

4/21/14

RECEIVED

APR 24 2014

PUBLIC UTILITY COMMISSION
PHILADELPHIA OFFICE
ADMINISTRATIVE LAW JUDGE

Dear

your Honor

Judge Angelo T. Jones,

I would like to attend

this hearing by teleconference
please. I am in treatment for

hyperthyroidism thru Dr. Shannon

Leib and skull fracture/nasal fracture
as well and seizures. You may verify

1610-857-6616 Parkesburg Family

Medicine in Parkesburg Pa. My Home #

is 484-786-8764.

→ 911! Can you please Reinstate my
Social Security Disability Payments

upon Receipt of this, as I would legally
like to pay my Bills. It was stopped illegally,
Ms. Goll @ The West Chester office has details, please →

#528684 03/10

RECEIVED

MAY 6 2014

I have a R+ Lung nodule, may need
surgery, deal with real Kidney Failure
and was illegally cut off my benefits
and they won't help me. Please,
you're a judge that can. I also
sent evidence of illness that Dr.
Veitia signed in the summer and
PECO sent someone else's record.
I only have money to send you
this copy. Please accommodate, I
have a seizure disorder as well.

Thank you,

Heather H

484 786 8764

Please help
me - I have
kids to
support
I can
work FT.



SURGICAL SPECIALISTS, P.C.



An Exelon Company

General, Bariatric, Breast, Laparoscopic, Gastrointestinal, Colorectal, Oncologic, Thoracic, Endocrine, Vascular, Endovascular, and Plastic & Reconstructive Surgery

- General Surgery
Liza Atchery, D.O., FACOS
Stephen A. Chang, M.D., FACS
Francis T. Conroy, M.D., FACS
Jonathan L. DeVinck, M.D., FACS
Timothy Y. Fox, M.D., FACS
Robert C. Fried, M.D., FACS
Steven G. Fucini, M.D.
Richard D. Ing, M.D., FACS
Scott A. Kripke, M.D., FACS
Steven R. Myrick, M.D., FACS
Philip V. Pearson, M.D., FACS
Dennis L. Rensick, M.D., FACS
David Ross, M.D., FACS
George Trautenberg, M.D., FACS
Kenneth A. Wiklund, M.D., FACS

- Vascular Surgery
Daniel J. Hayes, Jr., MD
Kenneth J. Millon, M.D., FACS
Gerald M. Paston, M.D., FACS
Sean V. Ryan, M.D., FACS

- Plastic & Reconstructive Surgery
David P. Giger, MD
Nancy A. Vekta, MD

Bryn Mawr Station Building, North
570 Old Lancaster Road
Suites 300 & 304
Bryn Mawr, PA 19010
(610) 527-1185
Fax (610) 527-1940

155 West Lancaster Avenue
408 III, Suite 322
Paoli, PA 19301
(610) 647-3077
Fax (610) 643 0648
7 5 Old Farm Hill Road
Bldg. B, Suite 201
West Chester, PA 19380
(610) 436-6096
Fax (610) 436-6023

FAX TRANSMITTAL FORM

DATE 6/20/13 TIME 2:30 PM TOTAL PAGES 2

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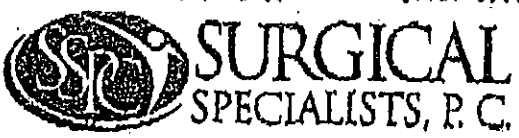
NAME Kelli J. LPH
COMPANY Dr. Veith
FAX 610-436-6023

MEMO:

RE: Heather Hoffman 9/4/21
246 Fleetwood St.
Coatesville, PA 19320

IF YOU HAVE ANY DIFFICULTIES WITH THIS TRANSMITTAL CALL 610-436-6096
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Exhibit 2



**SURGICAL
SPECIALISTS, P. C.**



An Exelon Company

**General, Bariatric, Breast, Laparoendoscopic, Gastrointestinal, Colorectal, Oncologic,
Thoracic, Endocrine, Vascular, Endovascular, and Plastic & Reconstructive Surgery**

General Surgery

- W. Lynn Attebery, D.O., F.A.C.S.
- Susan B. Cheng, M.D., F.A.C.S.
- Kenneth F. Donaldson, M.D., F.A.C.S.
- Jennifer L. Gagne, M.D., F.A.C.S.
- Timothy T. Fox, M.D., F.A.C.S.
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- Stephen S. Kowalski, M.D.
- Richard S. Long, M.D., F.A.C.S.
- Scott A. Nijssen, M.D., F.A.C.S.
- Steven N. Nysick, M.D., F.A.C.S.
- Philip V. Pearson, M.D., F.A.C.S.
- Douglas L. Rhoadt, M.D., F.A.C.S.
- David Ross, M.D., F.A.C.S.
- George Trajtenberg, M.D., F.A.C.S.
- Kenneth A. Witticholt, M.D., F.A.C.S.

