



MEMORIAL HOSPITAL

ONE HOSPITAL DRIVE, TOWANDA, PA 18848 • 570-265-2191

Your Independent Not-For-Profit Community Hospital

November 10, 2010

PA Public Utility Commission
Bureau of Transportation and Safety
Tariff Section
PO Box 3265
Harrisburg, PA 17105-3265

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2010 NOV 15 PM 3:08

RE: A-00117028, Request for Rate Increase

To Whom It May Concern:

Submitted for your consideration is support for the purpose of requesting an increase to our paratransit rates. We would like the proposed tariff to become effective on ~~December 30~~, 2010.

Our company has never had an increase in rates since receiving this authority. Since that time our costs have risen significantly. Fuel costs, the costs for vehicle parts and repairs, and insurance premiums have all increased.

The increased costs have greatly eroded what little profit margin there was into a loss position. We are in need of additional revenues to cover the loss in profits and decrease our operating ratio.

Our company has a desire to continue serving the public in our authorized territory, and we want to do so in a safe and efficient manner, as prescribed by the PA PUC. In order to do this, an increase is necessary. If there are any questions or if any additional information is needed, please contact myself at (570) 268-2273 or Wendy Smith at (570) 268-2406. Thank you for your consideration in this matter.

Sincerely,

Shawn Madigan
Memorial Hospital, Inc. of Towanda, PA
Accounting Manager

R-2010-221084b

The
Quality
Healthcare
Center

www.memorialhospital.org

CERTIFICATE NO. A-00117028

PARATransIT PA PUC NO. 1
SECOND REVISED PAGE !
(CANCELS FIRST REVISED PAGE 1)

MEMORIAL HOSPITAL, INC., OF TOWANDA, PENNSYLVANIA

CHECK SHEET OF TARIFF PAGES AND SUPPLEMENTS

All of the pages contained in this tariff are listed consecutively by number and revision number. The pages of the tariff and supplements to the tariff, listed on this page, bear issued dates which are the same as, or are prior to, the issued date of this page. "0" in the revision column indicates an original page. * - Indicates page(s) revised this date.

PAGE NO.	NO. OF REVISION	PAGE NO.	NO. OF REVISION
Title			
Page	0		
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ISSUED: November 10, 2010

EFFECTIVE: Dec. 31, 2010

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

STATEMENT REQUIRED AS PER 52 PA. CODE §23.64(7)

In the event of any proceedings before the Commission with respect to the proposed rates it is agreed that the tariff and the financial data submitted therewith will be offered in evidence by the utility respondent as an exhibit.

Lorraine E. Haines
(Signature)

11/10/10
(Date)

Lorraine E. Haines
(Name - printed or typed)

Assistant Director
(Title or position)
Pt. Care Services

Verification of Statements

This statement regarding the documents submitted may be sworn/affirmed before a notary public or contain the following verification without appearing before a notary public:

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Lorraine E. Haines
(Signature)

11/10/10
(Date)

Lorraine E. Haines
(Name - printed or typed)

Assistant Director
(Title or position)
Pt. Care Services

SECTION 2

ITEM RATES AND CHARGES

TRANSPORTATION OF PASSENGERS IN PARATRANSIT SERVICES

BETWEEN: Points in Bradford County
 FROM: Points in Bradford County
 TO: Points in Pennsylvania and return

505

TYPE OF SERVICE: CHARGE

WHEELCHAIR VAN(S)

- (A) Mileage rate per loaded mile: \$ 2.00
- (A) Subject to a minimum of ten (10) loaded miles: \$ 30.00
- (C) Waiting charge every 15 minutes 3.25

STRETCHER VAN(S)

- Mileage rate per loaded mile: \$ 1.50
- Subject to a minimum of ten (10) loaded miles: \$ 15.00
- (C) Waiting Charge every 15 minutes 6.25

AMBULATORY VAN(S)

- Mileage rate per loaded mile: \$ 2.00
- Subject to a minimum of ten (10) loaded miles: \$ 15.00

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ISSUED: November 10, 2010

EFFECTIVE: Dec. 31, 2010

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

PUC TRANSP AND SAFETY
 DATA FOR INCREASE AS REQUIRED BY 52 PA CODE §§23.63 AND 23.64

1. As per 52 PA CODE §29.314 rate will no longer be determined by odometer, but by taximeter. The proposed changes in rates are as follows:

Item Changed	Current	Paratransit PA PUC No. 2	
			Proposed
Wheelchair Van Transport	\$25.00		\$30.00
Loaded Mileage after 5 miles	\$1.50		\$2.00
Wheelchair Van 1/4 Hr. Wait Time	\$2.75		\$3.25
Ambulatory Rider	\$10.50		\$15.00
Ambulatory Rider Mileage after 5 miles	\$1.00		\$1.50
Stretcher Van 1/4 Hr. Wait Time	\$5.50		\$6.25

2. The reasons for the need of an increase in rates are as follows:

We have never had an increase. With increasing fuel cost and increased maintenance cost for our aging vehicles, we are having difficulty covering our expenses. We do not utilize a fuel recovery charge.

3. What was the total number of miles which were travelled in the past year for the purpose of transporting passengers from point-to-point in Pennsylvania?

39,755 total miles

4. What was the total number of trips which were made in the past year for the purpose of transporting passengers from point-to-point in Pennsylvania?

935 trips

5. Revenue will be affected as follows:

Based on the current volume, an annual revenue increase of approximately \$11,000 is expected. Due to contracts with nursing facilities, not all trips will be affected by the rate increase.

6. The list of vehicles devoted to taxicab passenger transportation:

Vehicle Make	Year	Purchase Price	Year Purchased	Depreciation
Ford	2010	\$ 31,000	2010	
Ford	1998	\$18,000	2001	\$18,000
Dodge	1998	\$13,055	2003	\$13,055

7. The company's officers, their salaries, and their duties are as follows:

See attached listing of uncompensated Board of Directors

8. By initialling following this statement, it is being signified that interstate transportation is not provided and the sections regarding interstate transportation, 52 Pa. Code §§23.64(9 - 15), are not applicable to this carrier.

(Initial Here)

MEMORIAL HOSPITAL, INC.
Towanda PA
BOARD OF TRUSTEES LISTING

	TERM	TRUSTEE	MAILING ADDRESS	FAX NUMBER	HOME PHONE	WORK	OCCUPATION
1	08-11	Donald Abrey <i>Compliance Chair</i>	Wyalusing PA 18853 gabrey@sosbbs.com	746-3175	746-1927	---	Banker
5	09-12	Ronald Black, MD, Pres. Medical Staff	PhysicianCare, Towanda, PA 18848 drblack@physiciancarepc.com	265-2135	268-2706	268-0113	Physician
9	07-10	Donald Brennan	Northern Tier Counseling, RR 1 Box 137, Towanda, cdb@epix.net dbrennan@northern-tier-counseling.com	265-8741	265-2532	265-0100	Financial Dir.
9	07-10	Peter Broderick	RR 1 Box 267L Towanda PA 18848 broderic@epix.net		265-2607	---	Retired
19	09-12	Joseph Cama, MD	Caribou Medical, 520 Main St., Towanda, PA 18848 kama@epix.net	268-2111	265-6913	265-7000	Physician
18	09-10	Samim Chalabi, MD VP Medical Staff	PhysicianCare, RR 1 Box 4J Towanda, PA 18848 drchalabi@physiciancarepc.com		268-2118	268-2835	Physician
91	09-12	Ray DePaola	101 Main St., Towanda PA 18848 lindaqddilaw@sosbbs.com	265-9718	265-6487	265-2175	Attorney
09	09-12	Hank Dunn	317 Main St., Towanda PA 18848 hank@henrydunninc.com	265-2033	265-5391	265-1354	Insurance
06	09-12	Brian Emick	Taylor Excel, Wyalusing PA 18853 brian_emick@cargill.com	746-6342	247-2663	746-3000 x-7360	Controller of Cargill Taylor Beef
85	08-11	Robert Ferrario Secretary	RR 6 Box 6013A, Ferrario Chevrolet, Towanda PA 18848 bob@ferrario.com	268-1020	265-2585 Fla-239-774-3778	265-8111	Auto Dealer
108	08-11	Mark Gannon	24 Main St., Towanda PA 18848 markgannon@gannonassociates.com	265-4174	265-3535	265-3197	Insurance
184	09-12	Lewis Hope	Dushore, PA 18614 lhope@epix.net	888-5307	928-9202	---	Retired
189	07-10	Marjory Kreisler	RR 3 Box 347, Towanda PA 18848 marjekre@epix.net	---	265-3173	---	Dental Hygienist
196	08-11	Leo Lambert	213 Academy Terrace, Dushore, PA 18614 leolambert@epix.net	928-9589	928-9650	928-8184	Auto Dealer
009	09-12	Alfredo Llinas, MD	Community Health Associates LLC, One Hospital Drive, Towanda PA alfredo.llinas@memorialhospital.org	268-4716	265-7151	268-4713	Physician
988	09-12	William McNett	108 N Center St., Canton PA 17724 amcnett@msn.com	673-4294	673-3628	---	Retired
009	09-10	Martin Mikaya, MD	RR 2 Box 199C Athens, PA 18810 martin@clarityconnect.com	268-2244	888-4299	265-2247	Physician
980	08-11 <i>Chair</i>	David Packard, Treasurer	RR 1 Box 121 Towanda PA 18848 dspack@epix.net	265-8237	265-9868	265-8237	Retired
1003	09-12	Jim Parks, Chairman	RR 5 Box 5386 Towanda, PA 18848 jamesp@cnbankpa.com	265-9196	265-4823	268-3035	Banker
1998	07-10	Jody Place	1 Plaza Drive, Towanda, PA 18848 jplace@firstenergycorp.com	265-1258	265-4577	265-1222	Penelec - Area Manager
2005	09-12	James Rodenhizer	E I DuPont, RR 1 Box 15, Towanda PA 18848 JAMES.S.RODENHIZER@USA.DUPONT.COM	268-3941	268-5026	268-3777	Plant Manager E I DuPont
2002	08-11	William Rohrbach, Assistant Secretary	Memorial Hospital, Inc. One Hospital Drive Towanda, PA 18848 william.rohrbach@memorialhospital.org	265-4797	584-0117	268-2207	VP Fiscal Affairs
2002	08-11	John L. Schoonover III, Vice-Chairman	Global Tungsten & Powders, Hawes Street, Towanda, PA 18848 john.schoonover@globaltungsten.com	268-5113	888-7460	268-5334	Director of Quality
2004	07-10	Gerald E. Shaffer	RR 3 Box 6, Towanda PA 18848 gsaffe@epix.net	265-9087	265-6457	---	Banker
2008	09-12	Marguerite Shaner, Auxiliary President	RR 1 Box 244, Towanda, PA 18848 mtshaner@epix.net	---	265-5960	---	Retired Educator
2009	09-12	Tom Thompson	PO Box 271, Towanda, PA 18848 thomcpa@epix.net	265-8057	268-0509	265-8829	Accountant
2008	08-10	Barbara Yanak, OD	16 Mix Avenue, Towanda, PA 18848 towandaeyedr@epix.net	268-8990	265-7763	265-8135	Optometrist
1992		Gary A. Baker, Pres.	Memorial Hospital, Inc. One Hospital Drive, Towanda PA 18848 gary.baker@memorialhospital.org	265-5763	265-5853	268-2234	Administrator

Elections are held in October of each year. Questions? Contact: Debbie Fairchild at debra.fairchild@memorialhospital.org

Finance Committee

INCOME AND EXPENSE STATEMENT

FOR THE 12 MONTHS ENDING

SEE ATTACHED "WHEELCHAIR AND STRETCHER VAN ANALYSIS"

	<u>Actual</u>	<u>Adjustments</u>	<u>Projection with Adjustments</u>
Operating Revenues:			
Paratransit Income			
Total Revenues:			
Operating Expenses:			
Maintenance			
Fuel			
Insurance			
Other Supplies			
Administrative			
Total Operating Expenses:			
Operating Income (Loss)			

MEMORIAL HOSPITAL, INC. OF TOWANDA, PA.
 GROSS MARGIN REPORT
 TRANSPORT
 FOR PERIOD ENDING AUG 2010

	JUN 2010 ACTUAL YTD		AUG 2010 ACTUAL YTD		AUG 2010 BUDGET YTD		VARIANCE	VARIANCE
STATS	927		129		173		(44)	(25.29)%
REVENUES:								
OUTPATIENT	\$ 79,255		\$ 12,099		\$ 7,974		\$ (4,125)	51.73%
TOTAL REVENUE	\$ 79,255		\$ 12,099		\$ 7,974		\$ (4,125)	51.73%
REVENUE PER STAT	\$ 85.50		\$ 93.79		\$ 46.18			
EXPENSES:								
TECH & SPECIALISTS	\$ 394		\$ (41)		\$ 0		\$ (41)	
AIDES	\$ 36,295		\$ 5,479		\$ 7,070		\$ (1,591)	(22.51)%
OTHER SUPP	\$ 27		\$ 0		\$ 182		\$ (182)	(100.00)%
OFFICE SUPP	\$ 41		\$ 0		\$ 12		\$ (12)	(100.00)%
PUBLIC RELATIONS	\$ 357		\$ 26		\$ 52		\$ (26)	(49.50)%
POSTAGE	\$ 2		\$ 0		\$ 1		\$ (1)	(100.00)%
REPAIR & MAINT	\$ 5,980		\$ 1,510		\$ 935		\$ 575	61.53%
CONTRACTED SERV	\$ 500		\$ 0		\$ 0		\$ 0	0.00%
AUTO FUEL	\$ 9,359		\$ 616		\$ 1,712		\$ (1,096)	(64.02)%
OTHER EXPENSE	\$ 600		\$ 0		\$ 0		\$ 0	0.00%
TOTAL EXPENSES	\$ 53,554		\$ 7,590		\$ 9,964		\$ (2,374)	(23.83)%
EXPENSE PER STAT	\$ 57.77		\$ 58.83		\$ 57.71			
GROSS CONTRIBUTION	\$ 25,701		\$ 4,509		\$ (1,990)		\$ (6,499)	(326.59)%
GROSS CONTRIBUTION PER STAT	\$ 27.72		\$ 34.95		(11.52)			
MARGIN %	32.43%						62.22%	

SEE ATTACHED "BALANCE SHEET" AND "STATEMENT OF OPERATIONS"

Statement of Financial Position (Balance Sheet)
as of (date) _____

ASSETS

Current Assets

Cash	_____	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____

Tangible Assets

Land	_____	
Motor Vehicle Equipment	_____	
Less: Accumulated Depreciation	- _____	= _____
Building and Structures	_____	
Less: Accumulated Depreciation	- _____	= _____
Office Equipment	_____	
Less: Accumulated Depreciation	- _____	= _____
Investments and Funds (specify)	_____	
Intangible Assets	_____	
Other Assets (advances and idle equipment - specify)	_____	
TOTAL ASSETS		_____

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____

Long Term Liabilities (Due after one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long Term Liabilities		_____

TOTAL LIABILITIES

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock	_____	
Additional Paid-in Capital	_____	
Retained Earnings	_____	
Less: Treasury Stock	- _____	= _____
Total Owner's Equity		_____

TOTAL LIABILITIES & OWNER'S EQUITY

THE MEMORIAL HOSPITAL, INC. OF TOWANDA, PA
STATEMENT OF OPERATIONS
FOR THE TWO (2) MONTHS ENDING AUGUST 31, 2010

	YTD	BUDGET	VARIANCE	% BUD VAR	
OPERATING REVENUES:					
Patient service revenues:					
1	Inpatient	\$3,260,754	\$3,464,564	(\$203,810)	-5.88%
2	Outpatient	8,136,788	8,034,773	102,015	1.27%
3	Skilled care	1,492,959	1,620,908	(127,949)	-7.89%
4	Swing bed	123,560	103,225	20,335	19.70%
5	Short procedure	1,345,857	1,592,254	(246,397)	-15.47%
6	Home health care	244,153	328,223	(84,070)	-25.61%
7	Hospice	79,826	173,357	(93,531)	-53.95%
8	Personal care home	287,614	275,645	11,969	4.34%
9	Occupational health	132,047	154,231	(22,184)	-14.38%
10	Total patient service revenues	15,103,557	15,747,180	(643,623)	-4.09%
Deductions from revenue:					
11	Contractual adjustments	8,978,400	9,303,166	324,766	3.49%
12	Charity care and policy discounts	160,261	125,977	(34,284)	-27.21%
13	Patient service revenues, net	5,964,897	6,318,037	(353,140)	-5.59%
14	Other operating revenues	66,265	71,342	(5,077)	-7.12%
15	Total operating revenues	6,031,162	6,389,379	(358,217)	-5.61%
OPERATING EXPENSES:					
16	Salaries and wages	2,576,755	2,686,989	110,234	4.10%
17	Supplies and expenses	1,529,330	1,590,658	61,328	3.86%
18	Employee benefits	773,462	809,649	36,187	4.47%
19	Professional fees	213,589	228,897	15,308	6.69%
20	Depreciation	390,285	361,758	(28,527)	-7.89%
21	Provision for doubtful collections	440,618	548,886	108,268	19.73%
22	Insurance	124,396	110,600	(13,796)	-12.47%
23	Interest	85,175	91,235	6,060	6.64%
24	Total operating expenses	6,133,611	6,428,672	295,061	4.59%
25	OPERATING GAIN (LOSS)	(102,449)	(39,293)	(63,156)	160.73%
26	Extraordinary adjustments	0	0	0	0.00%
27	TOTAL OPERATING GAIN (LOSS)	(102,449)	(39,293)	(63,156)	160.73%
28	Other Investment Income	1,689	5,945	(4,256)	-71.59%
29	Net Assets Released from Restrictions	70	0	70	0.00%
Change in interest in					
30	Memorial Hospital Foundation	294,987	142,965	152,021	106.33%
31	Community Health Associates LLC	(124,948)	(128,818)	3,870	-3.00%
32	FUNDS AVAILABLE FOR REINVESTMENT	69,348	(19,201)	88,549	-461.17%
33	INCREASE IN NET ASSETS	\$69,348	(\$19,201)	\$88,549	-461.17%

THE MEMORIAL HOSPITAL, INC. OF TOWANDA, PA
BALANCE SHEET
AUGUST 31, 2010

	AUGUST 31 2010	JULY 31 2010	JUNE 30 2010	
ASSETS				
CURRENT ASSETS:				
1	Cash and cash equivalents	\$ 150,479	\$113,425	\$922,388
2	Accounts receivable, net	6,006,350	5,589,118	5,783,682
3	Inventories of drugs and supplies	594,409	593,224	592,959
4	Prepaid expenses and other current assets	<u>473,382</u>	<u>442,693</u>	<u>492,893</u>
5	Total current assets	7,226,619	6,738,460	7,791,922
OTHER:				
6	Cash & investments whose use is limited	110,461	110,455	110,449
7	Property, plant and equipment, net	22,060,868	22,091,626	22,060,246
8	Deferred expenses, net	42,290	42,670	43,050
9	Other investment (CHART)	65,000	65,000	65,000
10	Beneficial interest in assets held by Memorial Hospital, Inc.	<u>13,520,118</u>	<u>13,634,975</u>	<u>13,225,131</u>
11	TOTAL ASSETS	<u>\$43,025,357</u>	<u>\$42,683,186</u>	<u>\$43,295,798</u>
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current maturities of:				
12	Hospital revenue notes	\$ 1,068,550	\$1,064,934	\$1,061,307
13	Accounts payable	1,008,876	1,085,246	935,903
14	Estimated third-party payor settlements	557,703	386,453	507,703
15	Blue Cross advance	184,441	184,441	184,441
16	Payroll taxes & sales tax	66,694	42,980	102,069
Accrued expenses:				
17	Vacation pay	689,372	733,721	781,398
18	Salaries and wages	411,433	272,402	803,643
19	Malpractice insurance	323,331	323,331	323,331
20	Interest	<u>19,521</u>	<u>19,521</u>	<u>19,521</u>
21	Total current liabilities	4,329,923	4,113,029	4,719,317
22	Hospital revenue notes	10,517,841	10,439,465	10,530,498
23	Pension Liability	3,387,381	3,355,193	3,323,005
24	Due To Memorial Hospital Foundation	<u>3,783,724</u>	<u>3,784,784</u>	<u>3,785,839</u>
25	TOTAL LIABILITIES	22,018,869	21,692,471	22,358,659
FUND BALANCE				
26	Unrestricted	20,431,563	20,415,791	20,320,658
27	Temporarily restricted	509,924	509,924	551,481
28	Permanently restricted	<u>65,000</u>	<u>65,000</u>	<u>65,000</u>
29	TOTAL LIABILITIES & FUND BALANCE	<u>\$43,025,357</u>	<u>\$42,683,186</u>	<u>\$43,295,798</u>

Purchase date	Year	Make	Model	Price paid
08/2001	1998	Ford	E250	\$18,000
04/2003	1998	Dodge	B-250	\$13,055
08/2010	2010	Ford	E250	\$31,000

C and R Automotive

128 NORTH STREET
 ALLENS, PA 18810

Invoice

Date	Invoice #
4/23/2008	880

Bill To
Memorial Hospital 1 Hospital Drive Towanda, PA 18848

Handwritten: 043008

PO# 90418006

Year	Make	Model	Mileage
97	Ford	WCV 112	216414

Description	Qty	Rate	Amount
Labor	3.5	30.00	105.00
15% Discount on parts and labor		-67.87	-67.87

APR 28 2008
 RECEIVED IN ACCOUNTING
 Vendor # 1001
 Pay Date 4-30-08
 Expense Date 4-23-08
 Discount _____
 Account # 20251000

Please remit to above address.

Subtotal	\$384.61
Sales Tax (0.0%)	\$0.00
Total	\$384.61
Payments/Credits	\$0.00
Balance Due	\$384.61

Phone #
570-971-0666

Web Site
www.crdeck.com

C and R Automotive

128 MOREY STREET
 ALLENS, PA 18810

Invoice

Date	Invoice #
2/21/2008	839

Bill To
Memorial Hospital 1 Hospital Drive Towanda, PA 18848

031808
RC

~~PO# 80220013~~

Description	Qty	Rate	Amount	Year	Make	Model	Mileage
				'98	Ford	WCV110	
Rubber Floor Mat	1	105.00	105.00				
Misc. Hardware	1	4.50	4.50				
Steel Straps	1	16.28	16.28				
Labor	4	30.00	120.00				
15 % Parts and Labor Discount			-36.87				
Removed old rubber mat and installed new thicker mat.							
Thank you for your business.							

MAR 1 2008
 RECEIVED IN ACCOUNTING
 Vendor # 10011
 Pay Date 3-19-08
 Expense Date 3-1-08
 Discount
 Account # 2025,000

OKW

Subtotal	\$208.91
Sales Tax (0.0%)	\$0.00
Total	\$208.91
Payments/Credits	\$0.00
Balance Due	\$208.91
Web Site	www.crdeck.com

Phone #
570-971-0666

FAX (570) 265-2371
 1647 KINGSTON, PA 18704

P.O.# 80331019

BRANC
 Workord
 W0160129

3/27/2008
 DATE 2:01 PM
 PURCHASE ORDER NO.

CUSTOMER STATE TAX OR EXEMPT NO. CUSTOMER FEDERAL TAX I.D. NO. ADV. CODE SALESMAN LOSS ORDER TAKEN BY INSTALLED BY FEDERAL TAX I.D. NO.

BILL TO: TOWANDA MEMORIAL HOSPITAL
 1 HOSPITAL DRIVE
 TOWANDA, PA 18848
 (570) 268-2258 ATTN: (570) 268-2258

SOLD TO: TOWANDA MEMORIAL HOSPITAL
 1 HOSPITAL DRIVE
 TOWANDA, PA 18848

INSURANCE PROOF OF LOSS

INSURANCE CO. _____ POLICY NO. _____
 INSURANCE CO. PHONE NO. _____ CLAIM NO. _____
 POLICY NAME _____ CAUSE & LOSS LOCATION _____
 AGENT NAME _____ VERIFIED BY _____
 AGENT PHONE _____ DATE OF LOSS _____

*In determining its charges for labor, Diamond Glass uses published industry standard labor time and not actual time spent in performing the specified repair or replacement.

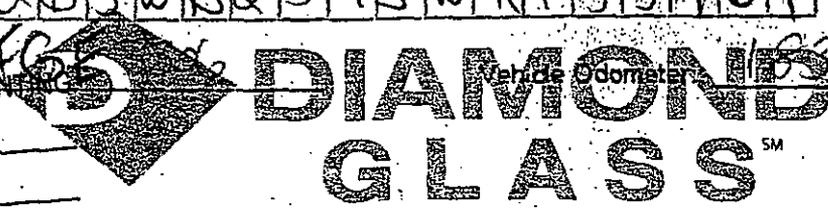
VEHICLE INFORMATION

Quantity	Part Number	Description	Unit Price	Net Price	Total
1	DW01331GTNN	Windshield-(W/V.I.N. Notch In Frit)	\$140.40	\$140.00	\$140.00
1	F80	Labor 80 Flat (Flat Rate) (2.8 Hours)	\$80.00	\$80.00	\$80.00
1	HAH000004	Adhesive-(2.0,Urethane,Dam,Primer)	\$15.00	\$15.00	\$15.00

Install: 03/28/08 12:00 PM (1 hrs) (Not Completed) (In Shop) Instructions: drop shop 8-12

Vehicle VIN: 2B5WB25Y3W11551169
 APR 08 2008
 Vehicle License: _____
 Vehicle Odometer: 118338

RECEIVED IN ACCOUNT
 Vendor # _____
 Pay Date _____
 Expense Date _____
 Discount _____
 Account # _____



OK WS

CUSTOMER'S SIGNATURE _____
 A SERVICE CHARGE OF 1.5% PER MONTH WILL APPLY IF BALANCE IS UNPAID AFTER 30 DAYS.
 I certify the above captioned work has been completed to my satisfaction. I authorize my insurance company to pay the above named glass company directly the full amount payable to me under my policy, and I authorize the assignment of these funds. If the cost of all or part of this job is not covered by my insurance, I agree to pay the above named glass company the balance upon installation.

Sub Total : \$235.00
 Tax : \$0.00

SEE REVERSE OF INVOICE FOR IMPORTANT WARRANTY INFORMATION
 INSTALLER'S SIGNATURE _____
 ORDER NUMBER: W0160129/3

TOTAL SALE NET 30 TERMS \$235.00

CHECKS PAYABLE TO:

Yon, PA (570-925-2821)
 vville, PA (570-275-5506)
 k Haven, PA (570-748-4018)
 ncy, PA (570-546-3080)
 Nanticoke, PA 18634 (570-740-2830)
 rehouse-Bloomsburg, PA (570-387-6387)
 omsburg, PA (570-387-8915)
 rwick, PA (570-752-3317)
 llinburg, PA (570-966-7860)
 xuntain Top, PA (570-474-6040)
 wanda, PA (570-265-3635)



Mailing Address:
 P.O. Box 803
 Bloomsburg, PA 17815

INVOICE #: 11004199

PAGE: 1

TIME STARTED: 09:57:06

TIME CLOSED: 11:43:20

CUSTOMER: MEMORIAL HOSPITAL, INC.
 1 HOSPITAL DR
 7676
 TOWANDA PA

SHIP TO: MEMORIAL HOSPITAL #111
 1 HOSPITAL DR
 TOWANDA PA

18848

18848

WORK: 570/265-2191

PO NUMBER: K0307001

SALESMAN: JOHN COLE

VEHICLE:

1998 DODGE B2500 #111

LICENSE: FGE3306 PA MILEAGE: 177493

COLOR: WHT ENGINE: 5.2

VIN: 2B5WB25Y3WK155189

INVOICE DATE: 11/28/07

DUE: 12/10/07

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
SUMITOMO HTR AT BLK 225/75R16 8 5521320	762	2	112.80		225.60
PA TIRE TAX		2	1.00		2.00
TIRE TAX					
ROTATE PASS ROT1	762	4			0.60
MOUNT, BALANCE, STEM & SCRAP -FREE INST1	762	2			0.00

MERCHANDISE: 227.60

INVOICE TOTAL: 227.60

CHARGE

RECEIVED IN ACCOUNTING 227.60

Vendor # 1355

Pay Date: 12-5-07

Expense: 11-28-07

Discount:

Account # 2025.000

OK

ENTERED NOV 30 2007

BY SIGNING BELOW:

I hereby certify that I have received a written copy of this estimate of service, repairs or parts needed on the vehicle stated, and hereby authorize the mechanic to perform repairs or parts required by this estimate and hereby grant you and/or your employees permission to operate the vehicle herein described on the streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto which I have authorized and are not covered by my warranty. We will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond our control. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE APPLIED TO THE UNPAID BALANCE OF THE ACCOUNT.

SECURITY AGREEMENT

Buyer grants to the Seller a security interest in the above merchandise until the indebtedness is paid in full. Until payment in full has been made, Buyer agrees that: (1) Seller shall retain title to sold merchandise; (2) Buyer will have the risk of loss or damage; (3) Buyer will not sell, transfer possession or remove or encumber above merchandise without Seller's written consent; (4) if Buyer defaults in the payment of any installment, Seller may declare the entire balance due and payable and Seller may, at its option, take back the merchandise or affirm the sale and hold Buyer liable for the unpaid balance including any reasonable attorney's fees of collection charges permitted by law. Security interest in the goods herein described shall terminate as the unpaid balance for them are paid.

SIGNATURE: *J. Cole*

PRINT:

DATE:

PK Haven, PA (570-748-4018)
 incy, PA (570-546-3080)
 Nanticoke, PA 18634 (570-740-2830)
 rehouza-Bloomsburg, PA (570-387-6387)
 xombsburg, PA (570-387-8915)
 nwick, PA (570-752-3317)
 ffinburg, PA (570-966-7860)
 wanda, PA (570-265-3635)



Mailing Address:
 P.O. Box 803
 Bloomsburg, PA 17815

INVOICE #: 11002396

PAGE: 1
 TIME STARTED: 07:30:04
 TIME CLOSED: 11:38:23

CUSTOMER: MEMORIAL HOSPITAL, INC. SHIP TO: MEMORIAL HOSPITAL #104
 1 HOSPITAL DR
 7676 TOWANDA PA 18848 TOWANDA PA 18848

WORK: 570/265-2191 0 PO NUMBER: K0307001
 VEHICLE: 1998 FORD VAN AMB.
 SALESMAN: JOHN COLE LICENSE: EV16087 PA MILEAGE: 224744
 ENGINE: DIESEL
 VIN: 1FD5S34F9WHA39775
 INVOICE DATE: 08/01/07 DUE: 09/10/07

PRODUCT	MECHANIC	QUANTITY	PRICE	T.F.E.T.	EXTENSION
4886528 R/F BRAKE ROTOR/WYS O/PC	754	1	124.30		124.30
TURN ROTORS TURNR	754	1	19.95		19.95
AE2535M FRONT BRAKES/WYS O/PC	754	1	102.28		102.28
AE314R REAR BRAKES /WYS O/PC	754	1	99.05		99.05
B0808 BRAKE HARDWARE /WYS O/PC	754	1	13.73		13.73
B3137 BRAKE PIN KIT /WYS O/PC	754	1	22.89		22.89
242-4159 R/F BRAKE CALIPER/WYS O/PC	754	1	89.53		89.53
F7UZZ2A635CA BRAKE CABLE/SG O/PC	754	1	67.98		67.98
F5UZZ2A635DD BRAKE CABLE/SG O/PC	754	1	59.97		59.97
TURN DRUM TURNR	754	2	12.00		24.00
LABOR 1 HOUR L1	754	4	65.00		260.00
390394 MASTER CYL/ACS O/PC	754	1	238.42		238.42

BY SIGNING BELOW:

I hereby certify that I have received a written copy of this estimate of service, repairs or parts needed on the vehicle stated, and hereby authorize the service, repairs or parts required by this estimate and hereby grant you and/or your employees permission to operate the vehicle herein described on the streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto which I have authorized and are not covered by my warranty, we will not be held responsible for loss or damage to vehicle articles left in vehicle in case of fire, theft, accident or any other cause beyond our control. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE APPLIED TO THE UNPAID BALANCE OF THE ACCOUNT.

SECURITY AGREEMENT

Buyer grants to the Seller a security interest in the above merchandise until the indebtedness is paid in full. Until payment in full has been made, Buyer agrees that: (1) Seller shall retain title to sold merchandise; (2) Buyer will have the risk of loss or damage; (3) Buyer will not sell, transfer possession or remove or encumber above merchandise without Seller's written consent; (4) if Buyer defaults in a payment of any installment, Seller may declare the entire balance due and payable and Seller may, at its option, take back the merchandise or affirm the sale and hold Buyer liable for the unpaid balance, including any reasonable attorney's fees or collection charges permitted by law. Security Interest in the goods herein described shall terminate as the unpaid balance for them are paid.

SIGNATURE: _____ PRINT: _____ DATE: _____

RECOMMEND: ALIGNMENT WITH TIRE PURCHASE TIRE ROTATION EVERY 3000 MILES RE-TORQUE LUG NUTS IN THE FIRST 100 MILES

Benton, PA (570-925-2821)
 Danville, PA (570-275-5506)
 Lock Haven, PA (570-748-4018)
 Muncy, PA (570-546-3080)
 W. Nanticoke, PA 18634 (570-740-2830)
 Warehouse-Bloomsburg, PA (570-387-6387)
 Bloomsburg, PA (570-387-8915)
 Berwick, PA (570-752-3317)
 Mifflinburg, PA (570-966-7860)
 Towanda, PA (570-265-3635)



Mailing Address:
 P.O. Box 803
 Bloomsburg, PA 17815

INVOICE #: 11002396

~~PO # K0307601~~

8-1-07

PAGE: 2

CUSTOMER: MEMORIAL HOSPITAL, INC.

SHIP TO: MEMORIAL HOSPITAL #104

PRODUCT	MECHANIC	QUANTITY	PRICE	F.E.T.	EXTENSION
GUNK BRAKE FLUID-DOT3 M44-12	12OZ	754	3	1.90	3.70

MERCHANDISE: 1127.80
 INVOICE TOTAL: 1127.80

CHARGE

1127.80

AUG 06 2007

RECEIVED IN ACCOUNTING

Vendor # 1355

Pay Date 8-8-07

Expense Date 8-1-07

Discount

Account # 2025,000

ENTERED AUG 06 2007

[Handwritten signature]

BY SIGNING BELOW:

I hereby certify that I have received a written copy of this estimate of service, repairs or parts needed on the vehicle stated, and hereby authorize the service, repairs or parts required by this estimate and hereby grant you and/or your employees permission to operate the vehicle herein described on the streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto which I have authorized and are not covered by my warranty, we will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond our control. A FINANCE CHARGE OF 1.5% PER MONTH WILL BE APPLIED TO THE UNPAID BALANCE OF THE ACCOUNT.

SECURITY AGREEMENT

Buyer grants to the Seller a security interest in the above merchandise until the indebtedness is paid in full. Until payment in full has been made, Buyer agrees that: (1) Seller shall retain title to sold merchandise; (2) Buyer will have the risk of loss or damage; (3) Buyer will not sell, transfer possession or remove or encumber above merchandise without Seller's written consent; (4) if Buyer defaults in the payment of any installment, Seller may declare the entire balance due and payable and Seller may, at its option, take back the merchandise or affirm the sale and hold Buyer liable for the unpaid balance, including any reasonable attorney's fees or collection charges permitted by law. Security interest in the goods herein described shall terminate as the unpaid balance for them are paid.

SIGNATURE: *[Handwritten signature]*

PRINT:

DATE:

SHERWOOD GROVES

RR06 BOX 6030
TOWANDA, PA 18848
570-265-2107

www.sherwoodgroves.com



100308

PO # 80905017

CUSTOMER NO. 5800	ADVISOR LORA	472	TAG NO 148Y	INVOICE DATE 09/02/08	INVOICE NO. FTCS178598
TOWANDA MEMORIAL HOSPITAL 1 HOSPITAL DRIVE TOWANDA, PA 18848	LABOR RATE	LICENSE NO. TK#104	MILEAGE 30,767	COLOR WHITE/	STOCK NO.
	YEAR/MAKE/MODEL	05/FORD TRUCK/ECONOLINE E350/2 DOOR		DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. NO.	1 F D S S 3 4 P 0 5 H A 1 9 3 1 1		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO. 75-02687-2	P.O. NO.		D.O. DATE 08/26/08	
REFERENCE # 208-2274	BUSINESS # 208-2258	COMMENTS #104	MO: 30770		

LABOR & PARTS # 1 06FOZ

ENGINE REPAIR TECH(S):285
CUST STATES THE VEHICLE STALLS WHEN COMING TO A STOP
ENGINE BUCKS AND STALLS

TECH VERIFIED COMPLAINT, RAN DIESEL PERFORMANCE TESTS
WITH IDS, DTC P0405 & P1378. DIAG TO FICM RELAY FAILURE
& COKED UP EGR VALVE.

R&I EGR VALVE & CLEANED & R&R FICM RELAY. CLEARED CODES
RETESTED/ROAD TESTED. OK.

WARRANTY: 5/100,000 DIESEL WITH \$100. DED

DISCLAIMER OF WARRANTIES

ANY WARRANTIES ON THE PRODUCTS SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS.

PARTS	QTY	FP	NUMBER	DESCRIPTION	UNIT PRICE	WARRANTY
JOB # 1	1		F80Z-14N089-AA	RELAY		0.00
					JOB # 1 TOTAL PARTS	0.00
					JOB # 1 TOTAL LABOR & PARTS	0.00
MISC	CODE	DESCRIPTION		CONTROL NO.		WARRANTY
JOB # 1	F01	FORD WARRANTY DEDUCTIBLE 1 (CUST)		178598		100.00
JOB # 1	F02	FORD WARRANTY DEDUCTIBLE 2 (WARR)		178598		100.00
					TOTAL - MISC	100.00

TOTALS

TOTAL LABOR	0.00
TOTAL PARTS	0.00
TOTAL SUBLET	0.00
TOTAL G.O.G.	0.00
TOTAL MISC CHG	100.00
TOTAL MISC DISC	0.00
TOTAL TAX	0.00
TOTAL INVOICE \$	100.00

Sherwood Groves Auto's Certified Factory Parts and Labor are Warranted for a period of 12 Months or 12,000 Miles by the Manufacturer.

24 Hour - 7 Day Towing Available 570-265-2107
After Hour Select option 6 and Page our ON-Call Driver.

VEHICLES 10 YEARS OF AGE AND/OR 100,000 MILES OR MORE ARE NOT COVERED UNDER OUR 12/12 SERVICE WARRANTY



CUSTOMER SIGNATURE

[Handwritten Signature]

SEP 04 2008

0153
@10-8-08
9-2-08
3025.000

CASH, CREDIT CARD & CHECKS
\$20.00 CHARGE FOR RETURNED CHECKS.

CUSTOMER ACKNOWLEDGES

REC. OF COPY

X

ALL PARTS ARE NEW OR FACTORY REBUILT UNLESS OTHERWISE SPECIFIED

Thank you for this opportunity to serve you. It is our aim to perform all the repairs requested on this repair order to your complete satisfaction. If our service was satisfactory tell your friends, if not, please tell us immediately.

THANK YOU!



CONTROL NO. 873201

NAPA AUTO PARTS A.C. SMITH AUTO PARTS



112 WILLIAMS ST.
TOWANDA, PA 18848
(570) 265-2196



Pay Date 9-17-08 WE STOCK A COMPLETE LINE OF HEAVY DUTY TRUCK PARTS

Expense Date 9-12-08

Discount _____

Account # 2025.00

OK WS

RECEIVED BY [Signature]
X ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

ACCT. NO. _____ SOLD TO _____
08495 Towanda Memorial Hospital
Hospital Drive
Towanda Pa.
110: 1884A-0000

DATE: 9/12/08 INVOICE NO.: 673201 STORE NO.: 05613 1A SLS: 0
TIME: 12:28 PURCHASE ORDER NO.: 80912006 ATTENTION:
INVOICE TYPE: CHARGE SALE

QUANTITY	PART NUMBER	LINE	DESCRIPTION	PRICE	NET	TOTAL	CODE
1	T67087	ED	SWITCH	5.690	5.690	5.69	T2
10	PC19	ED	BULB	2.440	24.40	24.40	T2
1	T0476F	ED	SWITCH	8.990	8.990	8.99	T2
3	217-C	ED	BULB	1.010	3.030	3.03	T2
SUB TOTAL		MISC.	0.00	TAX	0.00	TOTAL	42.11

Jack Williams Garage
P.O. Box 83
Wysox, Pa. 18854
Phone - 570-265-3443 Fax - 570-265-7316
We meet the nicest people by accident

INVOICE

1537

Org. Est. # 002768

L0522000

INVOICE FROM HISTORY

Work Completed Date : 02/11/2009

Invoice Date : 02/11/2009

Print Date : 05/06/2009

MEMORIAL HOSPITAL ALS

1998 Dodge - Ram Van B2500

1 HOSPITAL DRIVE
Towanda, PA 18848
Office 000-268-2258
Cust ID : 172

Lic # : FGE3306
Unit # : 111
Vin # : **2B5WB25Y3WK155169**
Hat # :

Odometer In :

Ref # :

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
				TOWING, HOOKUP FEE, INCLUDES FIRST THREE MILES OF TOW.	75.00
				WRECKER SERVICE 12-29-08 FROM MILAIN TO JACK WILLIAMS GARAGE (FLAT TIRE -NO SPARE)	
				CHANGED FLAT TO SPARE TIRE	25.84

RECEIVED
MAY 26 2009
IN ACCOUNTING

052609
OK WS

MAY 13 2009
RECEIVED BY ACCOUNTING
Vendor # 0279
Pay Date 5-13-09 5-27-09
Expense Date 4-1-09
Discount _____
Account # "2023 000"

[Technicians : Please Select, Technician]

Org. Estimate \$102.39	Revisions \$0.00	Current Estimate \$ 102.39	Additional Cost	Revised Estimate	Labor: 25.84
					Parts: 0.00
					Sublet: 75.00

					Sub: 100.84
					Tax: 0.00
					Total: 100.84
					Bal Due: \$100.84

[Payments -]

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose to testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE..... Date..... Time.....

Jack Williams Garage

P.O. Box 83
 Wysox, Pa. 18854
 Phone - 570-265-3443 Fax - 570-265-7316
 We meet the nicest people by accident

INVOICE

3164

Org. Est. # 006090

ICE

Print Date : 01/19/2010

TRIAL HOSPITAL ALS

1997 Ford - Club Wagon E150

HOSPITAL DRIVE
 Wysox, PA 18848
 717-268-2258
 D: 172

Lic #: 4117R
 Unit #: 112 WHEEL CHAIR
 Vin #:
 Hat #:

Odometer In :

Ref #:

Description / Number	Qty	Sale	Extended	Labor Description	Extended
DIAGNOSE	1.00	15.00	15.00	DIAGNOSE - NO START- STOP GOING DOWN	59.48
DIAGNOSE - NO START- STOP GOING DOWN				ROAD-OUT OF GAS	
TOWING, HOOKUP FEE, INCLUDES FIRST THREE MILES OF TOW	12.00	3.75	45.00	WRECKER-SERVICE FROM MILAN TO JACK WILLIAMS GARAGE 1-11-10	75.00

RECEIVED

JAN 20 2010

Technicians : Please Select, Technician]

Org. Estimate \$198.08 Revisions \$0.00 Current Estimate \$ 198.08 Additional Cost Revised Estimate

Labor:	59.48
Parts:	60.00
Sublet:	75.00
Sub:	194.48
Tax:	3.60
Total:	198.08
Bal Due:	\$198.08

OK [Signature]

Payments -]

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on street, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto. Warranty on parts and labor is one years or 12,000 miles whichever comes first. Warranty work has to be performed in our shop & cannot exceed the original cost of repair.

SIGNATURE..... Date..... Time.....

Printed By: <none>

AUTO CLINIC

R.R.3 BOX 10 A
TOWANDA, PA 18848

570-268-3055

MEMORIAL HOSPITAL
1 HOSPITAL DRIVE
TOWANDA, PA. 18848
PO # M1001001

Date	Invoice #
2/1/2010	9010

MAKE
DODGE 5.2 L
VIN #
2B5WB25Y3WK155169
LICENSE
FGE 3306

YEAR
1998
ODOMETER
217,890
MODEL
AMBULANCE #111-

remaining bill, after 30 days will be compounded
10% every 30

Quant.	Item Code	Description	Price Each	Amount
1	3,000 MILE ...	LUBE, 5 QTS. OIL, OIL FILTER, TIRE PS'S, BELTS, HOSES, FLUIDS, OVERALL INSPECTION OF VEHICLE TIRE PS'S 55 ANTIFREEZE - 34	28.35	28.35T
1	21085	OIL FILTER		
5	5 W 30	OIL		
1	7100	THERMO AID	2.99	2.99T
1	INSP	STATE INSPECTION OLD MILES NEW # A10L23944 3/11 BRAKES R.F. 7/B L.R. 5/R TIRE R.R. 7/32	26.84	26.84T
	LABOR	MECH WORK// TO CHECK NO BRAKE LIGHTS - HAD TO REPLACE FUSE AGAIN. THE LAST TIME WE ALSO REPLACED THE FUSE 4 MOS. AGO. WOULD HAVE TO TRACE WIRES, TO FIND THE PROBLEM AND MAY POSSIBLY FIND THE PROBLEM OR NOT	29.00	29.00T
1	782-1113	FUSE	3.90	3.90T
3	S FASTENE...	FASTENERS	0.49	1.47T
		NOTE : HAS A SMALL ANTIFREEZE LEAK. POSSIBLY THE TIMING CHAIN COVER GASKET. RECOMMEND REPLACING THE TIMING CHAIN AND WATER PUMP @ THE SAME TIME.		

OK WA

Subtotal	\$92.55	Total	\$92.55
Sales Tax (0.0%)	\$0.00	Payments/Credits	\$0.00

Thank you for your business.

Balance Due \$92.55

AUTO CLINIC

R.R.3 BOX 10 A
TOWANDA, PA 18848

570-268-3055

MEMORIAL HOSPITAL
1 HOSPITAL DRIVE
TOWANDA, PA. 18848
PO # M1001001

NO 10/10/11

Date	Invoice #
8/17/2010	9673

MAKE
FORD 5.4 L
VIN #
1FBSS31L8WHA95578
LICENSE
PD8689N

YEAR
1998 E350
ODOMETER
194,610
MODEL
WHEEL CHAIR VAN # ...

remaining bill, after 30 days will be compounded
10% every 30

Quant.	Item Code	Description	Price Each	Amount
1	CCS	CHECK CHARGING SYSTEM	29.95	29.95T
1	7565	NAPA BATTERY	103.31	103.31T
4	R134 FREON		18.00	72.00T
	LABOR	MECH WORK/ TO REPLACE BATTERY AND TIGHTEN THE FAN HOUSING UP. TO CHECK A/C - COOL, CHECKED FOR LEAKS DO NOT SEE ANY DYE LEAKING, BUT I DO SEE THE HEATER LINES UNDER THE VEHICLE LEAKING SOME ANTIFREEZE. NOTE : THE A/C - MAY BE THE EVAPORATOR (IN THE DASH) BECAUSE THE SYSTEM WAS LOW	87.00	87.00T

OK

Subtotal	\$292.26	Total	\$292.26
Sales Tax (0.0%)	\$0.00	Payments/Credits	\$0.00

Thank you for your business.

Balance Due \$292.26



MEMORIAL HOSPITAL

ONE HOSPITAL DRIVE, TOWANDA, PA 18848 • 570-265-2191

Your Independent Not-For-Profit Community Hospital

December 9, 2010

PA Public Utility Commission
Bureau of Transportation and Safety
Tariff Section
PO Box 3265
Harrisburg, PA 17105-3265

R-2010-2210846
640874

RE: A-00117028, Request for Rate Increase

To Whom It May Concern:

Submitted for your consideration is support for the purpose of requesting an increase to our paratransit rates. We would like the proposed tariff to become effective on December 9, 2010.

Our company has never had an increase in rates since receiving this authority. Since that time our costs have risen significantly. Fuel costs, the costs for vehicle parts and repairs, and insurance premiums have all increased.

The increased costs have greatly eroded what little profit margin there was into a loss position. We are in need of additional revenues to cover the loss in profits and decrease our operating ratio.

In the event of any proceedings before the Commission with respect to the proposed rates it is agreed that the tariff and the financial data submitted will be offered in evidence by the utility respondent as an exhibit.

Our company has a desire to continue serving the public in our authorized territory, and we want to do so in a safe and efficient manner, as prescribed by the PA PUC. In order to do this, an increase is necessary. If there are any questions or if any additional information is needed, please contact myself at (570) 268-2273 or Wendy Smith at (570) 268-2406. Thank you for your consideration in this matter.

Sincerely,

Shawn Madigan
Memorial Hospital, Inc. of Towanda, PA
Accounting Manager

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2010 DEC 10 PM 2:19

169

DATA FOR INCREASE AS REQUIRED BY 52 PA CODE §§23.63 AND 23.64

1. As per 52 PA CODE §29.314 rate will no longer be determined by odometer, but by taximeter. The proposed changes in rates are as follows:

Item Changed	Current	Proposed
Wheelchair Van Transport	\$25.00	\$30.00
Loaded Mileage	\$1.50	\$2.00
Wheelchair Van 1/4 Hr. wait Time	\$2.75	\$3.25
Ambulatory Rider	\$10.50	\$20.00
Ambulatory Rider Mileage	\$1.00	\$2.00
Stretcher Van 1/4 Hr. Wait Time	\$5.50	\$6.25
Stretcher Van	\$45.00	\$55.00

2. The reasons for the need of an increase in rates are as follows:

We have never had an increase. With increasing fuel cost and increased maintenance cost for our aging vehicles, we are having difficulty covering our expenses. We do not utilize a fuel recovery charge.

3. What was the total number of miles which were travelled in the past year for the purpose of transporting passengers from point-to-point in Pennsylvania?

41,787 total miles

4. What was the total number of trips which were made in the past year for the purpose of transporting passengers from point-to-point in Pennsylvania?

923 trips

5. Revenue will be affected as follows:

Based on the current volume, an annual revenue increase of approximately \$21,024 is expected. Due to contracts with nursing facilities, not all trips will be affected by the rate increase.

6. The list of vehicles devoted to taxicab passenger transportation:

Vehicle Make	Year	Purchase Price	Year Purchased	Depreciation
Ford	2010	\$30,699.50	2010	\$3,198
Ford	1998	\$18,000	2001	\$18,000
Dodge	1998	\$13,055	2003	\$13,055

7. The company's officers, their salaries, and their duties are as follows:

See attached listing of uncompensated Board of Directors

8. By initialling following this statement, it is being signified that interstate transportation is not provided and the sections regarding interstate transportation, 52 Pa. Code §§23.64(9 - 15), are not applicable to this carrier.

(Initial Here)

RATE INCREASES for PASSENGER CARRIERS

Source: <http://www.pacode.com>

Tariff - A copy of the tariff with the proposed rates must be submitted including date filed and effective date.

Title 52 §23.63

If a common carrier of passengers, other than railroad and aircraft, files a tariff or tariff supplement which will increase or decrease fares to any of its patrons, it shall submit to the Commission, with the tariff or tariff supplement, statements showing all of the following:

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TRANSPORTATION & SAFETY
2010 DEC 10 PM 2:19

- ✓ (1) The changes in rates proposed, stating the effective and proposed fares.
- ✓ (2) The specific reasons for each increase or decrease.
- ✓ (3) The estimated effect of each rate increase or decrease on the carrier's annual revenues.
- ✓ (4) The calculations by which the estimates in paragraph (3) were determined.

Title 52 §3.64

If a common carrier of passengers, other than railroad or aircraft, files a tariff or tariff supplement which will increase the operating revenues of the carrier for the latest 12-month period, it shall submit to the Commission with the tariff or tariff supplement, in addition to the statements required in § 23.63 (relating to data required in filing proposed rate changes), the following information in the detail required to be maintained in the records under the system of accounts applicable to the operation of the carrier:

- ✓ (1) A detailed balance sheet of the carrier at the end of a month not more than 45 days prior to such filing.
- ✓ (2) A summary, by primary accounts, of the book value of the property of the carrier devoted to passenger transportation at the date of the balance sheet required by paragraph (1).
- ✓ (3) A statement showing the amount of the depreciation reserve, at the date of the balance sheet required by paragraph (1), applicable to the property referred to in that paragraph.
- ✓ (4) A statement showing passenger motor vehicles owned at the date of the balance sheet required by paragraph (1), setting forth the make, date of purchase, the cost of each vehicle, the depreciation accrued on each vehicle and the basis for allocation of depreciation to interstate or intrastate operations, or both, if applicable.
- ✓ (5) A statement of operating income derived from passenger transportation, setting forth the operating revenues and expenses by detailed accounts, by months, for the 12-month period which ended on the date of the balance sheet referred to in paragraph (1). Expenses claimed to be variable costs shall be designated as such.
- ✓ (6) A statement of the salaries paid to and the duties performed by the owners and officers of the carrier.

RATE INCREASES for PASSENGER CARRIERS
Source: <http://www.pacode.com>

(7) A statement to the effect that in the event of any proceedings before the Commission with respect to the proposed rates it is agreed that the tariff and the financial data submitted therewith will be offered in evidence by the utility respondent as an exhibit.

(8) A map or sketch of the operation indicating zones, if any.

(9) An income and expense statement for Commonwealth operations for the 12 months preceding the tariff filing. Expenses claimed to be variable costs shall be designated as such. If expenses are allocated between interstate and intrastate operations, include a description of the method of allocation.

(10) Total passenger miles systemwide and total passenger miles intrastate in this Commonwealth for the 12 months preceding the tariff filing.

(11) *N/A* Costs of capital improvements within this Commonwealth for the 3 years previous to the tariff filing with a detailed explanation of how the costs were allocated between interstate and intrastate operations, whether the costs were included in justifications for previous tariff filings and allocation of depreciation — if any — taken on the capital improvements.

(12) *N/A* A statement of revenues derived from terminals and similar facilities — not actual passenger fares — in this Commonwealth for the 12-month period preceding the tariff filing with a detailed explanation of how the revenues are allocated between intrastate and interstate operations or why such an allocation is not performed.

(13) An explanation of the methodology used to determine the rates attributed to interstate and intrastate routes provided in a passenger fare comparison. *Same rates for both*

(14) *N/A* A statement of rate reductions filed with the Interstate Commerce Commission concerning points in this Commonwealth for the 6-month period preceding the tariff filing.

(15) A statement of the last approved rate increase from the Interstate Commerce Commission, including the corresponding document filing and the order approving the increase.

Please be advised that in accordance with 66 Pa C. S. § 1308(d), the tariffs are suspended for a period not to exceed seven (7) months from the effective date.

If you have any questions regarding the rate increase, please call James Minder at (717) 787-1168.

SEE ATTACHED "BALANCE SHEET" AND "STATEMENT OF OPERATIONS"

Statement of Financial Position (Balance Sheet)

as of (date) _____

ASSETS

Current Assets

Cash _____
Accounts Receivable _____
Notes Receivable _____
Other Current Assets (specify) _____
Total Current Assets _____

Tangible Assets

Land _____
Motor Vehicle Equipment _____
Less: Accumulated Depreciation - _____ = _____
Building and Structures _____
Less: Accumulated Depreciation - _____ = _____
Office Equipment _____
Less: Accumulated Depreciation - _____ = _____
Investments and Funds (specify) _____
Intangible Assets _____
Other Assets (advances and idle equipment - specify) _____
TOTAL ASSETS _____

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable _____
Notes Payable _____
Equipment Obligations _____
Other Liabilities (Attach schedule) _____
Total Current Liabilities _____

Long Term Liabilities (Due after one year of date)

Accounts Payable _____
Notes Payable _____
Equipment Obligations _____
Other Liabilities (Attach Schedule) _____
Total Long Term Liabilities _____

TOTAL LIABILITIES _____

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock _____
Additional Paid-in Capital _____
Retained Earnings _____
Less: Treasury Stock - _____ = _____
Total Owner's Equity _____

TOTAL LIABILITIES & OWNER'S EQUITY _____

THE MEMORIAL HOSPITAL, INC. OF TOWANDA, PA
BALANCE SHEET
OCTOBER 31, 2010

	OCTOBER 31 2010	SEPTEMBER 30 2010	JUNE 30 2010	
ASSETS				
CURRENT ASSETS:				
1	Cash and cash equivalents	\$ 667,460	\$494,955	\$922,388
2	Accounts receivable, net	5,695,992	5,687,590	5,931,656
3	Inventories of drugs and supplies	593,557	594,245	592,959
4	Prepaid expenses and other current assets	345,821	368,899	492,893
5	Total current assets	7,302,829	7,145,689	7,939,896
OTHER:				
6	Cash & investments whose use is limited	110,473	110,467	110,449
7	Property, plant and equipment, net	22,071,712	22,060,783	22,060,246
8	Deferred expenses, net	41,529	41,909	43,050
9	Other investment (CHART)	65,000	65,000	65,000
10	Beneficial interest in assets held by Memorial Hospital, Inc.	14,095,468	13,878,465	13,225,131
11	TOTAL ASSETS	\$43,687,011	\$43,302,314	\$43,443,772
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES:				
Current maturities of:				
12	Hospital revenue notes	\$ 1,089,406	\$1,085,681	\$1,061,307
13	Accounts payable	930,642	774,941	1,083,877
14	Estimated third-party payor settlements	507,703	507,703	507,703
15	Blue Cross advance	184,441	184,441	184,441
16	Payroll taxes & sales tax	56,942	86,400	102,069
Accrued expenses:				
17	Vacation pay	710,459	740,227	781,398
18	Salaries and wages	633,403	478,113	803,643
19	Malpractice insurance	303,172	323,331	303,172
20	Interest	19,521	19,521	19,521
21	Total current liabilities	4,435,690	4,200,359	4,847,132
22	Hospital revenue notes	10,495,908	10,589,012	10,530,498
23	Pension Liability	3,672,617	3,419,570	3,543,865
24	Due To Memorial Hospital Foundation	4,026,164	4,027,231	3,785,839
25	TOTAL LIABILITIES	22,630,380	22,236,172	22,707,334
FUND BALANCE				
26	Unrestricted	20,481,288	20,491,219	20,161,094
27	Temporarily restricted	510,344	509,924	510,344
28	Permanently restricted	65,000	65,000	65,000
29	TOTAL LIABILITIES & FUND BALANCE	\$43,687,011	\$43,302,314	\$43,443,772

THE MEMORIAL HOSPITAL, INC. OF TOWANSON, PA
STATEMENT OF OPERATIONS
FOR THE FOUR (4) MONTHS ENDING OCTOBER 31, 2010

	YTD	BUDGET	VARIANCE	% BUD VAR	
OPERATING REVENUES:					
Patient service revenues:					
1	Inpatient	\$6,205,628	\$6,923,808	(\$718,180)	-10.37%
2	Outpatient	16,285,278	16,447,982	(162,704)	-0.99%
3	Skilled care	2,939,092	3,215,673	(276,581)	-8.60%
4	Swing bed	241,485	206,178	35,307	17.12%
5	Short procedure	2,573,918	3,435,659	(861,741)	-25.08%
6	Home health care	493,309	627,635	(134,326)	-21.40%
7	Hospice	143,161	324,085	(180,924)	-55.83%
8	Personal care home	583,839	551,291	32,548	5.90%
9	Occupational health	286,071	313,205	(27,134)	-8.66%
10	Total patient service revenues	29,751,780	32,045,516	(2,293,736)	-7.16%
Deductions from revenue:					
11	Contractual adjustments	17,622,614	18,876,788	1,254,174	6.64%
12	Charity care and policy discounts	259,274	256,364	(2,910)	-1.14%
13	Patient service revenues, net	11,869,892	12,912,364	(1,042,472)	-8.07%
14	Other operating revenues	121,184	141,535	(20,351)	-14.38%
15	Total operating revenues	11,991,075	13,053,899	(1,062,824)	-8.14%
OPERATING EXPENSES:					
16	Salaries and wages	5,070,118	5,404,565	334,447	6.19%
17	Supplies and expenses	2,832,680	3,236,999	404,319	12.49%
18	Employee benefits	1,625,021	1,646,652	21,631	1.31%
19	Professional fees	448,276	454,102	5,826	1.28%
20	Depreciation	781,778	721,571	(60,207)	-8.34%
21	Provision for doubtful collections	1,113,397	1,116,980	3,583	0.32%
22	Insurance	250,734	221,200	(29,534)	-13.35%
23	Interest	171,747	182,469	10,722	5.88%
24	Total operating expenses	12,293,751	12,984,538	690,787	5.32%
25	OPERATING GAIN (LOSS)	(302,675)	69,361	(372,036)	-536.38%
26	Extraordinary adjustments	0	0	0	0.00%
27	TOTAL OPERATING GAIN (LOSS)	(302,675)	69,361	(372,036)	-536.38%
28	Other Investment Income	2,184	11,795	(9,611)	-81.49%
29	Net Assets Released from Restrictions	161	0	161	0.00%
Change in interest in					
30	Memorial Hospital Foundation	870,336	285,930	584,406	204.39%
31	Community Health Associates LLC	(249,813)	(193,446)	(56,367)	29.14%
32	INCREASE IN NET ASSETS	\$ 320,193	\$ 173,640	\$ 146,553	84.40%

MEMORIAL HOSPITAL, INC.
 WHEELCHAIR AND STRETCHER VAN ANALYSIS
 TWELVE (12) MONTH PERIOD ENDING OCTOBER 31, 2010

	ACTUAL 12 MONTHS ENDING OCT 2010	PER TRIP
NUMBER OF TRIPS	844	
GROSS REVENUE:		
WHEELCHAIR VAN TRIPS	\$41,815 525	\$79.65
STRETCHER VAN TRIPS	32,944 263	\$125.26
AMBULATORY RIDER TRIPS	3,282 56	\$58.60
TOTAL GROSS REVENUE	\$78,041	\$92.47
NET REVENUE	\$73,326 93.96%	\$86.88
EXPENSES:		
(variable) SALARIES	\$38,694	\$45.85
(variable) BENEFITS	6,011	15.53%
(variable) SUPPLIES/OTHER	901	1.07
(variable) FUEL	8,610	10.20
(variable) VEHICLE MAINT. INSURANCE	6,221 4,159	7.37 4.93
DEPRECIATION	3,198	3.79
TOTAL DIRECT EXPENSE	=> \$67,793	\$80.32
*ALLOCATED OVERHEAD	20,310	29.96%
TOTAL EXPENSES	-> \$88,103	\$104.39
NET MARGIN	-\$14,777	
NET MARGIN PER TRIP	-\$17.51	

*Allocated Overhead is based on costs allocated on 2010 Medicare Cost Report

MEMORIAL HOSPITAL, INC.
 ESTIMATED REVENUE DUE TO RATE CHANGE
 BASED ON TRIPS FROM NOVEMBER 2009 - OCTOBER 2010

	Current Rate	Proposed Rate	Rate Change	Number of Charges	Estimated Revenue
Wheelchair Van Transport	\$25.00	\$30.00	\$5.00	525	\$2,625.00
Loaded Mileage	\$1.50	\$2.00	\$0.50	27897	\$13,948.50
Wheelchair Van 1/4 Hr. Wait Time	\$2.75	\$3.25	\$0.50	1802	\$901.00
Ambulatory Rider	\$10.50	\$20.00	\$9.50	56	\$532.00
Stretcher Van 1/4 Hr. Wait Time	\$5.50	\$6.25	\$0.75	556	\$417.00
Stretcher Van	\$45.00	\$55.00	\$10.00	260	\$2,600.00
Total Revenue					\$21,023.50

CREATED BY USER: MADIGANS
 FROM FACILITY: BEGINNING THRU FACILITY: END
 FROM DEPARTMENT NUMBER: 01.7000 THRU DEPARTMENT NUMBER: 01.7000
 FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
 FROM STATUS DATE: BEGINNING THRU STATUS DATE: END
 FROM ACQUIRED DATE: BEGINNING THRU ACQUIRED DATE: END
 FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: MMS

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
--------	-------------	--------	-----------	-------	------------	----------	----------

DEPARTMENT: 01.7000 MEM PAT TRANSPORT

641	1997 DODGE WHEELCHAIR VAN	RETIRED	08/31/04	MAJOR	01.7000	05/01/00	08/31/04
-----	---------------------------	---------	----------	-------	---------	----------	----------

VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
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COST
 ACC DEPR
 BOOK

816	1998 FORD E-350 WHEELCHAIR VAN	ACTIVE	12/24/09	MAJOR	01.7000	08/01/01	
-----	--------------------------------	--------	----------	-------	---------	----------	--

VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
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COST	18000.00		18000.00
ACC DEPR	18000.00		18000.00
BOOK	0.00		0.00

868	1997 FORD WHEELCHAIR VAN RETIRED TYPE: FD	RETIRED	12/07/10	MAJOR	01.7000	02/01/02	07/09/10
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
-------	----------------	---------------	------------

COST	8900.00		8900.00
ACC DEPR	8900.00		8900.00
BOOK	0.00		0.00

1770	1998 DODGE 2500 WHEELCHAIR VAN	ACTIVE	12/24/09	MAJOR	01.7000	04/01/03	
------	--------------------------------	--------	----------	-------	---------	----------	--

VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
-------	----------------	---------------	------------

COST	13055.00		13055.00
ACC DEPR	13055.00		13055.00
BOOK	0.00		0.00

000132	2010 FORD E250 WHEELCHAIR VAN	ACTIVE	07/09/10	MAJOR	01.7000	06/01/10	
--------	-------------------------------	--------	----------	-------	---------	----------	--

VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
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COST	30699.50		30699.50
ACC DEPR	639.57	2558.28	3197.85
BOOK	30059.93	-2558.28	27501.65

MEMORIAL HOSPITAL, INC.

Towanda PA

2010-2011 BOARD OF TRUSTEES LISTING - 11/1/2010

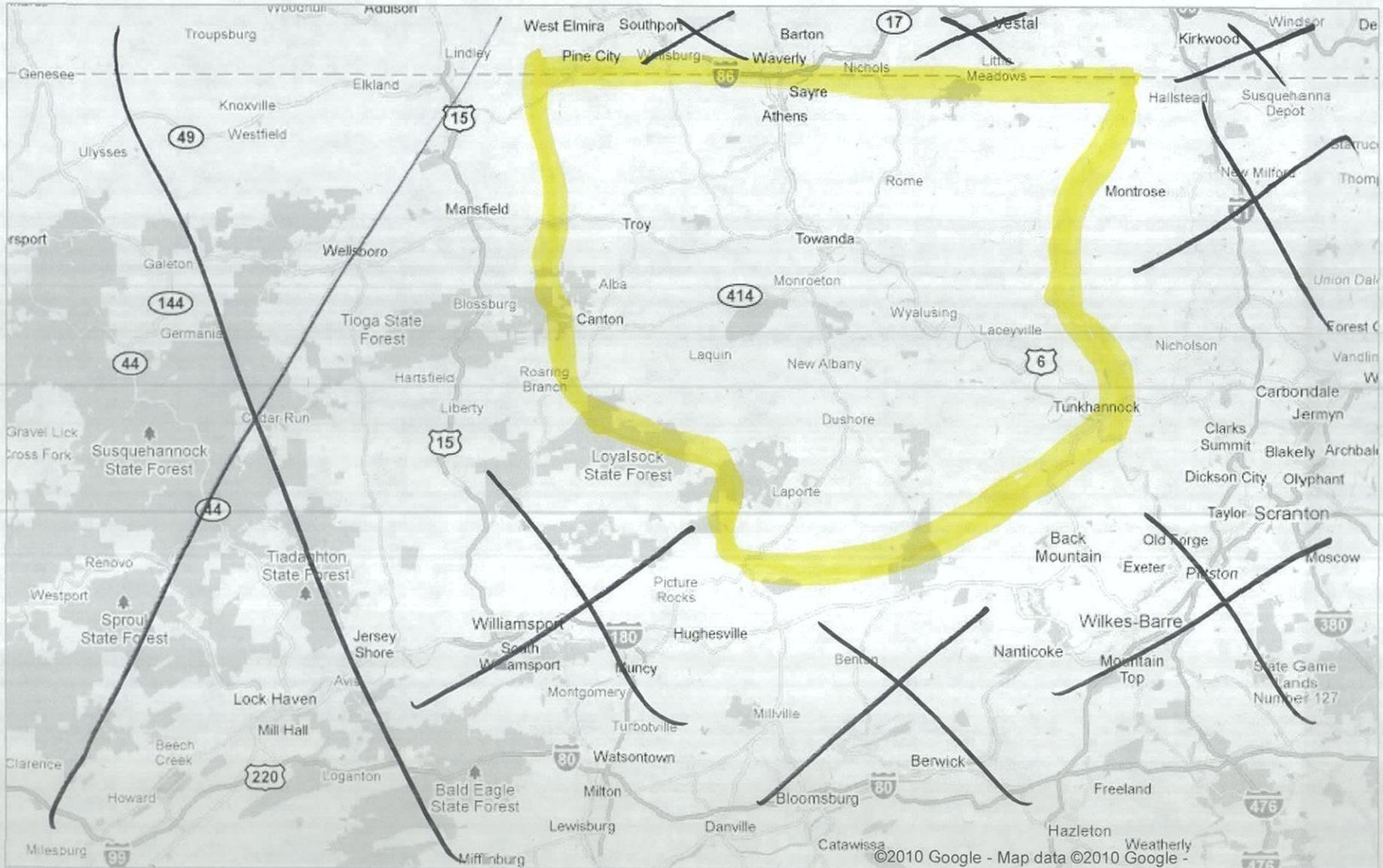
Initial Appt.	TERM	TRUSTEE	OCCUPATION
1996	08-11	Donald Abrey	Banker
2006	09-12	Ronald Slack, MD, Pres. Medical Staff	Physician
1989	10-13	Donald Brannan	Financial Dir.
1989	10-13	Peter Broderick,	Retired
2009	09-12	Joseph Cama, MD	Physician
1991	09-12	Ray DePaola	Attorney
2009	09-12	Hank Dunn	Insurance
2006	09-12	Brian Emick	Controller of Cargill Regional Beef-Wyalusing
1985	08-11	Robert Ferrario Secretary	Auto Dealer
2008	08-11	Mark Gannon	Insurance
2010	10-13	Brian Grove	Dir. Corporate Development
1984	09-12	Lewis Hope	Retired
1989	10-13	Marjory Kreischer	Dental Hygienist
1996	08-11	Leo Lambert	Auto Dealer
2009	09-12	Alfredo Linas, MD	Physician
1988	09-12	William McNett	Retired
2009	10-11	Martin Mikaya, MD	Physician
1980	08-11	David Packard, Treasurer	Retired
2003	09-12	Jim Parks, Chairman	Retired
1998	10-13	Jody Place	Penelec - Area Manager
2005	09-12	James Rodenhizer	Plant Manager E I DuPont
2002	08-11	William Rohrbach, Assistant Secretary	VP Fiscal Affairs
2002	08-11	John L. Schoonover III, Vice-Chairman	Retired Director of Quality, Global Tungsten & Powders
2004	10-13	Gerald E. Shaffer	Banker
2008	10-11	Marguerite Shaner, Auxiliary President	Retired Educator
2009	09-12	Tom Thompson	Accountant
2008	10-13	Barbara Yanak, OD	Optometrist
1992		Gary A. Baker, Pres.	Administrator

Elections are held in October of each year. Questions? Contact: Debbie Fairchild at debra.fairchild@memorialhospital.org

Google maps

Bradford
Sullivan
Wyoming

Print Send Link



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STATEMENT REQUIRED AS PER 52 PA. CODE §23.64(7)

In the event of any proceedings before the Commission with respect to the proposed rates it is agreed that the tariff and the financial data submitted therewith will be offered in evidence by the utility respondent as an exhibit.

Lorraine Haines
(Signature)

12/9/10
(Date)

Lorraine Haines
(Name - printed or typed)

12/9/10
Title or position)

Asst. Director
Patient Care Services

Verification of Statements

This statement regarding the documents submitted may be sworn/affirmed before a notary public or contain the following verification without appearing before a notary public:

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Lorraine Haines
(Signature)

12/9/10
(Date)

Lorraine Haines
(Name - printed or typed)

Asst. Director
Title or position)
Patient Care Services

CERTIFICATE NO. A-00117028

Rev:
PARATRANSIT PA PUC NO.2
Cancels paratransit PA PUC NO. 1

**MEMORIAL HOSPITAL INC.,
OF TOWANDA, PENNSYLVANIA**

**RATES AND RULES
GOVERNING THE
TRANSPORTATION OF:**

**TO TRANSPORT AS A COMMON CARRIER,
PERSONS IN PARATRANSIT SERVICE,
BETWEEN
POINTS IN THE COUNTIES OF
BRADFORD, SULLIVAN AND WYOMING
AND FROM POINTS
IN SAID COUNTY
TO POINTS IN PENNSYLVANIA,
AND RETURN.**

ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

Issued under authority of PA. Code, Title 52, Section 23.42

ISSUED BY:

Jon Kingsley, Issuing Officer
One Hospital Drive
Towanda, PA 18848
570-268-2258

MEMORIAL HOSPITAL, INC., OF TOWANDA, PENNSYLVANIA

CHECK SHEET OF TARIFF PAGES AND SUPPLEMENTS

All of the pages contained in this tariff are listed consecutively by number and revision number. The pages of the tariff and supplements to the tariff, listed on this page, bear issued dates which are the same as, or are prior to, the issued date of this page. "0" in the revision column indicates an original page. * - Indicates page(s) revised this date.

PAGE NO.	NO. OF REVISION	PAGE NO.	NO. OF REVISION
Title			
Page	0		
2	2		
3	0		
4	0		
5	0		
6	0		
7	2		
Last			
Page	0		

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ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: _____, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

SECTION 1	
RULE	RULES AND REGULATIONS
	<u>MILEAGE RATES</u>
100	Mileage shall be calculated by the odometer of the vehicle used based on loaded miles.
	<u>ADVANCE RESERVATIONS</u>
110	Advanced reservations must be made no later than the calendar day prior to when service is to be rendered.
	<u>ADDITIONAL EXPENSES</u>
150	Additional expenses incurred at the request of the party making the reservation, or necessitated by the request of the party making the reservation, which expenses shall be added to the rates herein. Such additional expenses include, but are not limited to, highway tolls, parking, or other fees incidental to the services provided.
	<u>OXYGEN CHARGES</u>
160	The charge for oxygen shall be \$34.50 per trip.
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ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Jon Kingsley, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

SECTION 1	
RULE	RULES AND REGULATIONS
	<u>PAYMENT</u>
170	Services will be billed to the customer upon completion of services on a net 30 basis. Visa and Master Card will also be accepted.
	<u>LIABILITY</u>
180	Carrier will not be liable for delays caused by an act of God, public enemies, authority of law, quarantine, perils of navigation, riots, strikes, the hazards or dangers incident to state of war, accidents, breakdowns, bad conditions of the road, storms and other conditions beyond its control, and does not guarantee to arrive or depart from any point at a specific time.
	<u>LIMITS OF SERVICE</u>
190	Nothing in this tariff shall be construed as requiring Carrier to furnish a service for which he does not have sufficient equipment available. Carrier will provide service with reasonable dispatch.
	<u>CANCELLATION BY THE CARRIER</u>
200	The Carrier may, at his discretion, cancel a scheduled service due to weather which

ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Jon Kingsley, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

SECTION 1	
RULE	RULES AND REGULATIONS
	could damage the vehicle or cause possible injury to all persons in the vehicle. If the cancellation is made by the Carrier, the Customer may reschedule the service or receive a refund of the full amount paid. Carrier reserves the right to determine when it is advisable to operate any particular vehicle for any reason without liability to passengers.
	<u>HOLIDAYS</u>
210	Carrier will not observe any holidays which would result in additional charges.
	<u>OVERNIGHT STOPOVER</u>
230	When, upon the request of a customer, an overnight stop is made en route, or at destination, there shall be no charge for the time the vehicle and driver is off duty. However, the customer shall be charged an additional fee equal to the actual expense incurred for the driver's evening meal, overnight lodging, breakfast, and any other out-of-pocket expenses, not to exceed \$150.00 per night. The driver shall have at least eight hours off duty time, and a vehicle charge of \$50.00 shall be paid by the customer for the overnight stay in addition to the regular fare. An overnight stay will constitute a sixteen hour day and will be charged according to the rates named herein.

ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Jon Kingsley, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

SECTION 1	
RULE	RULES AND REGULATIONS
	<u>WHEELCHAIR VAN</u>
260	Any vehicle described as a Wheelchair Van has a passenger window van body and be equipped with a wheel chair lift at a side or back door and be equipped with wheel chair securement devices within the vehicle. Wheelchair Van equipment will be operated by a qualified driver trained in CPR and First Aid.
	<u>STRETCHER VAN</u>
270	Any vehicle described as a Stretcher Van has a passenger window van body and be equipped with a stretcher entrance at the back door and be equipped with stretcher securement devices within the vehicle. Stretcher Van equipment will be operated and staffed by two (2) qualified drivers trained in CPR and First Aid.
	<u>AMBULATORY VAN</u>
280	Any vehicle described as a Ambulatory Van has a passenger window van body and be equipped with one or more passenger seats. Ambulatory Van equipment will be operated by a qualified driver trained in CPR and First Aid.
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ISSUED: December, 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Jon Kingsley, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

SECTION 1

RULE RULES AND REGULATIONS

STOPOFF IN TRANSIT

290

In the event Carrier is requested to stop off in transit to pick up or deliver passengers between Carrier's facility and the final destination, other than the original pickup or final destination, Carrier will assess a stopoff charge of \$10.00. All stopoff charges shall be paid by the party who contracted for the transportation services prior to transportation. Carrier will not honor service fees being paid by two different parties.

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ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Jon Kingsley, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

SECTION 2

ITEM

RATES AND CHARGES

TRANSPORTATION OF PASSENGERS IN PARATRANSIT SERVICES

BETWEEN: Points in Bradford County
 FROM: Points in Bradford County
 TO: Points in Pennsylvania and return

505

TYPE OF SERVICE:

CHARGE

WHEELCHAIR VAN(S)

- (A) Mileage rate per loaded mile: \$ 2.00
- (A) Subject to a minimum of ten (10) loaded miles: \$ 30.00
- (C) Waiting charge every 15 minutes 3.25

STRETCHER VAN(S)

- Mileage rate per loaded mile: \$ 2.00
- Subject to a minimum of ten (10) loaded miles: \$55.00
- (C) Waiting Charge every 15 minutes 6.25

AMBULATORY VAN(S)

- Mileage rate per loaded mile: \$ 2.00
- Subject to a minimum of ten (10) loaded miles: \$ 20.00

- (C) Extra Attendant Fee \$35.00

ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

(Continued on next page)

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

ABBREVIATIONS AND REFERENCE MARKS

ABBREVIATIONS	EXPLANATION
(A) or ◆	Increase
(C) or ▲	Change or addition
(R) or ⊙	Reduction
\$	United States Dollar or Dollars
%	Percent
Co.	Company or County
C.O.D.	Collect on Delivery
etc.	Etcetera
Inc.	Incorporated
lbs.	Pounds
Min.	Minimum
No. or #	Number
PA P.U.C.	Pennsylvania Public Utilities Commission
T/D/B/A	Trading doing business as
U.S.	United States
viz.	Namely
wt.	weight

State names are abbreviated using their U.S. Postal Service two letter designation.

ISSUED: December 9, 2010

EFFECTIVE: January 9, 2011

For explanation of abbreviations and reference marks, see last page of tariff.

ISSUED BY: John Kingsley, Issuing Officer, One Hospital Drive, Towanda, PA 18848, 570-268-2258

Certificate No A-00117028 PARATRANSIT PA PUC NO.2
CANCELS PARATRANSIT PA PUC NO. 1

MEMORIAL HOSPITAL INC.,
OF TOWANDA, PENNSYLVANIA

DOCUMENT
FOLDER

PARATRANSIT TARIFF NAMING
RATES, RULES AND REGULATIONS
GOVERNING THE TRANSPORTATION
OF PERSONS IN PARATRANSIT SERVICES
BETWEEN POINTS IN PA

TO TRANSPORT AS A COMMON CARRIER
PERSONS IN PARATRANSIT SERVICE, BETWEEN POINTS
IN THE COUNTIES OF BRADFORD, SULLIVAN, AND WYOMING AND
FROM POINTS IN SAID COUNTY TO
POINTS IN PENNSYLVANIA, AND RETURN.

ISSUED: DECEMBER 22, 2010 EFFECTIVE: JANUARY 9, 2011

ISSUED BY:
Gary Baker, Issuing Officer
One Hospital Drive
Towanda, PA 18848
570-268-2258

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LIST OF CHANGES MADE BY THIS TARIFF:

PAGE NUMBER	CHANGES IN TARIFF
1.	Issued by changed from Jon Kingsley to Gary Baker, CEO
2.	Delete oxygen charges
3.	Holidays charge from carrier will not observe any holidays which would result in additional charges to; A holiday transport fee of \$25.00 will be assessed on the following holidays, New Years Day, Memorial Day, 4 th of July, Labor Day, Thanksgiving Day and Christmas Day
4.	Wheelchair Van-changed from wheelchair van equipment will be operated by a qualified "Emergency Medical Technician" to operated by a driver trained in CPR and First Aid
5.	Stretcher Van-SAME
6.	Ambulatory Rider-SAME
7.	Wheelchair Van: Mileage from \$1.50 to \$2.00 Subject to minimum from \$25.00 to \$30.00 Waiting Charge every 15 minutes of \$3.25
8.	Stretcher Van: Mileage from \$1.50 to \$2.00 Subject to a minimum from \$15.00 to \$55.00 Waiting fee every 15 minutes of \$6.25
9.	Ambulatory Van: Mileage from \$1.50 to \$2.00 Subject to a minimum from \$10.00 to \$20.00
10.	Add-Extra Attendant Fee of \$35.00 Utilized for times when another person is needed to assist with patient transport

