LEYO'S PHARMACY
CARE OF:	PAID \$50 DEDUCTIBLE FOR 2007	N. MAIN ST., PO BOX 397
	P.O. BOX 325	COALPORT, PA. 16627
CARSM	MADERA,	PA 16661
		PHARMACIST - M. REESE
Store LIC#	- 412953	Store PH # - 814-672-5387
Store DEA#	- AL1858616	Provider # - 3944661
Birth Date	- 04/17/1938	Pat. Sex - F
Social Security#	- - -	Medical Record# -

50.00 TOTAL

CONFIDENTIAL  
CLASSIFIED BY 78021  
DATE 1-16-97

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**Keystone Rehab.**

**\$1,442.72**

KEYSTONE REHABILITATION SYSTEM  
665 PHILA ST. PO BOX 1289

Itemized Statement  
01/01/2004 - 09/21/2004

Page: 1  
(c) Miaya

Printed: 09/21/2004 9:40 AM

INDIANA, PA 15701  
724/465-3222  
Federal ID : 25-1538380

Patient		Guarantor	
CARSON, MARY L	PatID: 126	0191027-0001 MC SS	AccID: 200307437
PO BOX 325	Dob: 04/17/1938	CARSON, MARY L	SSN : 200-30-7437
MADERA, PA	16661 Age: 66	PO BOX 325	
814/378-9759		MADERA, PA	16661
		814/378-9759	

Employer: Address/Telephone#:

Insurance Company	Policy #	Group #	Other Info	Holder	Effective Date(s)
1: VERITUS/MEDICARE	200307437A			CARSON, MARY L	
SUITE F8225	120 FIFTH AVENUE	PITTSBURGH, PA	15222		
2: BLUE CROSS OF WESTERN PA	QDC104511488001	0518401		CARSON, MARY L	
PO BOX 1949	PITTSBURGH, PA	15230			

Service Date(s)	Patient Name	Code	Description	Qty/Svc	Charged	Open	Prov.	Place	Case#
08/23/04	CARSON, MARY L	1102	EVALUATION PT	1.00	110.00	71.90		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/30/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)		Insur		-38.10			
08/25/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/30/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)		Insur		-56.05			
08/25/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/30/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)		Insur		-37.17			
08/25/04	CARSON, MARY L	1416	MANUAL THERAPY TECHNIQUES	1.00	68.00	25.66		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/30/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)		Insur		-42.34			
08/27/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)		Insur		-56.05			
08/27/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						

Received Time Sep.21. 9:43AM

KEYSTONE REHABILITATION SYSTEM  
665 PHILA ST, PO BOX 1289

INDIANA, PA 15701

724/465-3222

Federal ID : 25-1538380

Itemized Statement  
01/01/2004 - 09/21/2004

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Printed: 09/21/2004 9:40 AM

Patient

Guarantor

CARSON, MARY L

PATID: 126

0191027-0001

MC SS

AcctID: 200307437

CARSON, MARY L

SSN : 200-30-7437

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Prov.	Place	Case#
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
08/27/04	CARSON, MARY L	1416	MANUAL THERAPY TECHNIQUES	1.00	68.00	25.66		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-42.34			
08/30/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-56.05			
08/30/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
08/30/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	1.00	48.00	27.69		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-20.31			
08/30/04	CARSON, MARY L	1416	MANUAL THERAPY TECHNIQUES	1.00	68.00	25.66		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-42.34			
08/31/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-56.05			
08/31/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
08/31/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
08/31/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	14.49		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						

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KEYSTONE REHABILITATION SYSTEM  
565 PHILA ST, PO BOX 1289

Itemized Statement  
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INDIANA, PA 15701

724/465-3222

Federal ID : 25-1538380

Patient

Guarantor

CARSON, MARY L

PatID: 126

0191027-0001

MC SS

AcctID: 200307437

CARSON, MARY L

SSN : 200-30-7437

Service Date(s)	Patient Name	Code	Description	Qty/Enc	Charged	Open	Prov.	Place	Case#
08/31/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-31.51			
08/31/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	1.00	48.00	27.69		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
08/31/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-20.31			
08/31/04	CARSON, MARY L	1416	MANUAL THERAPY TECHNIQUES	1.00	68.00	25.66		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
08/31/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-42.34			
09/02/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
09/09/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-56.05			
09/02/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
09/09/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
09/02/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	14.49		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
09/09/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-31.51			
09/02/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	1.00	48.00	27.69		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
09/09/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-20.31			
09/08/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
09/15/04		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-56.05			
09/08/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1

Sep.21. 2004 9:55AM 7244653250  
7244653250

No.3785 P. 4

KEYSTONE REHABILITATION SYSTEM  
665 PHILA ST, PO BOX 1389

Itemized Statement  
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INDIANA, PA 15701  
724/465-1222  
Federal ID : 25-1538380

Patient

Guarantor

CARSON, MARY L

PatID: 126

0191027-0001

MC SS

AcctID: 200307437

CARSON, MARY L

SSN : 200-30-7437

Service Date(s)	Patient Name	Code	Description	Qty/Sxc	Charged	Open	Prov.	Place	Case#
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
09/08/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	14.49		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-31.51			
09/05/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	1.00	48.00	27.69		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-20.31			
09/08/04	CARSON, MARY L	1416	MANUAL THERAPY TECHNIQUES	1.00	68.00	25.66		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-42.34			
09/09/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-55.05			
09/09/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
09/09/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	14.49		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-31.51			
09/09/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	1.00	48.00	27.69		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-20.31			
09/10/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	11.95		126	1

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KEYSTONE REHABILITATION SYSTEM  
665 PHILA ST, PO BOX 1289

Itemized Statement  
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INDIANA, PA 15701  
724/465-3222  
Federal ID : 25-1538380

Patient	Guarantor
CARSON, MARY L PatID: 126	0191027-0001 MC SS AcctID: 200307437 CARSON, MARY L SSN : 200-30-7437

Service Date(s)	Patient Name	Code	Description	Qty/Sec	Charged	Open	Prov.	Place	Case#
09/15/04		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-56.05			
09/10/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	10.83		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-37.17			
09/10/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	14.49		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-31.51			
09/10/04-09/10/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	2.00	96.00	55.38		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04		CMCFSADJ MC FEE SCHEDULE ADJ (RBM SYS)			Insur	-40.62			
09/14/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	68.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/14/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	48.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/14/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	46.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/14/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	1.00	48.00	48.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	68.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	48.00		126	1

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KEYSTONE REHABILITATION SYSTEM  
665 PHILA ST, PO BOX 1289

Itemized Statement  
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INDIANA, PA 15701  
724/465-3222  
Federal ID : 25-1538380

Patient

Guarantor

CARSON, MARY L

PatID: 126

0191027-0001

MC 88

AcctID: 200307437

CARSON, MARY L

SSN : 200-30-7437

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Prov.	Place	Case#
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	46.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/15/04-09/15/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	2.00	96.00	96.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/17/04	CARSON, MARY L	1411	PHONOPHORESIS - 15 MINS	1.00	68.00	68.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/17/04	CARSON, MARY L	1302	ELECTRICAL STIM UNATTENDED	1.00	48.00	48.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/17/04	CARSON, MARY L	1301	TRACTION, MECHANICAL	1.00	46.00	46.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/17/04-09/17/04	CARSON, MARY L	1401	THERAPEUTIC EXERCISES	2.00	96.00	96.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						
09/17/04	CARSON, MARY L	1416	MANUAL THERAPY TECHNIQUES	1.00	68.00	68.00		126	1
		DiagP: 724.02	SPINAL STENOSIS LUMBAR REGION						
		DiagS: 724.2	LUMBAGO						

Case # : 1 SPINAL STENOSIS Acct# : 0191027-0001

Occurrence: 05/13/04

Admission :

Total Disability :

Thru

Injury/Pregnancy:

Consulted : 08/23/04

Discharged:

Partial Disability:

Thru

Employ. Related: N

SPINAL STENOSIS LUMBAR & BACK PAIN MEDICARE

Sep.21. 2004 9:55AM 7244653250  
7244653250

No.3785 P. 7

KEYSTONE REHABILITATION SYSTEM  
665 PHILA ST, PO BOX 1289

Itemized Statement  
01/01/2004 - 09/21/2004

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INDIANA, PA 15701  
724/465-3222  
Federal ID : 25-1538380

Patient

Guarantor

CARSON, MARY L

PatID: 126

0191027-0001

MC SS

AcctID: 200307437

CARSON, MARY L

SSN : 200-30-7437

Service Date(s)	Patient Name	Code	Description	Qty/Src	Charged	Open	Prov.	Place	Case#
-----------------	--------------	------	-------------	---------	---------	------	-------	-------	-------

Current Balances

Totals From 01/01/2004 Thru 09/21/2004

Account Balance : 1442.72  
Open Balance : 1442.72  
Personal Balance : 0.00  
Insurance Balance : 1442.72  
Budget Balance : 0.00

Charges : 2738.00  
Personal Payments : 0.00  
Insurance Payments : 0.00  
Total Payments : 0.00  
Adjustments : -1295.28

Collection Balance: 0.00

Coll. Payments : 0.00  
Coll. Adjustments : 0.00

Received Time Sep.21. 9:43AM

**2. c.**

**American Home Patient**

**\$97.00**



AMERICAN HOMEPATIENT™

## WORK ORDER

American HomePatient  
200 Shady Lane  
Philipsburg, PA 16866  
8143426710

SRA 414361

Branch Phone:

Order Number	Account Number	Cust Phone No.	Order Date	Route	Scheduled Date	Order Type	Height	Weight
	06571364635	(814) 378-5759	10/18/2006		10/18/2006	D	63	180
Date Needed	Time Needed	D/C Date	Birthdate					
10/18/2006			4/17/1938					

## Ship To

MARY CARSON  
BOX 325  
MADERA, PA 16661

## Responsible Party

## Doctor

BRUNO ROMEO MD (814) 765-6644

## Insurance Information

HEALTHNOW NY INC 200307437A  
HIGHMARK BC/BSQDC104511488001  
SELF PAY

## Emergency Contact Information:

## Patient Diagnoses

724.2

Line	Item #	Typ	Description	Quantity	Billed amt.	Extd Amt.
1	WCK1	R	WHEELCHAIR K0001	1	\$97.00	97.00
Mfg			Item #	Asset Tag	S/N	
2		R				0.00
Mfg			Item #	Asset Tag	S/N	
3		R				0.00
Mfg			Item #	Asset Tag	S/N	
4		R				0.00
Mfg			Item #	Asset Tag	S/N	
5		R				0.00
Mfg			Item #	Asset Tag	S/N	
6		R				0.00
Mfg			Item #	Asset Tag	S/N	
7		R				0.00
Mfg			Item #	Asset Tag	S/N	

## Comments/Special Instructions

will scan script  
will deliver upon approval  
medicare questionnaire not done

## Additional Notes

I was unable to reach the patient, complete medicare questionnaire and scan with the order, patient's secondary insurance will consider the 20% coinsurance, w/c checklist received @ BC. Medicare is showing the patient as having a workman's comp claim from 6/1/93, patient will need to coordinate their benefits with Medicare, please let patient know.  
WSW

Collect on Delivery	Amount Paid	Cash	Check #	Credit Card	Credit Card #	Exp. Date
\$0.00		<input type="checkbox"/>		(None)		
Est. Cust. Share	Cust. Acknowledgement					
\$0.00						

I attest the above information is correct. I authorize the release of any medical or other information necessary to obtain payment by the above-listed payer and authorize payment of approved benefits be made on my behalf to American HomePatient. If signed by someone other than the patient, I attest I have the authority to sign on behalf of the patient. I HAVE RECEIVED, READ, AND UNDERSTAND THE PROVISIONS ON THE TERMS AND CONDITIONS FORM AND UNDERSTAND THAT MY SIGNATURE BELOW SHALL BE EVIDENCE OF ANY AGREEMENT TO THE PROVISIONS ON THE TERMS AND CONDITIONS FORM.

Privacy Acknowledgement: \_\_\_\_\_

(Patient Signature)

If not patient, signature by (print name)

Reason patient unable to sign

Date

Relationship to patient

Delivery Personnel Signature

Street address of indiv. other than patient  
Form # 1200-1WLO (06/04)

City/State/ZIP

PT  
COPY

**2. d.**

**EMPI**

**\$485.00**





Empi  
599 Cardigan Road  
P.O. Box 64640  
St. Paul, MN 55164-9856

## SALES AGREEMENT

851-415-9000; 800-328-2536  
FAX: 1-800-400-5022

FOR OFFICE USE ONLY

P# 1

O#

### INSTRUCTIONS to RETURN DOCUMENT(S) to EMPi

FAX the top copy, prescription and a **FRONT & BACK COPY OF THE INSURANCE CARD(S)** to (800) 400-5022 or mail in the attached envelope. For Medicare and Medicaid patients, mail the **ORIGINAL** documents in the attached envelope. Please ensure that your patient receives the signed green copy of this agreement.

REA1313450



### PATIENT INFORMATION - Please Print & Complete in Full

DATE DEVICE ISSUED 9/28/04	PATIENT NAME (Last / First / Middle) CARSON, Mary Louise	E-MAIL ADDRESS
PATIENT ADDRESS P.O. Box 325	CITY Madison	STATE PA ZIP
HOME PHONE # (814) 378-9759	WORK PHONE # ( )	SOCIAL SECURITY NUMBER 200-30-7437
PRESCRIBING PHYSICIAN NAME Dr. Michael C. Gaudin		DATE OF BIRTH 4/17/1938
PHYSICIAN ADDRESS		SEX M <input checked="" type="checkbox"/> F
		PHYS. PHONE # (814) 946-9150
		PHYS. FAX # ( )

MEDICARE <input type="checkbox"/>	MEDICAID <input type="checkbox"/>	PRIVATE INSURANCE <input type="checkbox"/>	SELF PAY <input type="checkbox"/>	WORK COMP. <input type="checkbox"/>	AUTO <input type="checkbox"/>	OTHER <input type="checkbox"/>
Medicare #: _____ Medicaid #: _____				Insurance Name: _____		
Primary Ins. Name: _____				Ins. Address: _____		
Ins. Address: _____				City/State/Zip: _____		
City/State/Zip: _____				Ins. Phone #: ( )		
Ins. Phone #: ( ) DOB: _____				Policyholder Name: _____		
Policyholder Name: _____				Policy/Claim #: _____		
Member #: _____ GRP #: _____				Employer Name: _____		
Secondary Ins. Name: _____				Employer Phone #: ( )		
Ins. Address: _____				(Please provide if Worker's Compensation is being billed)		
City/State/Zip: _____				Adjustor Name: _____		
Ins. Phone #: ( ) DOB: _____				Date of Injury: _____		
Policyholder Name: _____				Attorney Name: _____		
Member #: _____ GRP #: _____				Attorney Phone #: ( )		

### CLINIC INFORMATION

Clinic #: **217204** Clinic Name: **KEYSTONE REHAB**  
Clinician Name: \_\_\_\_\_ Phone #: **814 378-3688** Fax #: \_\_\_\_\_  
Clinic Address: **ECB HANNAH ST** **HOUTZDALE, PA 16451**

PRODUCT INFORMATION			
QUANTITY	DESCRIPTION	SERIAL NUMBER	
1	199405-001 KIT EPIX XL w/TPP (TE	9102532	2A STEVEN WAGNER
	193031-100 QTY = 2	200030-001 QTY = 2	200022-001 QTY = 1
	84906220 QTY = 2		
* Electrodes, Tax & Freight Additional *			
\$485.00			

07-07-04 10:49 7928337 7260914

**Patient Signature Required for Proof of Delivery, Assignment of Benefits, Acknowledgement of Receipt of Privacy Notice and Terms and Conditions of Agreement**  
I have received the device(s) and/or supplies listed above on the date indicated in the Date Device Issued area and I hereby authorize payment of medical benefits to Empi for services furnished. I choose to use this particular equipment and this particular company. I have reviewed the terms and conditions of this Agreement inclusive of the retail pricing information listed on the back of this form.

I further authorize the release of any medical information required for treatment, payment and healthcare operations. I understand that any balance remaining relative to the cost of the device and/or supplies after my insurer has remitted appropriate payment and Empi has taken applicable discounts will be my responsibility. In addition, I acknowledge that I have received Empi's Notice of Privacy Practices, which is required to be provided to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Patient Signature: Mary Louise Carson

Date of Signature: Sept 28 - 04

IF SOMEONE OTHER THAN PATIENT IS SIGNING THIS DOCUMENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Printed Name & Relationship to Patient: \_\_\_\_\_

Signature of Signer: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

**2. e.**

**Dr. Polintan**

**\$254.00**

Patient's Name Mary Carson 4-17-38

Diagnosis/Impression R limb p. n. ul. g. t. t.

OFFICE OR OTHER OUTPATIENT SERVICES:

New Patient

99201 \_\_\_\_\_  
99202 \_\_\_\_\_  
99203 110-  
99204 \_\_\_\_\_  
99205 \_\_\_\_\_

Established Patient

99211 - Nursing Code  
99212 \_\_\_\_\_  
99213 \_\_\_\_\_  
99214 \_\_\_\_\_  
99215 \_\_\_\_\_

OFFICE CONSULTATION OR OUTPATIENT:

99241 \_\_\_\_\_  
99242 \_\_\_\_\_  
99243 \_\_\_\_\_  
99244 \_\_\_\_\_  
99245 \_\_\_\_\_

NO Charge \_\_\_\_\_  
PO \_\_\_\_\_

CONFIRMATORY CONSULTS/  
SECOND OPINION:

99271 \_\_\_\_\_  
99272 \_\_\_\_\_  
99273 \_\_\_\_\_  
99274 \_\_\_\_\_  
99275 \_\_\_\_\_

B	W	I	<u>M</u>	D	P	L
Date of Service Mo. <u>6</u> Day <u>25</u> Year <u>04</u>						
TOTAL CHARGES → :						
R. S. POLINTAN, M.D., P.C. 807 TURNPIKE AVENUE CLEARFIELD, PENNSYLVANIA 16830-1293 Telephone (814) 765-8590 ID # 25-1414119      Provider # PO105747						
Return: <u>See other MRI</u>						

Patient's Name Mary Carson  
(B.D. 4-17-38)

Diagnosis/Impression  
Lumbar spinal stenosis

OFFICE OR OTHER OUTPATIENT SERVICES:

New Patient

99201 \_\_\_\_\_  
99202 \_\_\_\_\_  
99203 \_\_\_\_\_  
99204 \_\_\_\_\_  
99205 \_\_\_\_\_

Established Patient

99211 - Nursing Code  
99212 \_\_\_\_\_  
99213 72  
99214 \_\_\_\_\_  
99215 \_\_\_\_\_

OFFICE CONSULTATION OR OUTPATIENT:

99241 \_\_\_\_\_  
99242 \_\_\_\_\_  
99243 \_\_\_\_\_  
99244 \_\_\_\_\_  
99245 \_\_\_\_\_

NO Charge \_\_\_\_\_  
PO \_\_\_\_\_

CONFIRMATORY CONSULTS/  
SECOND OPINION:

99271 \_\_\_\_\_  
99272 \_\_\_\_\_  
99273 \_\_\_\_\_  
99274 \_\_\_\_\_  
99275 \_\_\_\_\_

B	W	T	<u>M</u>	D	P	S
Date of Service Mo. <u>July</u> Day <u>3</u> Year <u>2004</u>						
TOTAL CHARGES → \$						
R. S. POLINTAN, M.D., P.C. 807 TURNPIKE AVENUE CLEARFIELD, PENNSYLVANIA 16830-1293 Telephone (814) 765-8590 ID # 25-1414119      Provider # PO105747						
Return: <u>To code</u>						

11M-1

B W I M D P

Date of Service Mo. 10 Day 01 Year 04

TOTAL CHARGES —————→ \$

R. S. POLINTAN, M.D., P.C.  
807 TURNPIKE AVENUE  
CLEARFIELD, PENNSYLVANIA 16830-1293  
Telephone (814) 765-8590  
ID # 25-1414119 Provider # PO105747

Return: 70 alt

**2. f.**

**Allegheny Brain and Spine Surgeons**

**\$325.00**

FROM: 11/01/2004 TO: 12/13/2004

T

MARY L CARSON  
BOX 325  
MADERA

PA 16661

ANY PAYMENT AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT.

DATE	ACCOUNT NO.	BALANCE DUE FROM PATIENT
12/13/04	055637-3*	SEE BELOW*

DETACH &amp; RETURN THIS PORTION WITH PAYMENT

DESCRIPTION				CHARGES	PAYMENTS I - Insurance P - Patient	ADJUSTMENTS	AMOUNT DUE FROM PATIENT
*11/17/04 OFFICE VISIT CPO 99214 724.02 CLFD OFF				100.00			MEDICARE
CURRENT	1- 30 DAYS	31 - 60 DAYS	OVER 60 DAYS	BALANCE DUE	NOTE: Patient is responsible for any balance not covered by insurance.		
				100.00	DUE FROM INSURANCE		
				.00	DUE FROM PATIENT (Please Pay)		

PLEASE SEND PAYMENT TO:

IF UNABLE TO KEEP THIS FUTURE  
APPOINTMENT, KINDLY GIVE US  
A "24" HOUR NOTICE.

LINE 1 ALLEGHENY BRAIN AND SPINE SURGEONS  
LINE 2 501 HOWARD AVENUE, BUILDING F-3  
LINE 3 ALTOONA, PA 16601  
LINE 4  
LINE 5 814-946-9150  
LINE 6 TAX I.D. 25-1379792

MARY L CARSON  
BOX 325  
MADERA

PA 16661

DATE  
08/30/04

ACCOUNT#  
055637-3

DESCRIPTION	CHGS	PMTS	ADJS	BALANCE DUE FROM PATIENT
08/18/04 OFFICE CONSULTATION	225.00			MEDICARE
01-CPO 99244 724.02 CLFD OFF				

BALANCE DUE FROM INSURANCE-: 225.00

BALANCE DUE FROM PATIENT---: .00



**2. g.**

**Glendale Area Medical**

**\$898.84**

# GLENDALE AREA MEDICAL ASSOCIATION

P.O. BOX 375 ~ 850 MAIN STREET ~ COALPORT, PA 16627  
(814) 672-5141 ~ FAX (814) 672-5461 ~ FED. TAX ID # 25-1345163

Date: 05/04/2007		Time: 10:00 am		Patient: Mary Louise Carson		S.S.#: 200-30-7437		Prior Balance		Last Visit Date: 08/09/2006	
Ticket #: 073925		Doctor: Jay Robinson MD		Facility: Glendale Medical Center		D.O.B.: 04/17/1938		Age: 69 yrs		Today's Charge	
Patient I.D.: 10835		Responsible Party: SAME		Phone Number: (814) 378-9759				Adjustments		Prior Diagnosis:	
Address: PO Box 325		City/State/Zip: Madera, PA 16661						Today's Payment		NOTES:	
Current: \$ 5.00		Over 30: \$ 0.00		Over 60: \$ 0.00		Over 90: \$ 0.00		Over 120: \$ 0.00		Balance Due	
Allocation Type: Medicare UGS				Financial Class: Medicare UGS							
Insurance 1: United Government Services				Insurance 2: Blue Shield				Insurance 3: Medicare Camp Hill			
Recall Appointment Information:				Days				Weeks			
				Months							

<b>Office Visits - New Patient (&gt;3 yrs)</b> <input type="checkbox"/> 99201 Problem Focused <input type="checkbox"/> 99202 Expanded Problem Focused <input type="checkbox"/> 99203 Detailed/Low Complexity <input type="checkbox"/> 99204 Comprehensive/Moderate Complexity <input type="checkbox"/> 99205 Comprehensive/High Complexity  <b>Office Visits - Est Patient (&lt;3 yrs)</b> <input type="checkbox"/> 99211 Nursing <input type="checkbox"/> 99212 Problem Focused <input checked="" type="checkbox"/> 99213 Expanded Problem Focused <input type="checkbox"/> 99214 Detailed/Moderate Complexity <input type="checkbox"/> 99215 Comprehensive/High Complexity  <b>Preventive Medicine Services/Health Maintenance Exams</b> <table style="width: 100%;"> <tr> <th></th> <th>ESTAB.</th> <th>NEW</th> </tr> <tr> <td>Under 1 year</td> <td><input type="checkbox"/> 99391</td> <td><input type="checkbox"/> 99381</td> </tr> <tr> <td>1 through 4 years</td> <td><input type="checkbox"/> 99392</td> <td><input type="checkbox"/> 99382</td> </tr> <tr> <td>5 through 11 years</td> <td><input type="checkbox"/> 99393</td> <td><input type="checkbox"/> 99383</td> </tr> <tr> <td>12 through 17 years</td> <td><input type="checkbox"/> 99394</td> <td><input type="checkbox"/> 99384</td> </tr> <tr> <td>18 through 39 years</td> <td><input type="checkbox"/> 99395</td> <td><input type="checkbox"/> 99385</td> </tr> <tr> <td>40 through 64 years</td> <td><input type="checkbox"/> 99396</td> <td><input type="checkbox"/> 99386</td> </tr> <tr> <td>65 years and over</td> <td><input type="checkbox"/> 99397</td> <td><input type="checkbox"/> 99387</td> </tr> </table> <b>Emergency Visits</b> <input type="checkbox"/> 99058 Office Services provided on an emergency basis  <b>Wound Repairs</b> size _____ site _____  <b>Incision and Drainage</b>  <b>Abscess</b> <input type="checkbox"/> 10060 simple/single <input type="checkbox"/> 10061 comp/multiple <input type="checkbox"/> 10120 Remove FB from SQ tissue, simple <input type="checkbox"/> 10140 Hematoma, seroma or fluid collection <input type="checkbox"/> 10160 Puncture aspir. of abscess, hematoma, bulla or cyst  <b>Paring or Cutting</b> <input type="checkbox"/> 1105 Benign hyperkeratotic lesion # _____  <b>Destruction Benign or Premalignant Lesions</b> <input type="checkbox"/> 17000 by any method (cryo), first lesion (e.g.-common plantar warts) <input type="checkbox"/> +17003 second through 14 lesions (e.g.-common plantar warts) <input type="checkbox"/> 17110 by any method (cryo), of flat wart, moll. contag. or milia, up to 14 lesions  <b>Removal of Skin Tags (show location)</b> size _____ # _____ site _____  <b>Excision Benign Lesion (show location)</b> size _____ # _____ site _____  <b>Nails</b> <input type="checkbox"/> 11740 Evacuation of subungal hematoma <input type="checkbox"/> 11765 Wedge Exc. Skin/Nailfold/Ingrown Toenail		ESTAB.	NEW	Under 1 year	<input type="checkbox"/> 99391	<input type="checkbox"/> 99381	1 through 4 years	<input type="checkbox"/> 99392	<input type="checkbox"/> 99382	5 through 11 years	<input type="checkbox"/> 99393	<input type="checkbox"/> 99383	12 through 17 years	<input type="checkbox"/> 99394	<input type="checkbox"/> 99384	18 through 39 years	<input type="checkbox"/> 99395	<input type="checkbox"/> 99385	40 through 64 years	<input type="checkbox"/> 99396	<input type="checkbox"/> 99386	65 years and over	<input type="checkbox"/> 99397	<input type="checkbox"/> 99387	<b>Musculoskeletal Procedures</b> <input type="checkbox"/> 20550 Injection of tendon sheath, ligament, trigger point, ganglion cyst Injection/Aspiration of joint or bursa site _____  <b>Respiratory System</b> <input type="checkbox"/> 30300 Removal of intranasal FB <input type="checkbox"/> 30901 Control nasal hemorrhage, anterior, simple, any method  <b>Eye and Ear</b> FB removal, conjunctiva <input type="checkbox"/> 65205 superficial <input type="checkbox"/> 65210 embedded <input type="checkbox"/> 69200 FB removal from external auditory canal <input type="checkbox"/> 69210 Removal impacted cerumen  <b>Wound Care</b> <input type="checkbox"/> 29580 Unna Boot Dressing Change _____ site _____  <b>Modifiers</b> <input type="checkbox"/> -21 or 99921 Prolonged E&M Services <input type="checkbox"/> -25 or 99925 Sep Service on Same Day <input type="checkbox"/> -51 or 99951 Multiple Procedures QW CLIA-waived tests  <b>Preventive Medicine and/or Risk Factor Reduction</b> <input type="checkbox"/> 99401 15 minutes counseling <input type="checkbox"/> 99402 30 minutes counseling <input type="checkbox"/> 99420 Admin. & Interp., Health Risk Assessment Instrument  <b>Home Services Established Patient (w/ 3 yrs)</b> Time spent up to: 25 mins 40 mins 60 mins <b>Prolonged Services With Direct Patient Contact</b> <input type="checkbox"/> +99354 30 to 74 minutes  <b>Nursing Orders</b> <input type="checkbox"/> 99173 Visual acuity, screen <input type="checkbox"/> 92551 Hearing, screen <input type="checkbox"/> 94760 Pulse Ox <input type="checkbox"/> 94761 Repeat/walking pulse ox <input type="checkbox"/> 93000 EKG <input type="checkbox"/> 94010 Spirometry, initial <input type="checkbox"/> 94060 after bronchodilator <input type="checkbox"/> 94016 review/interpret <input type="checkbox"/> 97035 Ultrasound for physical therapy <input type="checkbox"/> 82270 Hemocult cards, x3  <input type="checkbox"/> 90782 Therapeutic injection _____ <input type="checkbox"/> 90788 Administration of antibiotic _____ <input type="checkbox"/> 94640 Nebulizer treatment _____ <input type="checkbox"/> 99070 Medical supplies _____ <input type="checkbox"/> 86580 TB, Intradermal	<b>DIAGNOSIS and LOCATION</b> John Chal Fatigue AA.  <b>Return to Clinic</b> 6 months w/ Review <b>Orders/Referrals/Excuses/Medical Records</b> Chem & Chal, CBC TSH. CC to Dr. Romero  <b>Lab</b> <input type="checkbox"/> 82948 Glucose <input type="checkbox"/> 85018 Hemoglobin <input type="checkbox"/> 87220 KOH slide from skin, hair or nails <input type="checkbox"/> 87210 KOH slide/wet mount for infx. agents <input type="checkbox"/> 86308 Monospot; EBV heterophile Ab <input type="checkbox"/> 81025 Pregnancy test, urine <input type="checkbox"/> 85610 Prothrombin time <input type="checkbox"/> 87430 Streptococcus, by rapid EIA <input type="checkbox"/> 81002 Urinalysis by dipstick <input type="checkbox"/> _____ Routine venipuncture  <b>X-Ray</b>  <b>Immunizations (STATE or PURCHASED)</b> <input type="checkbox"/> 90471 Immunization admin., single vaccine <input type="checkbox"/> 90472 Immunization admin., ea. add'l. vaccine <input type="checkbox"/> 90700 DTaP (V06.1) <input type="checkbox"/> 90702 DT (V06.5) <input type="checkbox"/> 90718 Td (V06.5) <input type="checkbox"/> 90632 Hep A, adult (V05.3) <input type="checkbox"/> 90746 Hep B, adult (V05.3) #1 #2 #3 <input type="checkbox"/> 90744 Hep B, ped/adol (V05.3) #1 #2 <input checked="" type="checkbox"/> 90748 HepB-Hib (Comvax) (V06.8) <input type="checkbox"/> 9064 Hib (V03.81) (digit manuf.) <input type="checkbox"/> 90657 Influenza, 6-35 mo old (V04.81) <input type="checkbox"/> 90658 Influenza, over age 3 yo (V04.81) <input type="checkbox"/> 90713 IPV (V04.0) <input type="checkbox"/> 90733 Meningococcal polysaccharide (V03.89) <input type="checkbox"/> 90707 MMR (V06.4) <input type="checkbox"/> 90723 Pediarix (V06.8) <input type="checkbox"/> 90669 Pneumo conjug. polyval., child (V03.82) <input type="checkbox"/> 90732 Pneumococcal polys., 23-valent (V03.82) <input type="checkbox"/> 90716 Varicella (V05.4)
	ESTAB.	NEW																								
Under 1 year	<input type="checkbox"/> 99391	<input type="checkbox"/> 99381																								
1 through 4 years	<input type="checkbox"/> 99392	<input type="checkbox"/> 99382																								
5 through 11 years	<input type="checkbox"/> 99393	<input type="checkbox"/> 99383																								
12 through 17 years	<input type="checkbox"/> 99394	<input type="checkbox"/> 99384																								
18 through 39 years	<input type="checkbox"/> 99395	<input type="checkbox"/> 99385																								
40 through 64 years	<input type="checkbox"/> 99396	<input type="checkbox"/> 99386																								
65 years and over	<input type="checkbox"/> 99397	<input type="checkbox"/> 99387																								

# GLENDALE AREA MEDICAL ASSOCIATION

R.O. BOX 375 ~ 850 MAIN STREET ~ COALPORT, PA 16627  
(814) 672-5141 ~ FAX (814) 672-5461 ~ FED. TAX ID # 25-1345163

Date: 08/20/2007		Time: 12:40 pm		Patient: Mary Louise Carson		S.S.#: 200-30-7437		Prior Balance		Last Visit Date: 07/06/2007	
Ticket #: 077874		Doctor: Jay Robinson MD		Facility: Glendale Medical Center		D.O.B.: 04/17/1938		Age: 69 yrs		Prior Diagnosis:	
Patient I.D.: 10835		Responsible Party: SAME		Phone Number: (814) 378-9759				Adjustments		NOTES:	
Address: PO Box 325		City/State/Zip: Madera, PA 16661						Today's Payment			
Current: \$ 5.00		Over 30: \$ 0.00		Over 60: \$ 5.00		Over 90: \$ 0.00		Over 120: \$ 0.00			
Allocation Type: Medicare UGS		Financial Class: Medicare UGS						Balance Due			
Insurance 1: United Government Services		Insurance 2: Blue Shield		Insurance 3: Medicare Camp Hill							
Recall Appointment Information:		Days		Weeks		Months					

- Office Visits - New Patient (>3 yrs)**
- ☐ 99201 Problem Focused
  - ☐ 99202 Expanded Problem Focused
  - ☐ 99203 Detailed/Low Complexity
  - ☒ 99204 Comprehensive/Moderate Complexity
  - ☐ 99205 Comprehensive/High Complexity

- Office Visits - Est Patient (<3 yrs)**
- ☐ 99211 Nursing
  - ☐ 99212 Problem Focused
  - ☐ 99213 Expanded Problem Focused
  - ☐ 99214 Detailed/Moderate Complexity
  - ☐ 99215 Comprehensive/High Complexity

**Preventive Medicine Services/Health Maintenance Exams**

	ESTAB.	NEW
Under 1 year	<input type="checkbox"/> 99391	<input type="checkbox"/> 99381
1 through 4 years	<input type="checkbox"/> 99392	<input type="checkbox"/> 99382
5 through 11 years	<input type="checkbox"/> 99393	<input type="checkbox"/> 99383
12 through 17 years	<input type="checkbox"/> 99394	<input type="checkbox"/> 99384
18 through 39 years	<input type="checkbox"/> 99395	<input type="checkbox"/> 99385
40 through 64 years	<input type="checkbox"/> 99396	<input type="checkbox"/> 99386
65 years and over	<input type="checkbox"/> 99397	<input type="checkbox"/> 99387

**Emergency Visits**

- ☐ 99058 Office Services provided on an emergency basis

**Wound Repairs**  
\_\_\_\_\_ size \_\_\_\_\_ site

**Incision and Drainage**

**Abscess**

- ☐ 10060 simple/single ☐ 10061 comp/multiple
- ☐ 10120 Remove FB from SQ tissue, simple
- ☐ 10140 Hematoma, seroma or fluid collection
- ☐ 10160 Puncture aspir. of abscess, hematoma, bulla or cyst

**Paring or Cutting**

- ☐ 1105\_ Benign hyperkeratotic lesion \_\_\_\_\_ #

**Destruction, Benign or Premalignant Lesions**

- ☐ 17000 by any method (cryo), first lesion (e.g.-common plantar warts)
- ☐ +17003 second through 14 lesions (e.g.-common plantar warts)
- ☐ 17110 by any method (cryo), of flat wart, moll.contag. or millia, up to 14 lesions

**Removal of Skin Tags (show location)**

\_\_\_\_\_ size \_\_\_\_\_ # \_\_\_\_\_ site

**Excision-Benign Lesion (show location)**

\_\_\_\_\_ size \_\_\_\_\_ # \_\_\_\_\_ site

**Nails**

- ☐ 11740 Evacuation of subungal hematoma
- ☐ 11765 Wedge Exc. Skin/Nailfold/Ingrown Toenail

**Musculoskeletal Procedures**

- ☐ 20550 Injection of tendon sheath, ligament, trigger point, ganglion cyst
- Injection/Aspiration of joint or bursa site \_\_\_\_\_

**Respiratory System**

- ☐ 30300 Removal of intranasal FB
- ☐ 30901 Control nasal hemorrhage, anterior, simple, any method

**Eye and Ear**

- FB removal, conjunctiva
  - ☐ 65205 superficial ☐ 65210 embedded
- ☐ 69200 FB removal from external auditory canal
- ☐ 69210 Removal impacted cerumen

**Wound Care**

- ☐ 29580 Unna Boot
- Dressing Change \_\_\_\_\_ site

**Modifiers**

- 21 or 09921 Prolonged E&M Services
- 25 or 09925 Sep Service on Same Day
- 51 or 09951 Multiple Procedures
- QW CLIA-waived tests

**Preventive Medicine and/or Risk Factor Reduction**

- ☐ 99401 15 minutes counseling
- ☐ 99402 30 minutes counseling
- ☐ 99420 Admin. & Interp., Health Risk Assessment Instrument

**Home Services, Established Patient (w/3 yrs)**

Time spent up to: 25 mins 40 mins 60 mins

**Prolonged Services With Direct Patient Contact**

+99354 30 to 74 minutes

**Nursing Orders**

- ☐ 99173 Visual acuity, screen
- ☐ 92551 Hearing, screen
- ☐ 94760 Pulse Ox
- ☐ 94761 Repeat/walking pulse ox
- ☐ 93000 EKG
- ☐ 94010 Spirometry, initial
- ☐ 94060 after bronchodilator
- ☐ 94016 review/interpret
- ☐ 97035 Ultrasound for physical therapy
- ☐ 82270 Hemocult cards, x3
- ☐ 90782 Therapeutic injection \_\_\_\_\_
- ☐ 90788 Administration of antibiotic \_\_\_\_\_
- ☐ 94640 Nebulizer treatment \_\_\_\_\_
- ☐ 99070 Medical supplies \_\_\_\_\_
- ☐ 86580 TB, Intradermal

**DIAGNOSIS and LOCATION**

Back Pain. Etioled BS  
Dyslipidemia  
HTN  
Cough

**Return to Clinic**

~ last wk of Sept

**Orders/Referrals/Excuses/Medical Records**

@ next visit pt to fast for Lipid Panel, CMP

**Lab**

- ☐ 82948 Glucose
- ☐ 85018 Hemoglobin
- ☐ 87220 KOH slide from skin, hair or nails
- ☐ 87210 KOH slide/wet mount for infx. agents
- ☐ 86308 Monospot; EBV heterophile Ab
- ☐ 81025 Pregnancy test, urine
- ☐ 85610 Prothrombin time
- ☐ 87430 Streptococcus, by rapid EIA
- ☐ 81002 Urinalysis by dipstick
- ☐ \_\_\_\_\_ Routine venipuncture

**X-Ray**

**Immunizations (STATE or PURCHASED)**

- ☐ 90471 Immunization admin., single vaccine
- ☐ 90472 Immunization admin., ea. add'l. vaccine
- ☐ 90700 DTaP (V06.1)
- ☐ 90702 DT (V06.5)
- ☐ 90718 Td (V06.5)
- ☐ 90632 Hep A, adult (V05.3)
- ☐ 90746 Hep B, adult (V05.3) #1 #2
- ☐ 90744 Hep B, ped/adol (V05.3) #1 #2
- ☒ 90748 HepB-Hib (Comvax) (V06.8)
- ☐ 90654 Hib (V03.81) (digit manuf.)
- ☐ 90657 Influenza, 6-35 mo old (V04.81)
- ☐ 90658 Influenza, over age 3 yo (V04.81)
- ☐ 90713 IPV (V04.0)
- ☐ 90733 Meningococcal polysaccharide (V03.89)
- ☐ 90707 MMR (V06.4)
- ☐ 90723 Pediarix (V06.8)
- ☐ 90669 Pneumo conjug. polyval., child (V03.82)
- ☐ 90732 Pneumococcal polys., 23-valent (V03.82)
- ☐ 90716 Varicella (V05.4)

	Degeneration of intervertebral disc, site unspecified (722.6)				
12/14/2004	Medicare FQHC Fixed Rate (UGSFQHC)	\$57.28	1.0	\$57.28	\$0.00
12/14/2004	Extended Office Visit (99214)	\$91.00	1.0	\$91.00	\$0.00
12/14/2004	UGS WriteOff Adjustment from Medicare UGS			(\$72.80)	\$0.00
02/18/2005	UGS WriteOff Adjustment from Medicare UGS	0002421570		(\$1.82)	\$0.00
02/18/2005	UGS Medicare Payment from Medicare UGS	0002421570		(\$55.46)	\$0.00
11/25/2005	Bc/Bs Payment from Blue Shield	13870264		(\$47.88)	\$0.00
	Insurance carrier has overpaid for this service date. Refund to be issued.				
01/27/2006	Insurance Refund Payment from Blue Shield	26595		\$29.68	\$0.00
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>

**Mary Louise Carson(10835)/Jay Robinson MD/042566**

Essential hypertension, benign (401.1)

Lumbago (724.2)

01/26/2005	Medicare FQHC Fixed Rate (UGSFQHC)	\$57.28	1.0	\$57.28	\$0.00
01/26/2005	Extended Office Visit (99214 25)	\$91.00	1.0	\$91.00	\$0.00
01/26/2005	UGS WriteOff Adjustment from Medicare UGS			(\$72.80)	\$0.00
10/31/2005	UGS WriteOff Adjustment from Medicare UGS	2576647		(\$8.01)	\$0.00
10/31/2005	UGS Medicare Payment from Medicare UGS	2576647		(\$49.27)	\$0.00
01/18/2006	Bc/Bs Payment from Blue Shield	14020924		(\$13.20)	\$0.00
01/18/2006	Transfer from Insurance	14020924		(\$5.00)	\$5.00
	Copayment is Patient's Responsibility				
08/09/2006	Patient payment Payment from Carson, Mary Louise	1029		\$0.00	(\$5.00)
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>

**Mary Louise Carson(10835)/J Philip Hall MD/048329**

Lumbago (724.2)

Essential hypertension, benign (401.1)

Obesity, unspecified (278.00)

06/23/2005	Medicare FQHC Fixed Rate (UGSFQHC)	\$57.28	1.0	\$57.28	\$0.00
06/23/2005	Brief Office Visit (99212)	\$42.00	1.0	\$42.00	\$0.00
06/23/2005	UGS WriteOff Adjustment from Medicare UGS			(\$33.60)	\$0.00
10/14/2005	UGS WriteOff Adjustment from Medicare UGS	0002578642		(\$0.08)	\$0.00
10/14/2005	UGS Medicare Payment from Medicare UGS	0002578642		(\$57.20)	\$0.00
01/18/2006	Bc/Bs Payment from Blue Shield	14020924		(\$3.40)	\$0.00
01/18/2006	Transfer from Insurance	14020924		(\$5.00)	\$5.00
	Copayment is Patient's Responsibility				
08/09/2006	Patient payment Payment from Carson, Mary Louise	1029		\$0.00	(\$5.00)
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>

**Mary Louise Carson(10835)/Jay Robinson MD/056081**

Other second degree atrioventricular block (426.13)

Lumbago (724.2)

Vertebral artery syndrome (435.1)

Spinal stenosis of lumbar region (724.02)

need for prophylatic inoculation:influenza (v04.81)

01/20/2006	Medicare FQHC Fixed Rate (UGSFQHC)	\$57.28	1.0	\$57.28	\$0.00
01/20/2006	Office Visit Intermediate (99213)	\$58.00	1.0	\$58.00	\$0.00
01/20/2006	Injection Administration (90471)	\$9.00	1.0	\$9.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)	\$0.00	1.0	\$0.00	\$0.00
01/20/2006	Injection Administration (90471)	\$9.00	1.0	\$9.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)	\$20.00	1.0	\$20.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)	\$20.00	-1.0	(\$20.00)	\$0.00
01/20/2006	Injection Administration (90471)	\$9.00	-1.0	(\$9.00)	\$0.00
01/20/2006	UGS WriteOff Adjustment from Medicare UGS			(\$55.40)	\$0.00
02/08/2007	UGS WriteOff Adjustment from Medicare UGS			\$9.00	\$0.00
02/08/2007	UGS WriteOff Adjustment from Medicare UGS			(\$7.20)	\$0.00
03/12/2007	UGS WriteOff Adjustment from Medicare UGS			(\$0.08)	\$0.00
03/12/2007	UGS Medicare Payment from Medicare UGS			(\$57.20)	\$0.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

04/10/2007	Bc/Bs Payment from Blue Shield	16563414		(\$8.40)	\$0.00
04/10/2007	Transfer from Insurance	16563414		(\$5.00)	\$5.00
	Copayment is Patient's Responsibility				
07/06/2007	Patient payment Payment from Carson, Mary Louise			\$0.00	(\$5.00)
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>
<b>Mary Louise Carson(10835)/J Philip Hall MD/056108</b>					
	Other second degree atrioventricular block (426.13)				
01/20/2006	Ekg (93000)	\$29.00	1.0	\$29.00	\$0.00
01/20/2006	EKG tracing only (93005)	\$19.00	1.0	\$19.00	\$0.00
01/20/2006	Ekg (93000)	\$29.00	-1.0	(\$29.00)	\$0.00
01/20/2006	Medicare Camp Hill Writeoff Adjustment from Medicare Camp Hill			(\$19.00)	\$0.00
04/04/2006	Medicare Camp Hill Writeoff Adjustment from Medicare Camp Hill			\$19.00	\$0.00
05/08/2006	Medicare Camp Hill Writeoff Adjustment from Medicare Camp Hill	107336859		(\$3.01)	\$0.00
05/08/2006	Xact Medicare Payment from Medicare Camp Hill	107336859		(\$12.79)	\$0.00
05/30/2006	Bc/Bs Payment from Blue Shield	14906475		(\$3.20)	\$0.00
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>
<b>Mary Louise Carson(10835)/Jay Robinson MD/063150</b>					
	Pain in joint, site unspecified (719.40)				
	Unspecified cardiac dysrhythmia (427.9)				
08/09/2006	Medicare FQHC Fixed Rate (UGSFQHC)	\$57.28	1.0	\$57.28	\$0.00
08/09/2006	Office Visit Intermediate (99213)	\$58.00	1.0	\$58.00	\$0.00
08/09/2006	UGS WriteOff Adjustment from Medicare UGS			(\$46.40)	\$0.00
09/13/2006	UGS Adjust Up Adjustment from Medicare UGS	0002811240		\$3.52	\$0.00
09/13/2006	UGS Medicare Payment from Medicare UGS	0002811240		(\$60.80)	\$0.00
10/24/2006	Bc/Bs Payment from Blue Shield	15715648		(\$6.60)	\$0.00
10/24/2006	Transfer from Insurance	15715648		(\$5.00)	\$5.00
	Copayment is Patient's Responsibility				
02/07/2007	Patient payment Payment from Carson, Mary Louise	1098		\$0.00	(\$5.00)
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>
<b>Mary Louise Carson(10835)/Jay Robinson MD/073925</b>					
	Essential hypertension, benign (401.1)				
	Pure hypercholesterolemia (272.0)				
	Chronic fatigue syndrome (780.71)				
	Osteoarthritis, unspecified whether generalized or localized, lower leg (715.96)				
05/04/2007	Office Visit Intermediate (99213)	\$65.00	1.0	\$65.00	\$0.00
05/04/2007	Venipuncture (36415)	\$6.00	1.0	\$6.00	\$0.00
05/04/2007	Medicare FQHC Fixed Rate (UGSFQHC)	\$80.70	1.0	\$80.70	\$0.00
05/04/2007	UGS WriteOff Adjustment from Medicare UGS			(\$56.80)	\$0.00
06/07/2007	UGS WriteOff Adjustment from Medicare UGS	0002975553		(\$16.14)	\$0.00
06/07/2007	UGS Medicare Payment from Medicare UGS	0002975553		(\$64.56)	\$0.00
06/21/2007	Bc/Bs Payment from Blue Shield	16910545		(\$9.20)	\$0.00
06/21/2007	Transfer from Insurance	16910545		(\$5.00)	\$5.00
	Copayment is Patient's Responsibility				
10/31/2007	Bad Debt W/O Adjustment from Carson, Mary Louise			\$0.00	(\$5.00)
<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>
<b>Mary Louise Carson(10835)/J Philip Hall MD/076269</b>					
	Essential hypertension, benign (401.1)				
	Unspecified conduction disorder (426.9)				
	Lumbago (724.2)				
07/06/2007	Medicare FQHC Fixed Rate (UGSFQHC)	\$64.56	1.0	\$64.56	\$0.00
07/06/2007	Office Visit Intermediate (99213)	\$65.00	1.0	\$65.00	\$0.00
07/06/2007	UGS WriteOff Adjustment from Medicare UGS			(\$52.00)	\$0.00
08/06/2007	UGS Medicare Payment from Medicare UGS			(\$64.56)	\$0.00
08/13/2007	Bc/Bs Payment from Blue Shield	17209544		(\$8.00)	\$0.00
08/13/2007	Transfer from Insurance	17209544		(\$5.00)	\$5.00

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

12/03/2007	Copayment is Patient's Responsibility				
	Patient payment Payment from Carson, Mary Louise	1219	.	\$0.00	(\$5.00)
	<b>Balance:</b>			<b>\$0.00</b>	<b>\$0.00</b>
	<b>Mary Louise Carson(10835)/Jay Robinson MD/077874</b>				
	Unspecified backache (724.5)				
	Other and unspecified hyperlipidemia (272.4)				
	Essential hypertension, benign (401.1)				
	Cough (786.2)				
08/20/2007	Extended Office Visit (99214)	\$102.00	1.0	\$102.00	\$0.00
08/20/2007	Medicare FQHC Fixed Rate (UGSFQHC)	\$64.56	1.0	\$64.56	\$0.00
08/20/2007	UGS WriteOff Adjustment from Medicare UGS			(\$81.60)	\$0.00
09/17/2007	UGS Medicare Payment from Medicare UGS			(\$64.56)	\$0.00
09/27/2007	Bc/Bs Payment from Blue Shield	17371645		(\$15.40)	\$0.00
09/27/2007	Transfer from Insurance	17371645		(\$5.00)	\$5.00
	Copayment is Patient's Responsibility				
12/03/2007	Patient payment Payment from Carson, Mary Louise	1219		\$0.00	(\$5.00)
	<b>Balance:</b>			<b>\$0.00</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

UNITED GOVERNMENT SERVICES, LLC  
401 WEST MICHIGAN STREET  
P.O. BOX 2019  
MILWAUKEE, WI 53203

1

CARRIER

# HEALTH INSURANCE CLAIM FORM

PICA

<input checked="" type="checkbox"/> MEDICARE (Medicare #)		<input type="checkbox"/> MEDICAID (Medicaid #)	<input type="checkbox"/> CHAMPUS (Sponsor's SSN)	<input type="checkbox"/> CHAMPVA (VA File #)	<input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID)	<input type="checkbox"/> FECA BLK LUNG (SSN)	<input type="checkbox"/> OTHER (ID)	1a. INSURED'S I.D. NUMBER 200307437A (FOR PROGRAM IN ITEM 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) CARSON, MARY I					3. PATIENT'S BIRTH DATE MM DD YY 01 01 1968 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street) PO BOX 335 CHYDERA STATE					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)					
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					CITY		STATE					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10d. RESERVED FOR LOCAL USE		11. INSURED'S POLICY GROUP OR FECA NUMBER NONE					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE 12 14 2004 SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED _____		14. DATE OF CURRENT: MM DD YY 01 01 2004 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)					
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE TAYLOR, PRINCE, MD					
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. 724.2 2. 722.6 3. _____ 4. _____					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER					
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY		B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E DIAGNOSIS CODE	F \$ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE	
12 14 2004 12 14 2004		50	01	99214	1	91.00	1				C34329	
25. FEDERAL TAX I.D. NUMBER 251345163		SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. 041131		27. ACCEPT ASSIGNMENT? X (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$ 91.00		29. AMOUNT PAID \$ 0.00		30. BALANCE DUE \$ 91.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JAY A ROBINSON MD 02 09 2005 SIGNED _____ DATE _____			32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (For institutional use only) CHRYSLER MEDICAL CENTER 850 MAIN STREET PO BOX 375 COALPORT, PA 16627 0375 391822			33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GLENDLE AREA MEDICAL ASSOCIATION, INC PO BOX 375 COALPORT, PA 16627 814 672-5141 391822 PIN# _____ GRP# _____						

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

UNITED GOVERNMENT SERVICES, LLC  
401 WEST MICHIGAN STREET  
P.O. BOX 2019  
MILWAUKEE, WI 53203

1

CARRIER

# HEALTH INSURANCE CLAIM FORM

PICA

<input checked="" type="checkbox"/> MEDICARE (Medicare #)		<input type="checkbox"/> MEDICAID (Medicaid #)	<input type="checkbox"/> CHAMPUS (Sponsor's SSN)	<input type="checkbox"/> CHAMPVA (VA File #)	<input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID)	<input type="checkbox"/> FECA BLK LUNG (SSN)	<input type="checkbox"/> OTHER (ID)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 200307437A																					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) CARSON, WENDY L					3. PATIENT'S BIRTH DATE MM DD YY 01 01 1978 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																						
5. PATIENT'S ADDRESS (No., Street) PO BOX 375					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)																						
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					CITY COALPORT		STATE PA																						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE		11. INSURED'S POLICY GROUP OR FECA NUMBER NONE a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.																						
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNATURE ON FILE SIGNED _____ DATE 01 26 2005					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNATURE ON FILE SIGNED _____																								
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 01 26 2005					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE JAY A ROBINSON MD					17a. I.D. NUMBER OF REFERRING PHYSICIAN 012628					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 401 1 724 2 2. 3. 4. 5. 6. 23. PRIOR AUTHORIZATION NUMBER					24. A DATE(S) OF SERVICE From To B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE 01 26 2005 01 26 2005 50 01 99214 25 I 91 00 1 C34329																								
25. FEDERAL TAX I.D. NUMBER 251345163					26. PATIENT'S ACCOUNT NO. 042566					27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$ 91 00					29. AMOUNT PAID \$ 0 00					30. BALANCE DUE \$ 91 00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JAY A ROBINSON MD SIGNED _____ DATE 02 09 2005					32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED HEALTH CARE MEDICAL CENTER 850 MAIN STREET PO BOX 375 COALPORT, PA 16627 0375					33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE GLADSTONE AREA MEDICAL ASSOCIATION, INC PO BOX 375 COALPORT, PA 16627 814 672-5141 391822 PIN# _____ GRP# _____																			

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



BLUE SHIELD  
PO BOX 890062  
CAMP HILL, PA 17089

			X	QDC104511488001	
CARSON, MARY L		04 17 1938	X	SAME	
PO BOX 325		X		SAME	
MADERA	PA		X		
16661	814 378-9759				
SAME				05180401	
200307437A		X		04 17 1938	X
04 17 1938	X	X			
		X		BLUE SHIELD	
UNITED GOVERNMENT SERVICES, LLC				X	

SIGNATURE ON FILE

12 14 2004

SIGNATURE ON FILE

JAY A ROBINSON MD

C34329

X

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12 14 2004 12 14 2004 11 01 99214

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454564

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JAY A ROBINSON MD

GLENDAL MEDICAL CENTER  
850 MAIN STREET  
PO BOX 375  
COALPORT, PA 16627 0375

06 30 2005 77

GLENDAL AREA MEDICAL ASSOCIATION, :  
POBOX 375  
COALPORT, PA 16627  
814 672-5141

054436

UNITED GOVERNMENT SERVICES, LLC  
401 WEST MICHIGAN STREET  
P.O. BOX 2019  
MILWAUKEE, WI 53203

X  
CARSON, MARY L  
PO BOX 325  
MADERA  
16661  
04 17 1938  
X  
X  
PA  
X  
814 378-9759

200307437A

NONE

X  
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X

SIGNATURE ON FILE

01 26 2005

SIGNATURE ON FILE

JAY A ROBINSON MD  
C34329

X

401 1  
724 2

01 26 2005 01 26 2005 50 01 99214 25 1 91 00 1 C34329

251345163 X 042566 X 91 00 0 00 91 00  
JAY A ROBINSON MD  
06 30 2005 391822  
GLENDALE MEDICAL CENTER  
850 MAIN STREET  
PO BOX 375  
COALPORT, PA 16627 0375  
GLENDALE AREA MEDICAL ASSOCIATION, :  
POBOX 375  
COALPORT, PA 16627  
814 672-5141  
391822

UNITED GOVERNMENT SERVICES, LLC  
401 WEST MICHIGAN STREET  
P.O. BOX 2019  
MILWAUKEE, WI 53203

X  
CARSON, MARY L  
PO BOX 325  
MADERA  
16661  
04 17 1938  
X  
X  
PA  
X  
814 378-9759

200307437A

NONE

X  
X  
X

SIGNATURE ON FILE

06 23 2005

SIGNATURE ON FILE

J PHILIP HALL MD  
B34329

X

724 2  
401 1  
278 00

06 23 2005 06 23 2005 50 01 99212 1 42 00 1 B34329

251345163 X 048329 X 42 00 0 00 42 00  
J PHILIP HALL MD  
06 30 2005 391822  
GLENDALE MEDICAL CENTER  
850 MAIN STREET  
PO BOX 375  
COALPORT, PA 16627 0375  
GLENDALE AREA MEDICAL ASSOCIATION, :  
POBOX 375  
COALPORT, PA 16627  
814 672-5141  
391822

Pay to: —

**Glendale Area Medical Association, Inc.**

POBox 375

850 Main Street

Coalport, PA 16627

(814) 672-5141

**Mary Louise Carson**

PO Box 325

Madera, PA 16661

## Patient Receipt

Wednesday, February 09, 2005

Amount Due	Amount Paid
\$0.00	\$0.00

Employer ID 251345163

Provider ID C34329

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/Jay A Robinson MD/041131</b>					
	Lumbago (724.2)					
	Degeneration of intervertebral disc, site unspecified (722.6)					
12/14/2004	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
12/14/2004	Extended Office Visit (99214)		\$91.00	1.0	\$91.00	\$0.00
12/14/2004	UGS WriteOff Adjustment from Medicare UGS				(\$72.80)	\$0.00
	<b>Balance:</b>				<b>\$75.48</b>	<b>\$0.00</b>
	<b>Mary Louise Carson(10835)/Jay A Robinson MD/042566</b>					
	Essential hypertension, benign (401.1)					
	Lumbago (724.2)					
01/26/2005	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
01/26/2005	Extended Office Visit (99214 25)		\$91.00	1.0	\$91.00	\$0.00
01/26/2005	UGS WriteOff Adjustment from Medicare UGS				(\$72.80)	\$0.00
	<b>Balance:</b>				<b>\$75.48</b>	<b>\$0.00</b>

Your next appointment is on Tuesday, February 22, 2005 11:00AM with Jay A Robinson MD at Glendale Medical Center

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$150.96</b>	<b>\$150.96</b>	<b>\$0.00</b>

Glendale Area Medical Association, Inc. \* 850 Main Street PO Box 375 \* Coalport, PA 16627-0375 \* (814) 672-5141

**Pay to:****Glendale Area Medical Association, Inc.**

POBox 375

850 Main Street

Coalport, PA 16627

(814) 672-5141

**Mary Louise Carson**

PO Box 325

Madera, PA 16661

**Patient Receipt**

Thursday, June 30, 2005

Amount Due	Amount Paid
<b>\$0.00</b>	<b>\$0.00</b>

Employer ID 251345163

Provider ID 454564

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/Jay A Robinson MD/041131</b>					
	Lumbago (724.2)					
	Degeneration of intervertebral disc, site unspecified (722.6)					
12/14/2004	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
12/14/2004	Extended Office Visit (99214)		\$91.00	1.0	\$91.00	\$0.00
12/14/2004	UGS WriteOff Adjustment from Medicare UGS				(\$72.80)	\$0.00
02/18/2005	UGS WriteOff Adjustment from Medicare UGS	0002421570			(\$1.82)	\$0.00
02/18/2005	UGS Medicare Payment from Medicare UGS	0002421570			(\$55.46)	\$0.00
	<b>Balance:</b>				<b>\$18.20</b>	<b>\$0.00</b>
	<b>Mary Louise Carson(10835)/Jay A Robinson MD/042566</b>					
	Essential hypertension, benign (401.1)					
	Lumbago (724.2)					
01/26/2005	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
01/26/2005	Extended Office Visit (99214 25)		\$91.00	1.0	\$91.00	\$0.00
01/26/2005	UGS WriteOff Adjustment from Medicare UGS				(\$72.80)	\$0.00
	<b>Balance:</b>				<b>\$75.48</b>	<b>\$0.00</b>
	<b>Mary Louise Carson(10835)/J Philip Hall MD/048329</b>					
	Lumbago (724.2)					
	Essential hypertension, benign (401.1)					
	Obesity, unspecified (278.00)					
06/23/2005	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
06/23/2005	Brief Office Visit (99212)		\$42.00	1.0	\$42.00	\$0.00
06/23/2005	UGS WriteOff Adjustment from Medicare UGS				(\$33.60)	\$0.00
	<b>Balance:</b>				<b>\$65.68</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$159.36</b>	<b>\$159.36</b>	<b>\$0.00</b>

**Pay to:****Glendale Area Medical Assoc, Inc.**

POBox 375

850 Main Street

Coalport, PA 16627

(814) 672-5141

**Mary Louise Carson**

PO Box 325

Madera, PA 16661

**Patient Receipt****Wednesday, August 09, 2006**

Amount Due	Amount Paid
<b>\$0.00</b>	<b>\$0.00</b>

Employer ID 251345163

Provider ID C34329

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/Jay Robinson MD/063150</b>					
	Pain in joint, site unspecified (719.40)					
	Unspecified cardiac dysrhythmia (427.9)					
08/09/2006	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
08/09/2006	Office Visit Intermediate (99213)		\$58.00	1.0	\$58.00	\$0.00
08/09/2006	UGS WriteOff Adjustment from Medicare UGS				(\$46.40)	\$0.00
<b>Balance:</b>					<b>\$68.88</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$68.88</b>	<b>\$68.88</b>	<b>\$0.00</b>

**Pay to:**

**Glendale Area Medical Assoc, Inc.**  
**POBox 375**  
**850 Main Street**  
**Coalport, PA 16627**  
**(814) 672-5141**

**Mary Louise Carson**  
**PO Box 325**  
**Madera, PA 16661**

**Patient Receipt**

**Wednesday, August 09, 2006**

Amount Due	Amount Paid
<b>\$10.00</b>	<b>\$10.00</b>

Employer ID 251345163

Provider ID 454564

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/Jay Robinson MD/042566</b>					
	Essential hypertension, benign (401.1)					
	Lumbago (724.2)					
01/26/2005	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
01/26/2005	Extended Office Visit (99214 25)		\$91.00	1.0	\$91.00	\$0.00
01/26/2005	UGS WriteOff Adjustment from Medicare UGS				(\$72.80)	\$0.00
10/31/2005	UGS WriteOff Adjustment from Medicare UGS					
10/31/2005	UGS Medicare Payment from Medicare UGS	2576647			(\$8.01)	\$0.00
01/18/2006	Bc/Bs Payment from Blue Shield	2576647			(\$49.27)	\$0.00
01/18/2006	Transfer from Insurance	14020924			(\$13.20)	\$0.00
	Copayment is Patient's Responsibility	14020924			(\$5.00)	\$5.00
08/09/2006	Patient payment Payment from Carson, Mary Louise	1029			\$0.00	(\$5.00)
	<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>
	<b>Mary Louise Carson(10835)/J Philip Hall MD/048329</b>					
	Lumbago (724.2)					
	Essential hypertension, benign (401.1)					
	Obesity, unspecified (278.00)					
06/23/2005	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
06/23/2005	Brief Office Visit (99212)		\$42.00	1.0	\$42.00	\$0.00
06/23/2005	UGS WriteOff Adjustment from Medicare UGS				(\$33.60)	\$0.00
10/14/2005	UGS WriteOff Adjustment from Medicare UGS					
10/14/2005	UGS Medicare Payment from Medicare UGS	0002578642			(\$0.08)	\$0.00
01/18/2006	Bc/Bs Payment from Blue Shield	0002578642			(\$57.20)	\$0.00
01/18/2006	Transfer from Insurance	14020924			(\$3.40)	\$0.00
	Copayment is Patient's Responsibility	14020924			(\$5.00)	\$5.00
08/09/2006	Patient payment Payment from Carson, Mary Louise	1029			\$0.00	(\$5.00)
	<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Pay to:****Glendale Area Medical Assoc, Inc.**

POBox 375

850 Main Street

Coalport, PA 16627

(814) 672-5141

**Mary Louise Carson**

PO Box 325

Madera, PA 16661

**Patient Receipt**

Friday, July 06, 2007

Amount Due	Amount Paid
<b>\$5.00</b>	<b>\$5.00</b>

Employer ID 251345163

Provider ID 454564

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/Jay Robinson MD/056081</b>					
	Other second degree atrioventricular block (426.13)					
	Lumbago (724.2)					
	Vertebral artery syndrome (435.1)					
	Spinal stenosis of lumbar region (724.02)					
	need for prophylatic inoculation:influenza (v04.81)					
01/20/2006	Medicare FQHC Fixed Rate (UGSFQHC)		\$57.28	1.0	\$57.28	\$0.00
01/20/2006	Office Visit Intermediate (99213)		\$58.00	1.0	\$58.00	\$0.00
01/20/2006	Injection Administration (90471)		\$9.00	1.0	\$9.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)		\$0.00	1.0	\$0.00	\$0.00
01/20/2006	Injection Administration (90471)		\$9.00	1.0	\$9.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)		\$20.00	1.0	\$20.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)		\$20.00	-1.0	(\$20.00)	\$0.00
01/20/2006	Injection Administration (90471)		\$9.00	-1.0	(\$9.00)	\$0.00
01/20/2006	UGS WriteOff Adjustment from Medicare UGS				(\$55.40)	\$0.00
02/08/2007	UGS WriteOff Adjustment from Medicare UGS				\$9.00	\$0.00
02/08/2007	UGS WriteOff Adjustment from Medicare UGS				(\$7.20)	\$0.00
03/12/2007	UGS WriteOff Adjustment from Medicare UGS				(\$0.08)	\$0.00
03/12/2007	UGS Medicare Payment from Medicare UGS				(\$57.20)	\$0.00
04/10/2007	Bc/Bs Payment from Blue Shield	16563414			(\$8.40)	\$0.00
04/10/2007	Transfer from Insurance	16563414			(\$5.00)	\$5.00
	Copayment is Patient's Responsibility					
07/06/2007	Patient payment Payment from Carson, Mary Louise				\$0.00	(\$5.00)
	<b>Balance:</b>				<b>\$0.00</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



**Pay to:****Glendale Area Medical Assoc, Inc.**

POBox 375

850 Main Street

Coalport, PA 16627

(814) 672-5141

**Mary Louise Carson**

PO Box 325

Madera, PA 16661

**Patient Receipt**

Friday, July 06, 2007

Amount Due	Amount Paid
\$0.00	\$0.00

Employer ID 251345163

Provider ID B34329

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/J Philip Hall MD/076269</b>					
	Essential hypertension, benign (401.1)					
	Unspecified conduction disorder (426.9)					
	Lumbago (724.2)					
07/06/2007	Medicare FQHC Fixed Rate (UGSFQHC)		\$64.56	1.0	\$64.56	\$0.00
07/06/2007	Office Visit Intermediate (99213)		\$65.00	1.0	\$65.00	\$0.00
07/06/2007	UGS WriteOff Adjustment from Medicare UGS				(\$52.00)	\$0.00
	<b>Balance:</b>				<b>\$77.56</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$77.56	\$77.56	\$0.00

**Pay to:****Glendale Area Medical Association, Inc.**

POBox 375

850 Main Street

Coalport, PA 16627

(814) 672-5141

**Mary Louise Carson**

PO Box 325

Madera, PA 16661

**Patient Receipt**

Friday, January 27, 2006

Amount Due	Amount Paid
<b>\$0.00</b>	<b>\$0.00</b>

Employer ID 251345163

Provider ID C34329

Date	Description	Check #	Fee	Units	Insurance	Patient
	<b>Mary Louise Carson(10835)/Jay Robinson MD/056081</b>					
	Other second degree atrioventricular block (426.13)					
	Lumbago (724.2)					
	Vertebral artery syndrome (435.1)					
	Spinal stenosis of lumbar region (724.02)					
	need for prophylatic inoculation:influenza (v04.81)					
01/20/2006	Medicare FQHC Fixed Rate (UGSFQHC)		<b>\$57.28</b>	1.0	\$57.28	\$0.00
01/20/2006	Office Visit Intermediate (99213)		<b>\$58.00</b>	1.0	\$58.00	\$0.00
01/20/2006	Injection Administration (90471)		<b>\$9.00</b>	1.0	\$9.00	\$0.00
01/20/2006	Influenza split virus vaccine, (90658)		<b>\$20.00</b>	1.0	\$20.00	\$0.00
01/20/2006	UGS WriteOff Adjustment from Medicare UGS				(\$55.40)	\$0.00
	<b>Balance:</b>				<b>\$88.88</b>	<b>\$0.00</b>
	<b>Mary Louise Carson(10835)/J Philip Hall MD/056108</b>					
	Other second degree atrioventricular block (426.13)					
	Lumbago (724.2)					
	Vertebral artery syndrome (435.1)					
	Spinal stenosis of lumbar region (724.02)					
01/20/2006	Ekg (93000 21)		\$29.00	1.0	\$29.00	\$0.00
01/20/2006	Xact Writeoff Adjustment from Medicare Camp Hill				(\$19.00)	\$0.00
	<b>Balance:</b>				<b>\$10.00</b>	<b>\$0.00</b>

Deposit	0-30	31-60	61-90	91-120	Over 120	Total Balance	Ins. Balance	Pat. Balance
\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$98.88</b>	<b>\$98.88</b>	<b>\$0.00</b>

**2. h.**

**Clearfield Prof. Group**

**\$487.00**

## CLEARFIELD PROF GROUP

820 Turnpike Avenue

Clearfield, PA 16830

Tax ID No: 251561798

Telephone: (814)762-1448

Fax: (814)765-8807

NUMBER

10428

<b>PATIENT NAME AND ADDRESS</b> Mary L Carson Box 325 Madera, PA 16661	<b>PATIENT NO.</b> 5631-1	<b>GUARANTOR NAME</b> Mary L Carson	<b>DOCTOR</b> Corcino	<b>REASON</b> ER	<b>DATE/TIME</b> 06/22/04 03:00PM
<b>DATE OF BIRTH</b> 04/17/1938	<b>TELEPHONE NO.</b> (814)378-7199	<b>INSURANCE</b> CODE: MDCR DESCRIPTION: MDCR	<b>POLICY NO.</b> 200307437A	<b>COPAY</b> \$0.00	
<b>DIAGNOSIS</b> 1: _____ 2: _____ 3: _____ 4: _____			<b>REFERRING DOCTOR</b>		

procedures					
CODE	DESCRIPTION	FEE	CODE	DESCRIPTION	FEE
<b>OFFICE VISITS</b>			<b>Established Patient Visits</b>		
NEW					
99201	New patient brief visit		99211	office visit	
99202	office visit, new, moderate severity		99212	office visit, brief	
99203	office visit, moderate severity		99213	office visit, established	
99204	office/outpatient visit, mod severity		99214	office visit, established	
99243	Office/outpt consult		99215	office visit, high complexity	
99244	consult, office				
<b>PROCEDURES</b>			<b>PROCEDURES</b>		
J2910	Solganal		81000	Urinalysis	
95115	Allergy Inj. 1		93000	EKG with Interpretation	
95117	Allergy Inj. 2		69210	Ear Lavage	
90658	Flu Vaccine		94010	Spirometry	
Q0124	Injection		82270	Guia	
90732	Pneumovax				
J3420	Vitamin B12				
J3301	Kenalog				
86585	Tuberculin, TINE				
86580	Tuberculin, PPD				

DIAGNOSES					
CODE	DESCRIPTION	CODE	DESCRIPTION		
281.0	Anemia, pernicious	733.00	Osteoporosis		
300.00	Anxiety	486	Pneumonia		
780.57	Apnea, sleep	465.9	URI		
493.90	Asthma	599.0	UTI		
427.31	Atrial fibrillation	V76.51	Screen for malign neoplasm (colon)		
466.0	Bronchitis, acute				
414.9	CAD				
786.50	Chest pain				
428.0	CHF				
496	COPD				
311	Depression				
722.6	Disease, degenerative disc				
250.00	DMNID				
250.01	IDDM				
530.81	GERD				
272.0	Hypercholesterol				
272.4	Hyperlipidemia				
401.1	Hypertension, benign				
272.1	hypertriglyceridemia				
244.9	Hypothyroidism				

<b>NEXT APPOINTMENT</b>	<b>INSURANCE</b>	<b>PATIENT</b>	<b>TODAY'S CHARGES</b>	<b>PAID ON ACCOUNT</b>
<b>LAST PAYMENT DATE</b>	\$0.00	\$5.00	ADJ.	VISA M/C CASH AMEX CHECK #
<b>INSURANCE</b> 04/23/2004			<b>TOTAL DUE</b> 58.00	<b>BALANCE DUE</b>
<b>PATIENT</b>	▲ <b>PREVIOUS BALANCE</b> ▲			

## CLEARFIELD PROF GROUP

820 Turnpike Avenue

Clearfield, PA 16830

Tax ID No: 251561798

Telephone: (814)762-1448

Fax: (814)765-8807

NUMBER

12464

## PATIENT NAME AND ADDRESS

Mary L Carson

Box 325

Madera, PA 16661

## PATIENT NO.

5631-1

## GUARANTOR NAME

Mary L Carson

## DOCTOR

Corcino

## REASON DATE/TIME

RECHECK 07/23/04 10:45AM

## DATE OF BIRTH

04/17/1938

## TELEPHONE NO.

(814)378-7199

## INSURANCE

CODE

DESCRIPTION

MDCR

MDCR

## POLICY NO.

200307437A

## COPAY

\$0.00

## DIAGNOSIS

## REFERRING DOCTOR

1: 2: 3: 4:

procedures			
CODE	DESCRIPTION	FEE	CODE DESCRIPTION FEE
<b>OFFICE VISITS</b>			
NEW			
99201	New patient brief visit		
99202	office visit, new, moderate severity		
99203	office visit, moderate severity		
99204	office/outpatient visit, mod severity		
99243	Office/outpt consult		
99244	consult, office		
J2910	Solganal		
95115	Allergy Inj. 1		
95117	Allergy Inj. 2		
90658	Flu Vaccine		
Q0124	Injection		
90732	Pneumovax		
J3420	Vitamin B12		
J3301	Kenalog		
86585	Tuberculin, TINE		
86580	Tuberculin, PPD		
99211	office visit		
99212	office visit, brief		
99213	office visit, established		
99214	office visit, established		
99215	office visit, high complexity		
81000	Urinalysis		
93000	EKG with Interpretation		
69210	Ear Lavage		
94010	Spirometry		
82270	Guac		

DIAGNOSES			
CODE	DESCRIPTION	CODE	DESCRIPTION
281.0	Anemia, pernicious	733.00	Osteoporosis
300.00	Anxiety	486	Pneumonia
780.57	Apnea, sleep	465.9	URI
493.90	Asthma	599.0	UTI
427.31	Atrial fibrillation	V76.51	Screen for malig neoplasm (colon)
466.0	Bronchitis, acute		
414.9	CAD		
786.50	Chest pain		
428.0	CHF		
496	COPD		
311	Depression		
722.6	Disease, degenerative disc		
250.00	DMNID		
250.01	IDDM		
530.81	GERD		
272.0	Hypercholesterol		
272.4	Hyperlipidemia		
401.1	Hypertension, benign		
272.1	hypertriglyceridemia		
244.9	Hypothyroidism		

NEXT APPOINTMENT	INSURANCE	PATIENT	TODAY'S CHARGES	PAID ON ACCOUNT
LAST PAYMENT DATE	\$10.10	\$5.00	58.00	VISA M/C
INSURANCE 07/19/2004			ADJ. 0	CASH AMEX
PATIENT	▲ PREVIOUS BALANCE ▲		TOTAL DUE 58.00	CHECK #
				BALANCE DUE

**CLEARFIELD PROF GROUP**  
820 Turnpike Avenue  
Clearfield PA 16830

**Itemized Statement**

Tax ID : 251561798  
Phone # : (814)762-1448

Mary L Carson  
Box 325  
Madera, PA 16661

Date : 07/01/2005 Page : 1

Patient : Mary L Carson  
Account # : 5631-1

Insurance 1 : MDCR  
Insurance 2 : Blue Shield Of Pennsylvania

Date	Code	Description	Provider	Diagnosis	Location	Qty	Amount	Insurance Balance	Patient Balance
01/31/05	99213	office visit, established	BLC	250.00	O	1	58.00		
01/31/05	CASH	Cash					-5.00		
02/03/05	MCDD	Medicare Deductible					50.26*		
02/03/05	MCDS	Medicare Disallowance					-7.74		
02/11/05	MCKK	Medicare Check					-45.26		
02/16/05	99213	office visit, established	BLC	250.00	O	1	58.00		
02/16/05	CASH	Cash					-5.00		
02/22/05	MCDD	Medicare Deductible					50.26*		
02/22/05	MCDS	Medicare Disallowance					-7.74		
02/25/05	MCKK	Medicare Check					-45.26		
03/16/05	99213	office visit, established	BLC	250.00	O	1	58.00		
03/18/05	CASH	Cash					-5.00		
03/30/05	MCKK	Medicare Check					-40.21		
03/30/05	MCDS	Medicare Disallowance					-7.74		
04/08/05	BSCK	BC/BS Check					-5.05		
04/26/05	99213	office visit, established	BLC	250.00	O	1	58.00	5.00	
05/09/05	MCKK	Medicare Check					-40.21		
05/09/05	MCDS	Medicare Disallowance					-7.74		
05/13/05	MCKK	Medicare Check					-5.05		
06/27/05	99213	office visit, established	BLC	250.00	O	1	58.00	58.00	
Total Amount from 01/31/2005 through 07/01/2005 :							\$63.00	\$63.00	\$0.00

Providers : Corcino, Baltazar M.D.

CLEARFIELD PROF GROUP  
820 Turnpike Avenue

Clearfield, PA 16830

Tax ID No: 251561798  
Telephone: (814)762-1448  
Fax: (814)765-8807

NUMBER

16383

PATIENT NAME AND ADDRESS		PATIENT NO.	GUARANTOR NAME		DOCTOR	REASON	DATE/TIME	
Mary L Carson Box 325 Madera, PA 16661		5631-1	Mary L Carson		Corcino	PE EKG	09/27/04 10:00AM	
		DATE OF BIRTH	TELEPHONE NO.	INSURANCE				
		04/17/1938	(814)378-7199	CODE	DESCRIPTION	POLICY NO.	COPAY	
				MDCR	MDCR	200307437A	\$0.00	
DIAGNOSIS					REFERRING DOCTOR			
1: _____ 2: _____ 3: _____ 4: _____								
procedures								
CODE	DESCRIPTION			FEE	CODE	DESCRIPTION		
OFFICE VISITS								
NEW								
99201	New patient brief visit							
99202	office visit, new, moderate severity				99211	office visit		
99203	office visit, moderate severity				99212	office visit, brief		
99204	office/outpatient visit, mod severity				99213	office visit, established		
99243	Office/outpt consult				99214	office visit, established		
99244	consult, office				99215	office visit, high complexity		
						128.00		
J2910	Solganal				PROCEDURES			
95115	Allergy Inj. 1				81000	Urinalysis		
95117	Allergy Inj. 2				93000	EKG with Interpretation		
90658	Flu Vaccine				69210	Ear Lavage		
90124	Injection			25.00	94010	Spirometry		
90732	Pneumovax				82270	Guiac		
J3420	Vitamin B12					10.00		
J3301	Kenalog							
86585	Tuberculin, TINE							
86580	Tuberculin, PPD							
DIAGNOSES								
CODE	DESCRIPTION				CODE	DESCRIPTION		
281.0	Anemia, pernicious				733.00	Osteoporosis		
200.00	Anxiety				486	Pneumonia		
780.57	Apnea, sleep				465.9	URI		
493.90	Asthma				599.0	UTI		
427.31	Atrial fibrillation				V76.51	Screen for malign neoplasm (colon)		
486.0	Bronchitis, acute							
414.9	CAD							
788.50	Chest pain							
428.0	CHF							
496	COPD							
311	Depression							
722.6	Disease, degenerative disc							
250.00	DMNID							
250.01	IDDM							
530.81	GERD							
272.0	Hypercholesterol							
272.4	Hyperlipidemia							
401.1	Hypertension, benign							
272.1	hypertriglyceridemia							
244.9	Hypothyroidism							
NEXT APPOINTMENT		INSURANCE		PATIENT	TODAY'S CHARGES		PAID ON ACCOUNT	
LAST PAYMENT DATE		\$0.00		\$15.00	ADJ.		213.00	
INSURANCE		08/20/2004					25	
PATIENT		▲ PREVIOUS BALANCE ▲		TOTAL DUE		BALANCE DUE		
						238.00		

# CLEARFIELD PROF GROUP

.820 Turnpike Avenue

Clearfield, PA 16830

Tax ID No: 251561798

Telephone: (814)762-1448

Fax: (814)765-8807

NUMBER

183771

<b>PATIENT NAME AND ADDRESS</b>	<b>PATIENT NO.</b>	<b>GUARANTOR NAME</b>	<b>DOCTOR</b>	<b>REASON</b>	<b>DATE/TIME</b>
Mary L Carson P O Box 325 Madera, PA 16661	5631-1	Mary L Carson	Romeo	RECHECK	03/03/10 01:00PM
	<b>DATE OF BIRTH</b>	<b>TELEPHONE NO.</b>	<b>INSURANCE</b>		
	04/17/1938	(814)378-9759	<b>CODE</b>	<b>DESCRIPTION</b>	<b>POLICY NO.</b>
			MDCR	Highmark Medicare Se	200307437A
					<b>COPAY</b>
					\$0.00

## DIAGNOSIS

## REFERRING DOCTOR

1.

2.

3.

4.

## procedures

CODE	DESCRIPTION	FEE	CODE	DESCRIPTION	FEE
<b>OFFICE VISITS</b>					
NEW					
99201	New patient brief visit				
99202	office visit, new, moderate severity				
99203	office visit, moderate severity				
99204	office/outpatient visit, mod severity				
99205	New patient, extended				
99243	Office/outpt consult				
99244	consult, office				
J2910	Solganal				
95115	Allergy Inj. 1				
95117	Allergy Inj. 2				
90658	Flu Vaccine				
Q0124	Injection				
90732	Pneumovax				
J3420	Vitamin B12				
J3301	Kenalog				
86585	Tuberculin, TINE				
86580	Tuberculin, PPD				
85610	Protime				
<b>Established Patient Visits</b>					
99211	office visit				
99212	office visit, brief				
99213	office visit, established				
99214	office visit, established				60.00
99215	office visit, high complexity				
<b>PROCEDURES</b>					
81000	Urinalysis				
93000	EKG with Interpretation				
69210	Ear Lavage				
94060	Spirometry, pre & post				
82270	Guia				
93922	Ankle Brachial Index				
85610	Protime				

## DIAGNOSES

CODE	DESCRIPTION	CODE	DESCRIPTION
281.0	Anemia, pernicious	607.84	Impotence
300.00	Anxiety	733.00	Osteoporosis
780.57	Apnea, sleep	486	Pneumonia
493.90	Asthma	786.05	Shortness of breath
427.31	Atrial fibrillation	465.9	URI
466.0	Bronchitis, acute	599.0	UTI
114.9	CAD	V76.51	Screen for malign neoplasm (colon)
786.50	Chest pain		
428.0	CHF		
196	COPD		
311	Depression		
722.6	Disease, degenerative disc		
50.00	DMNID		
50.01	IDDM		
30.81	GERD		
720.0	Hypercholesterol		
72.4	Hyperlipidemia		
01.1	Hypertension, benign		
72.1	hypertriglyceridemia		
44.9	Hypothyroidism		

C5-C6 BULGING DISC

<b>NEXT APPOINTMENT</b>	4 MONTH	<b>INSURANCE</b>	<b>PATIENT</b>	<b>TODAY'S CHARGES</b>	<b>PAID ON ACCOUNT</b>
<b>LAST PAYMENT DATE</b>	02/17/2010	\$0.00	\$5.00	ADJ.	<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input checked="" type="checkbox"/> CASH <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK #
<b>INSURANCE</b>	02/02/2010	▲ PREVIOUS BALANCE ▲		<b>TOTAL DUE</b>	<b>BALANCE DUE</b>
<b>PATIENT</b>	02/02/2010				5.00



NEXT APPOINTMENT		3/3/10		INSURANCE		PATIENT		TODAY'S CHARGES		PAID ON ACCOUNT		5.00
LAST PAYMENT DATE		\$0.00		\$5.00		ADJ.		<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input checked="" type="checkbox"/> CASH <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK    # _____				
INSURANCE		12/02/2009										
PATIENT		07/02/2009		▲ PREVIOUS BALANCE ▲		TOTAL DUE		BALANCE DUE				

**CLEARFIELD PROF GROUP**820 Turnpike Avenue  
Clearfield PA 16830**Itemized Statement**

Tax ID : 251561798

Phone # : (814)762-1448

Mary L Carson  
P O Box 325  
Madera, PA 16651

Date : 02/02/2010

Page : 1

Patient : Mary L Carson

Account # : 5631-1

Insurance 1 : Highmark Medicare Services

Insurance 2 : Blue Shield Of Pennsylvania

Date	Code	Description	Provider	Diagnosis	Location	Qty	Amount	Insurance Balance	Patient Balance
02/01/10	99213	office visit, established	BJR	782.0	O	1	60.00	60.00	
Total Amount from 02/01/2010 through 02/01/2010 :							\$60.00	\$60.00	\$0.00

Providers : Romeo, Bruno M.D.

**2. i.**

**Clearfield Hospital**

**\$4,381.00**

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	05/20/04	
OUTP.		

A  
 CLEARFIELD HOSPITAL  
 P. O. BOX 992  
 CLEARFIELD, PA.  
 814 765-5341  
 FEI # 250979346

16830-0992

PAGE NO.
1
HOSP. NO.
0066

M	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		CARSON, MARY LOUISE	51754042	F		05/13/04		

GUARANTOR NAME AND ADDRESS	MARY L CARSON PO BOX 325 MADERA PA 16661	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1 MED PART B OP N25		200307437A
		2 BLUE CROSS 363	7	YYC20030743
		3 UMWA HLTH &RET FU		200307437
SHAW MARK R				

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
-----------------	----------------------------------	--------------	---------------	------------------------------	------------------------------	------------------------------	------------------------------	----------------

DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS

05/13	001SPINE LUMBAR	42010553	213.00	213.00				
05/13	001FOREARM COMPL	42013078	84.00	84.00				
05/13	001LEVEL 3 ROOM	37810058	227.00	227.00				
05/13	001LEVEL 3 EXAM	47910021	130.00	130.00				

BALANCE FORWARD

0.00

SUMMARY OF CURRENT CHARGES

E/R FEE	227.00	227.00
E/R PHYSICIAN FEE	130.00	130.00
RADIOLOGY	297.00	297.00

SUB-TOTAL OF CURR. CHARGES

654.00 654.00

DIAGNOSIS: 923.10 CONTUSION OF FOREARM  
 729.5 PAIN IN LIMB

TOTALS	654.00	654.00					
PATIENT NUMBER	51754042	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.		ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.		PAY THIS AMOUNT	0.00

CLEARFIELD HOSPITAL  
 CLEARFIELD, PA.

U5A

A. . . . .

## CLEARFIELD HOSPITAL

P.O. BOX 992

CLEARFIELD, PA.

814 765-5341

FEI # 250979346

PAGE NO.  
1

16830-0992

HOSP. NO.  
0066

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	07/08/04	
OUTP.		

M	R	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		CARSON, MARY LOUISE	51902591	F		06/29/04		

GUARANTOR NAME AND ADDRESS	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
MARY L CARSON PO BOX 325 MADERA PA 16661	1 MED PART B OP N25 2 BLUE CROSS 363 3 UMWA HLTH & RET FU	7	200307437A YYC20030743 200307437
	POLINTAN RODOLFO S		

AMOUNT OF PAYMENT	\$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
06/29	001MRI LUMBAR SP 42100149		915.00	915.00				
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES MRI		915.00	915.00				
	SUB-TOTAL OF CURR. CHARGES		915.00	915.00				
	DIAGNOSIS: 722.52 LUMBAR/LS DISC DEGEN							
TOTALS								
			915.00	915.00				

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00
51902591				

CLEARFIELD HOSPITAL  
CLEARFIELD, PA.

U5A

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	02/22/10	
OUTP.		

CLEARFIELD HOSPITAL  
809 TURNPIKE AVE  
CLEARFIELD, PA  
814 765-5341  
FEI # 250979346

168301232

PAGE NO.	1
HOSP. NO.	0066

M	R	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		CARSON, MARY LOUISE	60041266	F		02/12/10		

GUARANTOR NAME AND ADDRESS	MARY L CARSON PO BOX 325 MADERA PA 16661	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	MED PART B OP N25		200307437A
		2	BLUE CROSS 363	8001	QDC10451148
		ROMEO BRUNO J			

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
02/12	001SPINE CERVICA	42010447	140.00	140.00				
02/12	001MRI CERVICAL	42100123	1756.00	1756.00				
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES							
	RADIOLOGY		140.00	140.00				
	MRI		1756.00	1756.00				
	SUB-TOTAL OF CURR. CHARGES		1896.00	1896.00				
	DIAGNOSIS:	722.91						
TOTALS			1896.00	1896.00				

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00
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CLEARFIELD HOSPITAL  
CLEARFIELD, PA

U5A

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	02/06/10	
OUTP.		

CLEARFIELD HOSPITAL  
809 TURNPIKE AVE  
CLEARFIELD PA  
814 765-5341  
FEI # 250979346

168301232

PAGE NO.

1

HOSP. NO.

0066

M	R	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		CARSON, MARY LOUISE	60003613	F		02/01/10		

GUARANTOR NAME AND ADDRESS	MARY L CARSON PO BOX 325 MADERA PA 16661	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	MED PART B OP N25		200307437A
		2	BLUE CROSS 363	8001	QDC10451148
		ROMEO BRUNO J			

AMOUNT OF PAYMENT

\$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
02/01	001VENI/CAP SPEC	40290009	8.00	8.00				
02/01	001PROTHROMBIN	40221046	29.00	29.00				
02/01	001CT CERVICAL S	42200170	879.00	879.00				
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES							
	LABORATORY		37.00	37.00				
	CT SCAN BODY		879.00	879.00				
	SUB-TOTAL OF CURR. CHARGES		916.00	916.00				
	DIAGNOSIS:	434.91						
TOTALS			916.00	916.00				

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.
60003613	

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT

0.00

CLEARFIELD HOSPITAL  
CLEARFIELD, PA

U5A

**2. j.**

**Medicare**

**\$4,444.81**



March 24, 2010

**PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 11-10036-448-630 <b>R &amp; R Radiology Consultants, Box 129,</b> <b>Clearfield, PA 16830-0129</b> Referred by: Romeo, Bruno Dr. Williams, Richard G. M.D.						
02/01/10	1.0 Ct neck spine w/o dye (72125-26) professional charge	\$140.00	\$57.53	\$0.00	\$57.53	a
Claim number 18-10049-248-610 <b>R &amp; R Radiology Consultants, Box 129,</b> <b>Clearfield, PA 16830-0129</b> Referred by: Romeo, Bruno Dr. Coren, Alfred B. M.D.						
02/12/10	1.0 Magnetic image, neck spine (72141-26) professional charge	\$200.00	\$79.48	\$63.58	\$15.90	b
02/12/10	1.0 X-ray exam of neck spine (72040-26) professional charge	25.00	11.33	9.06	2.27	
	<b>Claim Total</b>	<b>\$225.00</b>	<b>\$90.81</b>	<b>\$72.64</b>	<b>\$18.17</b>	

**Notes Section:**

- a This approved amount has been applied toward your deductible.
- b This information is being sent to your private insurer. They will review it to see if additional benefits can be paid. Send any questions regarding your supplemental benefits to them. Your private insurer is HIGHMARK INC
- c This service is paid at 100% of the Medicare approved amount.

**Deductible Information:**

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.



# Medicare Summary Notice

October 17, 2004

MARY L. CARSON  
P O BX 325  
MADERA PA 16661-0325

**CUSTOMER SERVICE INFORMATION**

Your Medicare Number: 200-30-7437A

If you have questions, write or call:  
Veritus Medicare Services  
P.O. Box 726  
Pittsburgh, PA 15230

Call: 1-800-MEDICARE (1-800-633-4227)  
Ask For Hospital Services  
TTY for Hearing Impaired: 1-877-486-2048  
Hours: M-F 8:30 - 4:30

**BE INFORMED:** Always read the front and back of your Medicare Summary Notice.

This is a summary of claims processed from 09/20/2004 through 10/08/2004.

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS**

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 20425900440901 Keystone Rehabilitation Systems 665 Philadelphia Street, P.O. Box 1289 Indiana, PA 15701						a,b
Referred by: Carroll Osgood Md						
08/23/04-08/31/04	Elec stim other than wound (G0283)	\$37.17	\$0.00	\$0.00	\$0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Pt evaluation (97001)	38.10	0.00	0.00	0.00	c,d
	Pt evaluation (97001)	71.90	0.00	14.38	14.38	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
(continued)						

**THIS IS NOT A BILL - Keep this notice for your records.**

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
<b>This Claim was continued from the previous page.</b>						
08/23/04-08/31/04	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
	<b>Claim Total</b>	<b>\$988.00</b>	<b>\$0.00</b>	<b>\$67.12</b>	<b>\$67.12</b>	
Control number 20427900607101						
Keystone Rehabilitation Systems						b,e
665 Philadelphia Street						
P.O. Box 1289						
Indiana, PA 15701						
Referred by: Carroll Osgood Md						
09/02/04-09/30/04	Elec stim other than wound (G0283)	\$37.17	\$0.00	\$0.00	\$0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
						(continued)

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
<b>This Claim was continued from the previous page.</b>						
09/02/04-09/30/04	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Elec stim other than wound (G0283)	37.17	0.00	0.00	0.00	c,d
	Elec stim other than wound (G0283)	10.83	0.00	2.17	2.17	
	Hot or cold packs therapy (97010)	36.00	36.00	0.00	0.00	d,f
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Mechanical traction therapy (97012)	31.51	0.00	0.00	0.00	c,d
	Mechanical traction therapy (97012)	14.49	0.00	2.90	2.90	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d

(continued)

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Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
<b>This Claim was continued from the previous page.</b>						
09/02/04-09/30/04	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Ultrasound therapy (97035)	11.95	0.00	2.39	2.39	
	Ultrasound therapy (97035)	56.05	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	20.31	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	27.69	0.00	5.54	5.54	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	

(continued)

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**

Dates of Service	Services Provided	Amount Charged	Non- Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
<b>This Claim was continued from the previous page.</b>						
09/02/04-09/30/04	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Therapeutic exercises (97110)	40.62	0.00	0.00	0.00	c,d
	Therapeutic exercises (97110)	55.38	0.00	11.08	11.08	
	Physical medicine procedure (97139)	44.93	0.00	0.00	0.00	c,d
	Physical medicine procedure (97139)	15.07	0.00	3.01	3.01	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
	Manual therapy (97140)	42.34	0.00	0.00	0.00	c,d
	Manual therapy (97140)	25.66	0.00	5.13	5.13	
<b>Claim Total</b>		<b>\$3,366.00</b>	<b>\$36.00</b>	<b>\$229.55</b>	<b>\$229.55</b>	

**Notes Section:**

- a The amount Medicare paid the provider for this claim is \$268.41.
- b This information is being sent to your private insurer(s).  
Send any questions regarding your benefits to them.
- c This amount is the difference in billed amount and Medicare approved amount.
- d You should not be billed for this service. You do not have to pay this amount.
- e The amount Medicare paid the provider for this claim is \$917.67.
- f Medicare does not pay separately for this service.

**Deductible Information:**

You have met the Part B deductible for 2004.

**General Information:**

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

**ALERT:** Starting with services received on September 1, 2003, through December 7, 2003, coverage by Medicare was limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services. When limits were in effect, the limits were \$1,590 for PT and SLP combined and \$1,590 for OT. Medicare pays up to 80% of the limits. These limits don't apply to therapy you get at hospital outpatient departments, unless you are a resident of and occupy a Medicare-certified bed in a skilled nursing facility.

From December 8, 2003 through December 31, 2005, outpatient therapy services (PT, OT, and SLP) are not limited by a dollar amount. If you have questions please call 1-800-MEDICARE.

Save money on your prescriptions with a Medicare approved drug discount card. Call 1-800-MEDICARE (1-800-633-4227) for more information.

FOR INTERNAL USE: CONTRACTOR #00363

**Appeals Information - Part B (Outpatient)**

**If you disagree with any claims decision on this notice, you can request an appeal by February 14, 2005.** Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the address in the "Customer Service Information" box on Page 1. (You may also send any additional information you may have about your appeal.)
- 3) Sign here \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

**2. k.**

**Highmark**

**\$2,710.50**



**THIS IS NOT A BILL**

Contract Holder Name:	MARY L CARSON
Member ID:	104511488001
Patient Account Number:	695800019102700011
Group Name:	PENNSYLVANIA MINES CORP
Group ID:	051804-001
Claim Activity For:	MARY L CARSON
Claim Number:	04773642526

<b>EXPLANATION AT A GLANCE</b>	
Dates of Service:	08/23/04 - 08/31/04
Provider:	KEYSTONE REHAB SYSTEMS
Provider May Bill You (If Not Already Paid):	
	\$ 0.00

Provider Date of Service Type of Service Service Code (Number of Services)	Member Responsibility			Amount You Owe Provider (Total of Shaded Columns)	See Remarks
	Provider's Charge	Non-Billable To Member	Plan Allowance (Covered Charges)		
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY 0420	48.00	48.00	0.00	0.00	E5509
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY 0420	48.00	48.00	0.00	0.00	E5509
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY 0420	48.00	48.00	0.00	0.00	E5509
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY 0420	48.00	48.00	0.00	0.00	E5509
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY 0420	110.00	110.00	0.00	0.00	E5509
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY 0420	46.00	46.00	0.00	0.00	E5509

Need Help? Call 1-800-241-5704



Member Responsibility (Continued)						See
Provider Date of Service Type of Service Service Code (Number of Services)	Provider's Charge	Non-Billable To Member	Plan Allowance (Covered Charges)	Amount You Owe Provider (Total of Shaded Columns)		Remarks
KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	0.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	0.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	0.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	0.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	48.00	48.00	48.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	48.00	48.00	48.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	68.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	68.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	68.00	0.00	0.00	E5509
0420 KEYSTONE REHAB SYSTEMS 08/23/04-08/31/04 PHYSICAL THERAPY (1)	68.00	68.00	68.00	0.00	0.00	E5509

Need Help? Call 1-800-241-5704

Member Responsibility (Continued)					
Provider Date of Service Type of Service Service Code (Number of Services)	Provider's Charge	Non-Billable To Member	Plan Allowance (Covered Charges)	Amount You Owe Provider (Total of Shaded Columns)	See Remarks
KEYSTONE REHAB SYSTEMS 08/23/04 -08/31/04 PHYSICAL THERAPY 0420 (1)	68.00	68.00	0.00	0.00	E5509
TOTALS	988.00	988.00	0.00	0.00	

### Explanation of Remark Codes

E5509 - In order to process this claim correctly, additional information was requested from the provider. Therefore, no payment can be made at this time.

### Visit Our Website

**For online member service, or to check eligibility or claim status, log on to our website at: [www.highmark.com](http://www.highmark.com)**

Why wait for the mail? Check the status of all your claims quickly at [www.highmark.com](http://www.highmark.com). Take advantage of many other convenient, self-service features, too, and find a wealth of health-related information for everyone in the family. Log on and "Take a Greater Hand in Your Health!"

### Member Service

**Member Service:** 8:00 am - 5:00 pm Monday - Friday 1-800-241-5704

If a claim has been denied in whole or in part, please refer to the Administration section of your Benefit Booklet for additional information. You have the right to request a review of a denied claim. To appeal a claim, file a **WRITTEN APPEAL WITHIN 60 DAYS AFTER RECEIVING THE EXPLANATION OF BENEFITS STATEMENT**. If you have any questions, please contact our Member Service Department at the telephone number identified above, or write to us at:

HIGHMARK BLUE SHIELD  
P.O. Box 226,  
Pittsburgh, PA 15230

(TTY services via 1-800-452-8086 for the hearing and speech impaired.)



Need Help? Call 1-800-241-5704

If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1-800-438-2478.



Need Help? Call 1-800-241-5704

**Member Service**

**Member Service:**

8:00 am - 5:00 pm Monday - Friday

1-800-241-5704

If a claim has been denied in whole or in part, please refer to the Administration section of your Benefit Booklet for additional information. You have the right to request a review of a denied claim. To appeal a claim, file a **WRITTEN APPEAL WITHIN 60 DAYS AFTER RECEIVING THE EXPLANATION OF BENEFITS STATEMENT**. If you have any questions, please contact our Member Service Department at the telephone number identified above, or write to us at:

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**If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1-800-438-2478.**



**THIS IS NOT A BILL**

Contract Holder Name: MARY L CARSON
Member ID: 104511488001
Group Name: PENNSYLVANIA MINES CORP
Group ID: 051804-001
Claim Activity For: MARY L CARSON
Claim Number: 04293403244

EXPLANATION AT A GLANCE
Date of Service: 09/28/04
Provider: /EMPI INC
Provider May Bill You (If Not Already Paid): \$ 0.00

Member Responsibility					
Provider Date of Service Type of Service Service Code (Number of Services)	Provider's Charge	Non-Billable To Member	Plan Allowance (Covered Charges)	Amount You Owe Provider (Total of Shaded Columns)	See Remarks
/EMPI INC 09/28/04 MEDICAL EQUIPMENT E0730 (1)	685.00	685.00	0.00	0.00	S0139
/EMPI INC 09/28/04 SUPPLIES A4556 (4)	49.50	49.50	0.00	0.00	S0139
TOTALS	734.50	734.50	0.00	0.00	

**Explanation of Remark Codes**

S0139 - Our records indicate, the patient has Medicare coverage. After Medicare has processed these services, submit the Explanation of Medicare Benefits to PO Box 898845 for Signature 65 or PO Box 890062 for Medical/Surgical claims.

**Visit Our Website**

**For online member service, or to check eligibility or claim status, log on to our website at: [www.highmark.com](http://www.highmark.com)**

Why wait for the mail? Check the status of all your claims quickly at [www.highmark.com](http://www.highmark.com). Take advantage of many other convenient, self-service features, too, and find a wealth of health-related information for everyone in the family. Log on and "Take a Greater Hand in Your Health!"