June 20, 2013

RE: Heather Hoffman
DOB: 9/04/1971

Vascular Surgery

- Orin J. Hynes, Jr., M.D.
- Ronald J. Maltman, M.D., F.A.C.S.
- Gerold M. Patton, M.D., F.A.C.S.
- Sean V. Ryan, M.D., F.A.C.S.

Plastic & Reconstructive Surgery

- David P. Singer, M.D.
- Nester A. Veltin, M.D.

To Whom It May Concern:

Heather Hoffman is currently under my care for her recent panniculectomy with postop cellulitis and parcutaneous drain placement. Heather was recently hospitalized and sent to Chester Valley Rehab for wound care/nursing. This letter is to certify that due to her condition, electric and water is medically necessary for her healing and wound care. If either were shut off, her condition could worsen. She needs a 30-day payment delay without shut off.

Sincerely,

Nester A. Veltin, M.D.

Dryn Mower Medical Building, North
870 Old Lancaster Road
Suites 300 & 306
Dryn Mower, PA 19010
(610) 327-1100
Fax (610) 327-1940

205 West Lancaster Avenue
Middletown, PA 19041
Phon, PA 19301
(610) 647-3077
Fax (610) 693-0268

915 Old Fern Hill Road
Bldg. D, Suite 201
West Chester, PA 19380
(610) 436-4496
Fax (610) 436-6077

Exhibit 1a



An Exelon Company

JUNE 25, 2019

HEATHER HOFFMAN
246 FLEETWOOD ST
COATESVILLE PA 19320

Account Number: 01429-56036

Dear Customer,

We are returning the enclosed Request for Medical Certification, which has been denied. The request will not be approved until:

- You complete the highlighted area(s) on the form.
- Your Medical Certificate Non-Renewal period has expired.
- Your Medical Office verifies the condition.
- Sufficient information on the form can be verified.
- Other:

To be valid, the request must contain all of the following information:

- Name and address of the ratepayer
- Name of the person with the medical condition and his/her relationship to the ratepayer.
- Your Medical Office verifies the condition.
- Name, office address, telephone number and the medical license number of the certifying doctor or nurse practitioner.

You are responsible for paying your bill on time every month. If your account is past due, please make payment today to avoid further collection action.

We have enclosed another Request for Medical Certification for your convenience. Please call us at (888) 480-1533 with any questions.

Sincerely,

PECO



An Exelon Company
08/19/1934

REFERRAL

Max E. Mercado, MD
Internal Medicine
Dr Max E Mercado Practice LLC
7500 Central Ave Suite 203, Philadelphia, PA-19112432
Tel: 215-289-4434 Fax: 215-289-7442

Date: 06/20/2013

Patient Information

Patient Name: Antonia Nin
Patient DOB: 08/19/1934
Patient Insurance: Bravo Health Pennsylvania Inc
Patient Subscriber No: 10025434
Patient Address: 524 E. Wyoming Ave, Philadelphia, PA 19120
Patient Phone: 215-455-6847

Insurance Information

Subscriber Name: Nin, Antonia
Subscriber DOB: 08/19/1934
Subscriber Group No:
Subscriber Address: 524 E. Wyoming Ave, Philadelphia, PA 19120
Subscriber Phone: 215-455-6847

Referral From Information

Provider Name: Max E. Mercado, MD
Provider ID Number: 200807794
Provider UPIN: H55552
Provider NPI: 1336151182
Provider Facility: Dr Max E Mercado Practice LLC
Provider Specialty: Internal Medicine
Address1: 7500 Central Ave
Address2: Suite 203
City, State, Zip: Philadelphia, PA, 19112432
Phone: 215-289-4434
Fax: 215-289-7442

Referral To Information

Provider Name: Hospital Episcopal
Provider ID Number:
Provider UPIN: 2157070662
Provider NPI:
Provider Facility:
Provider Specialty: Radiology
Address1: 100 E. Lehigh Ave
Address2:
City, State, Zip: Philadelphia, PA, 19125
Phone: 215-707-0662
Appt. Date/Time:
Fax: 215-707-0639

(Huesos)

Facility Tax ID
Number:



An Exelon Company
05/19/1934

REFERRAL

Dr. Max E. Mercado, MD
Internal Medicine
Dr Max E Mercado Practice LLC
7800 Central Ave Suite 203, Philadelphia, PA-191112432
Tel: 215-269-4434 Fax: 215-269-7442

Reason For Referral:

Authorization No:
Reason: DEXA SCAN HIP AND SPINE
Diagnosis: 781.91 - Loss of height
Procedures:
Visits Allowed: 0
Unit Type: V (VISIT)
Start Date: 05/20/2013
End Date: 06/20/2014

Authorization Type:

Notes:
Clinical Notes: