

To  
Commonwealth of Pennsylvania, PUC  
P.O. Box 3265,  
Harrisburg, PA 17105-3265.  
May 4, 2010

RE: Prayer for extension of time to submit Exceptions for case C-2009-2115020

Dear Mr. McNulty:

This letter is a prayer for extension of time for submitting in the above referenced case. Being sick at this time I do not have energy to research the provision of Code 1.56 (b) mentioned in your letter. However, I am almost sure that there is provision in that code or elsewhere that allows Decision Makers to have discretionary power to grant an extension of time in exceptional cases. I believe my documented sickness will fulfill the criterion being an exceptional situation. This is the basis of my asking for an extension. I request an extension of time for 7 (seven) days from the date of receipt of your approval notification preferably over phone followed by regular or certified mail. For picking up regular mail I have to drive about one mile and for certified mail I have to drive about 3 miles, both of which sometimes becomes difficult or me without my depending on others. Therefore, an additional 3 days may please be granted if you plan to send approval by mail or certified mail only.

I was extremely sick during the major portion of the time within the deadline period. I am still sick with capacity of conducting moderate amount of day to day activities. Apart from other pre existing serious ailments, currently it is extremely painful for me to sit on a chair for an extended period. This ability is essential to write "Exceptions" in a meaningful way. The combined effect of my physical condition and my diminished intellectual capacity do not allow me to focus on anything for an extended period. Moreover, according to my understanding even if my appeal is successful this department cannot grant me any monetary damage. Therefore, I did not hire a lawyer to comply with your deadline requirements.


The attached document will prove that I was in Pocono Medical Hospital from April 11 to April 13, 2010. Due to my privacy consideration I am not inclined to provide the full description of my ailments. However I can cooperate with you if you need to talk with my family doctor to verify the following relevant facts after my discharge from hospital.

My visit to emergency room terminated in my being placed in the cardiac unit of the hospital (b) although all needed MRI CAT scan blood test EKG were done before 12<sup>th</sup> April noon, I was not released from the hospital until 13<sup>th</sup> evening because a few data related to my heart was of grave concerns to the attending physicians and they wanted to stabilize those conditions before my discharge. (c) I saw my family physician on 4/20/10 to discuss follow up treatment plan. At that time my doctor prescribed two prescription painkillers, adjusted my heart medications, and other medications bringing the total number of medication that I take to about 14 per day. (d) On 4/27/10 I saw a neurologist for further evaluation of a few other aspects of my ailment. Results of few other tests are awaited and a few other recommended tests are yet to be scheduled.

I now look forward for your favorable decision.

Thank You

Sincerely

  
S.B. Bhattacharyya  
383 Wickes Road  
Bushkill, PA 18324

Phone: 570-588-5814; E-mail: [sukhendu@sukhendu.com](mailto:sukhendu@sukhendu.com)

RECEIVED

MAY 6 2010

PA PUBLIC-UTILITY COMMISSION  
SECRETARY'S BUREAU



# POCONO MEDICAL CENTER

## DISCHARGE INSTRUCTIONS

| <b>MEDICATIONS</b><br><b>Instructions</b>  | <b>HEART FAILURE PATIENTS</b><br><b>Instructions</b>   |
|--|--|
| <ol style="list-style-type: none"> <li>All medications you should be taking at home are listed on the medication list given to you by your nurse at discharge. Please take this list with you and show it to your physician at your next appointment.</li> <li>Do not take "over the counter" or "herbal" medications without physician approval.</li> <li>Contact your Primary Care Physician for routine medication renewals.</li> </ol> | <ol style="list-style-type: none"> <li><b>Record your weight</b> at the same time each day. On the same scale, with an empty bladder. Weight gain indicates you may be retaining fluids.</li> <li><b>Report weight gains of 2-3 pounds</b> over 1-3 days to your physician. If your symptoms* persist, call your physician's office to schedule an appointment. Take your weight record to show the physician.</li> </ol> <p><b>*Worsening symptoms include:</b></p> <ol style="list-style-type: none"> <li>Increase in shortness of breath with routine activity.</li> <li>Puffy, swollen legs, ankles or feet.</li> <li>Dry, nagging cough.</li> <li>Poor appetite or nausea.</li> </ol> |

**STOP SMOKING**  
**Instructions**

If you smoke cigarettes,  
**STOP!**

\*Please refer to the Smoking Cessation information given to you during your hospital stay

**American Lung Association 1-800-548-8252**

**Understanding Discharge Instructions**

The discharge instructions on these two pages have been explained to my satisfaction. It is understood that these discharge instructions were given to continue my medical care after leaving the hospital.

Nurse Signature Maria Aguirre Date 4/13/2010 Time \_\_\_\_\_

Patient/Caregiver Signature [Signature] Date \_\_\_\_\_ Time \_\_\_\_\_

**NURSE:** (Attach a copy of the Medication List form to copy of this form and give to patient.)  
Originals to remain with chart.

- Patient unable to verify physician information. Copy of medication reconciliation given to patient/family.
- Faxed medication reconciliation to Primary Care Physician.

**PATIENT:** Take these 2 discharge instructions forms and the attached medications list with you to your next doctor's appointment.

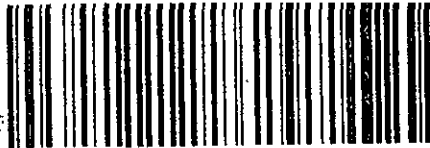
  
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 383 WICKES ROAD  
 BUSHKILL PA 18324  
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 4/11/2010

Sukhendu B. Bhattacharyya, P.E.

~~246 Wick Creek Blvd Rosedale NY 11422~~

583 Wickes Rd

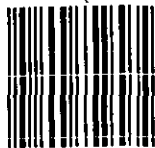
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Secretary  
Commonwealth of Pennsylvania

Public Utility Commission

PO Box 3265

Harrisburg, PA 17105-3265

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