SECTION 1

RULE	RULES AND REGULATIONS
100	<p data-bbox="764 527 1019 558" style="text-align: center;"><u>MILEAGE RATES</u></p> <p data-bbox="370 600 1398 632">Mileage shall be calculated by the odometer of the vehicle used based on loaded miles.</p>
110	<p data-bbox="688 835 1096 867" style="text-align: center;"><u>ADVANCE RESERVATIONS</u></p> <p data-bbox="370 909 1338 972">Advanced reservations must be made no later than the calendar day prior to when service is to be rendered</p>
150	<p data-bbox="704 1152 1078 1184" style="text-align: center;"><u>ADDITIONAL EXPENSES</u></p> <p data-bbox="370 1226 1409 1352">Additional expenses incurred at the request of the party making the reservation, or necessitated by the request of the party making the reservation, which expenses shall be added to the rates herein. Such additional expenses include, but are not limited to, highway tolls, parking, or other fees incidental to the services provided.</p>

SECTION 1

RULE	RULES AND REGULATIONS
170	<p data-bbox="781 491 940 522" style="text-align: center;"><u>PAYMENT</u></p> <p data-bbox="342 564 1312 627">Services will be billed to the customer upon completion of services on a net basis. Visa and Master Card will also be accepted.</p>
180	<p data-bbox="781 669 940 701" style="text-align: center;"><u>LIABILITY</u></p> <p data-bbox="342 743 1377 905">Carrier will not be liable for delays caused by an act of God, public enemies, authority of law. Quarantine, perils of navigation, riots, strikes, the hazards or dangers incident to state of war, accidents, breakdowns, bad conditions of the road, storms and other conditions beyond its control, and does not guarantee to arrive or depart from any point at a specific time.</p>
190	<p data-bbox="708 984 1011 1016" style="text-align: center;"><u>LIMITS OF SERVICE</u></p> <p data-bbox="342 1058 1325 1152">Nothing in this tariff shall be construed as requiring Carrier to furnish a service for which he does not have sufficient equipment available. Carrier will provide service with reasonable dispatch.</p>
200	<p data-bbox="597 1230 1118 1262" style="text-align: center;"><u>CANCELLATION BY THE CARRIER</u></p> <p data-bbox="342 1304 1325 1335">The Carrier may, at his discretion, cancel a scheduled service due to weather which</p>

SECTION 1

RULE	RULES AND REGULATIONS
	<p>could damage the vehicle or cause possible injury to all persons in the vehicle. If the cancellation is made by the Carrier, the customer may reschedule the service or receive a refund of the full amount paid. Carrier reserves the right to determine when it is advisable to operate any particular vehicle for any reason without liability to passengers.</p>
230	<p style="text-align: center;"><u>OVERNIGHT STOPOVER</u></p> <p>When, upon the request of a customer, an overnight stop is made en route, or at destination, there shall be no charge for the time the vehicle and driver is off duty. However, the customer shall be charged an additional fee equal to the actual expense incurred for the driver's evening meal. Overnight lodging. Breakfast. And any other out-of-pocket expenses not exceed \$150.00 per night. The driver shall have at least eight hours off duty time, and vehicle charge of \$50.00 shall be paid by the customer for the overnight stay in addition to the regular fare.</p> <p>An overnight stay will constitute a sixteen hour day and will be charged according to the rate named herein.</p>

SECTION 1

RULE	RULES AND REGULATIONS
260	<p data-bbox="743 489 1029 520" style="text-align: center;"><u>WHEELCHAIR VAN</u></p> <p data-bbox="345 560 1370 688">Any vehicle described as a Wheelchair Van has a passenger window van body and be equipped with a wheelchair lift at a side or back door and be equipped with wheelchair securement devices within the vehicle. Wheelchair Van equipment will be operated by a qualified driver trained in CPR and First Aid.</p>
270	<p data-bbox="753 764 1016 795" style="text-align: center;"><u>STRETCHER VAN</u></p> <p data-bbox="345 835 1349 966">Any vehicle described as a Stretcher Van has a passenger window van body and be equipped with a stretcher entrance at the back door and be equipped with stretcher securement devices within the vehicle. Stretcher Van equipment will be operated and staffed by two (2) qualified drivers trained in CPR and First Aid.</p>
280	<p data-bbox="732 1008 1037 1039" style="text-align: center;"><u>AMBULATORY VAN</u></p> <p data-bbox="345 1079 1393 1176">Any vehicle described as an Ambulatory Van has a passenger window van body and be equipped with one or more passenger seats. Ambulatory Van equipment will be operated by a qualified driver trained in CPR and First Aid.</p>

SECTION 1

RULE	RULES AND REGULATIONS
290	<p data-bbox="721 627 1044 659" style="text-align: center;"><u>STOPOFF IN TRANSIT</u></p> <p data-bbox="354 699 1406 867">In the event Carrier is requested to stop off in transit to pick up or deliver passengers between Carrier's facility and the final destination, other than the original pickup or final destination, carrier will assess a stopoff charge of \$10.00. All stopoff charges shall be paid by the party who contracted for the transportation services prior to transportation. Carrier will not honor service fees being paid by two different parties.</p>

SECTION 2

ITEM	RATES AND CHARGES
505	<p align="center">TRANSPORTATION OF PASSENGERS IN PARTNERSHIP SERVICES</p> <p>BETWEEN: Points in Bradford County FROM: Points in Bradford County TO: Points in Pennsylvania and return</p>
	<p><u>TYPE OF SERVICE:</u> <u>CHARGE</u></p>
	<p><u>WHEELCHAIR VAN(S)</u></p>
	<p>(A) Mileage rate per loaded mile: \$2.00</p>
	<p>(A) Subject to a minimum of ten (10) loaded miles: \$30.00</p>
	<p>(C) Waiting charge every 15 minutes: \$3.25</p>
	<p><u>STRETCHER VAN(S)</u></p>
	<p>(A) Mileage rate per loaded mile: \$2.00</p>
	<p>(A) Subject to a minimum of ten (10) loaded miles: \$55.00</p>
	<p>(C) Waiting charge every 15 minutes: \$6.25</p>
<p><u>AMBULATORY VAN(S)</u></p>	
<p>(A) Mileage rate per loaded mile: \$2.00</p>	
<p>(A) Subject to a minimum of ten (10) loaded mile: \$20.00</p>	
<p><u>EXTRA ATTENDANT FEE</u></p>	
<p>(C) Utilized for times when another person is needed to assist with patient transport. \$35.00</p>	

(A) Indicates increase in rates
 (C) Indicates change or addition

6. The list of vehicles devoted to taxicab passenger transportation:

Vehicle Make	Year	Purchase Price	Year Purchased	Depreciation
Ford	2010	\$30,699.50	2010	\$3,198.00
Ford	1998	\$18,000.00	2001	\$18,000.00
Dodge	1998	\$13,055.00	2003	\$13,055.00

7. The company's officers, their salaries, and their duties are as follows:

See attached listing of uncompensated Board of Directors

8. By initialing following this statement, it is being signified that interstate transportation is not provided and the sections regarding interstate transportation, 52 PA CODE §§23.64 (9-15), are not applicable to this carrier.

(Initial here)

MEMORIAL HOSPITAL, INC.
 INCOME AND EXPENSE STATEMENT
 TWELVE (12) MONTH PERIOD ENDING OCTOBER 31, 2010

	ACTUAL EMS SERVICES (NON-COMMISSION)		ACTUAL WHEELCHAIR VAN (COMMISSION REGULATED)		PROJECTED WHEELCHAIR VAN (COMMISSION REGULATED)
	OCT 2010	PER TRIP	OCT 2010	PER TRIP	OCT 2010
NUMBER OF TRIPS	2,128		844		844
GROSS REVENUE:					
EMS SERVICES	\$2,616,036	\$1,229.34	0		
TRIPS	2,128		0		
WHEELCHAIR VAN	0		\$41,815	\$79.65	\$52,815
TRIPS	0		525		
STRETCHER VAN	0		32,944	\$125.26	41,850
TRIPS	0		263		
AMBULATORY RIDER	0		3,282	\$58.60	4,400
TRIPS	0		56		
TOTAL GROSS REVENUE	\$2,616,036	\$1,229.34	\$78,041	\$92.47	\$99,065
NET REVENUE (COLLECTED)	\$801,923	\$376.84	\$73,326	\$86.88	\$93,081
COLLECTION %	30.65%		93.96%		93.96%
DIRECT EXPENSES:					
SALARIES	\$446,676	\$209.90	\$38,694	\$45.85	\$38,694
BENEFITS	138,769	31.07%	6,011	15.53%	6,011
SUPPLIES/OTHER	29,518	13.87	901	1.07	901
FUEL	32,012	15.04	8,610	10.20	8,610
VEHICLE MAINT.	23,292	10.95	6,221	7.37	6,221
INSURANCE	9,401	4.42	4,159	4.93	4,159
DEPRECIATION	35,160	16.52	3,198	3.79	3,198
TOTAL DIRECT EXPENSE	\$714,828	\$335.92	\$67,793	\$80.32	\$67,793
INDIRECT EXPENSES:					
BUILDINGS	\$27,754		\$819		\$819
ADMINISTRATIVE	118,381		10,559		10,559
UTILITIES	16,040		473		473
CAFETERIA	14,295		1,780		1,780
MANAGEMENT	42,591		5,303		5,303
TOTAL INDIRECT EXPENSES	\$219,061	\$102.94	\$18,934	\$22.43	\$18,934
TOTAL EXPENSES	\$933,889	\$438.86	\$86,727	\$102.76	\$86,727
NET MARGIN	\$ (131,966)		\$ (13,401)		\$ 6,354
NET MARGIN PER TRIP	\$ (62.01)		\$ (15.88)		\$ 7.53
REVENUE	\$801,923		\$73,326		\$93,081
EXPENSES	\$933,889		\$86,727		\$86,727
OPERATING RATIO	116.46%		118.28%		93.17%

MEMORIAL HOSPITAL INC OF TOWANDA

OPERATING RATIO

CURRENT

PROJECTED

REVENUE	\$	78,041
REPORTED EXPENSES	\$	30,618 *
OPERATING RATIO		39.23%

REVENUE	\$	99,065
PROJECTED EXPENSES	\$	30,618 *
OPERATING RATIO		30.91%

Change in Operating Ratio	8.33%			
Revenue Adjustment	\$	21,023.50	Projected Revenue Increase	26.94%
Projected Expense Increase	\$	-	Proj. Exp. Increase	0.00%

Expenses shown are allocated in accordance with submitted revenue ratio. Carrier figures demonstrate its non PUC revenues account for 97% of all revenue (3% PUC regulated). The carrier's submitted expenses demonstrated that the carrier was allocating only 91.5% of all expenses to its non-regulated services (8.5% PUC regulated). Based on a recalibrated allocation of expenses that allocates expenses equally with revenue at 3%, the carrier's operating ratio does not support the requested increase in rates. The recalibrated allocation shows a current operating ratio of 39.23% and a proposed operating ratio of 30.91%

~~28573~~

2,694,077 TOTAL REV

2,616,036 EMS
78,041 PUC

3%

REF. P. 16/12

1,020,616 TOTAL EXP

933,885 EMS
86,727 PUC

8.5%

ADJUSTED TO 3% (PER REV)

EXP = 30,618

memorial hospital inc of towanda

OPERATING RATIO

CURRENT

REVENUE \$ 78,041
 REPORTED EXPENSES \$ 86,727
OPERATING RATIO 111.13%

PROJECTED

REVENUE \$ 99,065
 PROJECTED EXPENSES \$ 86,727
OPERATING RATIO 87.55%

Change in Operating Ratio	23.58%		
Revenue Adjustment	\$ 21,024.00	Projected Revenue Increase	26.94%
Projected Expense Increase	\$ -	Proj. Exp. Increase	0.00%

OPERATING RATIO (NON-PUC)

CURRENT

REVENUE \$ 2,616,036
 REPORTED EXPENSES \$ 933,889
OPERATING RATIO 35.70%

PROJECTED

REVENUE \$ 99,065
 PROJECTED EXPENSES \$ 86,727
OPERATING RATIO 87.55%

Change in Operating Ratio	-51.85%		
Revenue Adjustment	#####	Projected Revenue Increase	-96.21%
Projected Expense Increase	\$ (847,162.00)	Proj. Exp. Increase	-90.71%