# Explanation of Benefits

Need Help? Call 1-800-345-3806

THIS IS NOT A BILL

Contract Holder Name:	MARY L CARSON
Member ID:	104511488001
Group Name:	
Group ID:	000000
Claim Activity For:	MARY L CARSON
Claim Number:	04285477504

EXPLANATION AT A GLANCE	
Dates of Service:	08/23/04 - 08/31/04
Provider:	KEYSTONE REHAB SYSTEMS INC
Provider May Bill You (If Not Already Paid):	\$ 988.00

Member Responsibility					See Remarks
Provider Date of Service Type of Service Service Code (Number of Services)	Provider's Charge	Non Covered Charges	Plan Allowance (Covered Charges)	Amount You Owe Provider (Total of Shaded Columns)	
KEYSTONE REHAB SYSTEMS 08/23/04 PHYSICAL THERAPY 97001 (1)	110.00	110.00	0.00	110.00	\$5078
KEYSTONE REHAB SYSTEMS 08/25/04 PHYSICAL THERAPY 97035 (1)	68.00	68.00	0.00	68.00	\$5078
KEYSTONE REHAB SYSTEMS 08/25/04 PHYSICAL THERAPY 97014 (1)	48.00	48.00	0.00	48.00	\$5078
KEYSTONE REHAB SYSTEMS 08/25/04 PHYSICAL THERAPY 97140 (1)	68.00	68.00	0.00	68.00	\$5078
KEYSTONE REHAB SYSTEMS 08/27/04 PHYSICAL THERAPY 97035 (1)	68.00	68.00	0.00	68.00	\$5078
KEYSTONE REHAB SYSTEMS 08/27/04 PHYSICAL THERAPY 97014 (1)	48.00	48.00	0.00	48.00	\$5078

Need Help? Call 1-800-345-3806

Member Responsibility (Continued)						
Provider Date of Service Type of Service Service Code (Number of Services)	Provider's Charge	Non Covered Charges	Plan Allowance (Covered Charges)	Amount You Owe Provider (Total of Shaded Columns)	See Remarks	
KEYSTONE REHAB SYSTEMS 08/27/04 PHYSICAL THERAPY 97140 (1)	68.00	68.00	0.00	68.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/30/04 PHYSICAL THERAPY 97035 (1)	68.00	68.00	0.00	68.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/30/04 PHYSICAL THERAPY 97014 (1)	48.00	48.00	0.00	48.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/30/04 PHYSICAL THERAPY 97110 (1)	48.00	48.00	0.00	48.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/30/04 PHYSICAL THERAPY 97140 (1)	68.00	68.00	0.00	68.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/31/04 PHYSICAL THERAPY 97035 (1)	68.00	68.00	0.00	68.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/31/04 PHYSICAL THERAPY 97014 (1)	48.00	48.00	0.00	48.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/31/04 PHYSICAL THERAPY 97012 (1)	46.00	46.00	0.00	46.00	\$5078	
KEYSTONE REHAB SYSTEMS 08/31/04 PHYSICAL THERAPY 97110 (1)	48.00	48.00	0.00	48.00	\$5078	



Need Help? Call 1-800-345-3806

Member Responsibility (Continued)					
Provider Date of Service Type of Service Service Code (Number of Services)	Provider's Charge	Non Covered Charges	Plan Allowance (Covered Charges)	Amount You Owe Provider (Total of Shaded Columns)	See Remarks
KEYSTONE REHAB SYSTEMS 08/31/04 PHYSICAL THERAPY 97140 (1)	68.00	68.00	0.00	68.00	S5078
<b>TOTALS</b>	988.00	988.00	0.00	988.00	

**Explanation of Remark Codes**

S5078 - Our records indicate the patient does not have Major Medical coverage through our office. Therefore, no payment can be made.  
 Please submit the bill to the member's Major Medical carrier.

**Visit Our Website**

*For online member service, or to check eligibility or claim status, log on to our website at: [www.highmark.com](http://www.highmark.com)*

Why wait for the mail? Check the status of all your claims quickly at [www.highmark.com](http://www.highmark.com). Take advantage of many other convenient, self-service features, too, and find a wealth of health-related information for everyone in the family. Log on and "Take a Greater Hand in Your Health!"

**Member Service**

**Member Service:**

1-800-345-3806

If a claim has been denied in whole or in part, please refer to the Administration section of your Benefit Booklet for additional information. You have the right to request a review of a denied claim. To appeal a claim, file a **WRITTEN APPEAL WITHIN 60 DAYS AFTER RECEIVING THE EXPLANATION OF BENEFITS STATEMENT**. If you have any questions, please contact our Member Service Department at the telephone number identified above, or write to us at:

Member Services  
 P.O. Box 890035,  
 Camp Hill, PA 17089-0035

(TTY services via 1-800-345-3848 for the hearing and speech impaired.)



OCTOBER 23, 2004  
Page 4 of 4

Need Help? Call 1-800-345-3806

If you suspect fraud or abuse involving your health insurance, please call the toll-free fraud or abuse hotline at 1-800-438-2478.

VN137853

# CLEARFIELD HOSPITAL

Clearfield Hospital  
809 Turnpike Avenue, P.O. Box 992  
Clearfield, PA 16830  
8147655341

Patient: CARSON, MARY LOUISE  
Physician: Ernest P. Jones, MD

MR#: 087375  
Acct #: 000002288234  
DOB: 4/17/1938

---

You have a fracture of the Humerus.

The humerus is the long bone in your upper arm. Your fracture is in the top (proximal) part of the bone.

A fracture is the same thing as saying a "broken bone." In general, fractures heal over about 6-8 weeks. The broken bone will eventually become stronger at the site of the break than in the surrounding bone.

The treatment of a fracture includes the use of a medication to reduce pain, the use of a splint/cast to reduce movement and Rest, Ice, Compression and Elevation of the injured area. Remember this as "RICE."

- REST: Limit the use of the injured body part.

- ICE: By applying ice to the affected area, swelling and pain can be reduced. Place some ice cubes in a re-sealable (Ziploc) bag and add some water. Put a thin washcloth between the bag and your skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. Using the ice for longer times and more frequently is OK. NEVER APPLY ICE DIRECTLY TO THE SKIN.

- COMPRESS: Compression means to apply pressure around the injured area such as with a splint, cast or an ace bandage. Compression decreases swelling and improves comfort. Compression should be tight enough to relieve swelling but not so tight as to decrease circulation. Increasing pain, numbness, tingling, or change in skin color, are all signs of decreased circulation.

- ELEVATE: Elevate the injured part. For example, a fractured arm can be elevated by placing the arm in a sling while awake and propped up on pillows while lying down.

The main treatment for this type of fracture is with a sling and swathe. This will provide adequate immobilization of the arm. You should use the sling and swathe until follow-up with the Orthopedic (bone) doctor.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

Clearfield Hospital  
809 Turnpike Avenue, P.O. Box 992  
Clearfield, PA 16830  
8147655341

Patient: CARSON, MARY LOUISE  
Date: 25-Jul-2011  
Physician: Ernest P. Jones, MD

---

General Emergency Department Discharge Instructions

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by  
Ernest P. Jones, MD

---

Your diagnosis is  
Primary Diagnosis: Fracture - humerus, proximal, right, closed  
Secondary Diagnosis:  
Tertiary Diagnosis:

---

What to do:

***Disposition - Discharge from ED: The patient is discharged to home . Patient's condition is satisfactory . The patient is to follow-up with their/the specialist . The patient is to follow-up with Dr. Polintan OFFICE: 765-8590 tomorrow to make an appointment Return to the ED if condition worsens.***

**MOTRIN 800MG 3X/DAY FOR PAIN**

Follow the instructions on the additional sheets you were given:

- Take this sheet with you when you go to your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed. Continue with other medications prescribed by your PCP. The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG. A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.
- Culture results take 48 hours. Your results will be given to the follow-up doctor. The Emergency Department will contact you if the results require a change in your treatment.

Additional information or instructions:

**PRESCRIPTIONS GIVEN IN THE EMERGENCY DEPARTMENT:**

**VICODIN: 1-2 TABS PO EVERY 4-6HRS PRN #16**

**\*\*\*FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN AS DIRECTED\*\*\*\***

**\*\* If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.**



**Clearfield  
Hospital**

"Committed to Caring"

**PHYSICIAN'S OUTPATIENT ORDER FORM  
IMAGING DEPARTMENT**

(PLEASE CHECK THE ORDERED EXAM)

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

PATIENT NAME: Mary Carson

BIRTHDATE: 4-17-38 PT. W

PHYSICIAN SIGNATURE: \_\_\_\_\_

**PATIENT INSTRUCTIONS:**

1. BRING THIS ORDER FORM WITH YOU WHEN YOU REPORT FOR TESTS OR ADMISSION OR WE MAY BE UNABLE TO
2. IF YOU ARE PRE-REGISTERED, REPORT TO THE OUTPATIENT RECEPTION OFFICE ON GROUND FLOOR.
3. IF YOU ARE NOT PRE-REGISTERED, REPORT TO GROUND FLOOR REGISTRATION AREA 10-15 MINUTES PRIOR TO APPOINTMENT.
4. FOLLOW INSTRUCTIONS GIVEN TO YOU AT YOUR DOCTOR'S OFFICE. PHONE 766-2276 IF YOU HAVE ANY QUESTIONS.
5. TAKE ALL OF YOUR PRESCRIPTION MEDICATIONS, ACCORDING TO YOUR USUAL SCHEDULE, UNLESS SPECIFICALLY INSTRUCTED BY YOUR DOCTOR TO NOT TAKE THEM.

ICD-9 CODES/DIAGNOSIS: Post

**RADIOLOGY**

- ☐ ABDOMEN ONE VIEW
- ☐ KUB W/OBLIQUE ☐ RT ☐ LT
- ☐ ABDOMEN SERIES
- ☐ NOSE TO RECTUM (FOR FOREIGN BODY)
- ☐ CHEST X-RAY
- ☐ RIBS ☐ RT ☐ LT ☐ BILAT
- ☐ SINUSES COMPLETE
- ☐ SOFT TISSUE NECK

**BONE MINERAL DENSITY**

- \*WEIGHT LIMIT 450 LBS
- ☐ BONE MINERAL DENSITY WITH VERTEBRAL FRACTURE ASSESSMENT WHEN INDICATED

**MAMMOGRAPHY**

- ☐ BILATERAL DIAGNOSTIC (BREAST ULTRASOUND WHEN NECESSARY)
- ☐ UNILATERAL ☐ RT ☐ LT

**ULTRASOUND**

- ☐ ABDOMEN
- ☐ BREAST ☐ RT ☐ LT
- ☐ EXTRACRANIAL COMBINATION
- ☐ GROIN-VASCULAR
- ☐ NON OB PELVIC (RT/LT)
- ☐ NON VASCULAR EXTREMITIES (RT/LT AS NECESSARY)
- ☐ PREGNANT UTERUS (RT/LT AS NECESSARY)
- ☐ RETROPERITONEAL

1E	FAMILY MEMBER	PROFESSIONAL SERVICE	CHARGE	CREDITS	NEW BALANCE	PREVIOUS BALANCE	NAT
				PAYMENTS	ADJ		

YOU PAID THIS AMOUNT \_\_\_\_\_  
THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE \_\_\_\_\_

**R. S. POLINTAN, M.D., P.C.**  
807 TURNPIKE AVENUE  
CLEARFIELD, PENNSYLVANIA 16830  
TELEPHONE: (814) 766-8690  
I.D. #26-1414119  
Prov. No. PO105747

DIAGNOSIS: 9/30/11

1045

EXT. POINTMENT \_\_\_\_\_ AT \_\_\_\_\_ NO. \_\_\_\_\_

PLEASE RETURN THIS SLIP TO  
BEFORE LEAVING OUR SERVICES RENDERED

POST OP VISIT  
NO CHARGE  
PRE-ADMISSION  
IN-PT. FOLLOW-UP  
ER FOLLOW-UP  
TOTAL  
**IF INSURANCE REFERRAL, CONFIRM PRIOR TO APPOINTMENT**

NO. \_\_\_\_\_ NEXT APPOINTMENT

- ☐ SCROTICUS
- ☐ SPINE
  - ☐ CERVICAL ☐ LUMBAR ☐ THORACIC
- ☐ BARIUM ENEMA
- ☐ MODIFIED BARIUM SWALLOW
- ☐ SMALL BOWEL
- ☐ T-TUBE CHOLANGIOGRAM
- ☐ UPPER GI-INCLUDING ESOPHAGUS
- ☐ CYSTOGRAM
- ☐ VOIDING CYSTOGRAM
- ☐ ARTHROGRAM SPECIFY: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

WEIGHT LIMIT 450 LBS  
X-RAYS PERFORMED WHEN NECESSARY

- ☐ ABDOMEN
- ☐ BRAIN AND/OR BRAIN STEM
- ☐ BREAST
- ☐ CHEST
- ☐ MRA - SPECIFY \_\_\_\_\_
- ☐ ORBIT
- ☐ SOFT TISSUE NECK
- ☐ PELVIS
- ☐ SPINE

- ☐ GASTRIC EMPTYING
- ☐ HEPATOBILIARY (US OF GB)
- ☐ KIDNEY FLOW/FUNCTION
- ☐ LIVER SPLEEN SCAN
- ☐ PARATHYROID IMAGING
- ☐ VENTILATION/PERFUSION SCAN (V/Q) (Chest X-Ray RT)
- ☐ GI BLEED
- ☐ THYROID IMAGING (UPT)
- ☐ OTHER: \_\_\_\_\_

**NUCLEAR CARDIOLOGY**

**Clearfield Hospital**  
**809 Turnpike Avenue, P.O. Box 992**  
**Clearfield, PA 16830**  
**8147655341**

Patient: CARSON, MARY LOUISE

MR#: 087375

Physician: Ernest P. Jones, MD

Acct #: 000002288234

DOB: 4/17/1938

- 
- You experience a severe increase in pain or swelling in the affected area.
  - You develop new numbness and tingling in or below the affected area.
  - You develop a cold, pale arm that appears to have a problem with its blood supply.

<PtSig>

\_\_\_\_\_  
Patient Signature

<RepSig>

\_\_\_\_\_  
Representative Signature

<StaffSig>

\_\_\_\_\_  
Staff Signature

Clearfield Hospital Home Health Services  
438 W Front Street  
PO Box 992  
Clearfield, PA 16830  
814-768-2000

## NOTICE OF VISIT FREQUENCY

TO: Medicare Fee For Service Beneficiary

Patient Name: Mary Carson

Clearfield Hospital Home Health Services will provide you with the following services effective 11/4/11. (Date of Start of Care/Resumption of Care/Recertification/Initial Visit/Increase in Visits/Continuation of Visits)

Check all that Apply:

- ☐ Skilled Nursing Visits \_\_\_\_\_
- ☐ Home Health Aide Visits \_\_\_\_\_
- ☒ Physical Therapy Visits 1x only
- ☐ Occupational Therapy Visits \_\_\_\_\_
- ☐ Speech Therapy Visits \_\_\_\_\_
- ☐ Social Service Visits \_\_\_\_\_
- ☐ Supplies will be delivered: weekly biweekly monthly (choose one)

Signature of Beneficiary [Signature] Date \_\_\_\_\_

Clinician Signature [Signature] Date 11/4/11



MARY LOUISE CARSON,  
Plaintiff

vs.

WILLIAM S. BRUNNER,  
Defendant

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY, PA

: NC. 06-755-CD

: CIVIL ACTION

**CERTIFICATE OF SERVICE**

I, FREDERICK B. GIEG, JR., ESQUIRE, hereby certify that on this 15<sup>th</sup> day of  
June, 2012, a true and correct copy of the foregoing Rule 1305 Notice has been sent by  
regular U.S. mail to the following:

Troy J. Harper, Esquire  
John C. Dennison, II, Esquire  
DENNISON, DENNISON & HARPER  
293 Main Street  
Brookville, PA 15825

GIEG AND GIEG



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Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiff  
PA I.D. No. 09965