

John J. Dorsey, Jr.
john@johndorseyandassociates.com
1-888-491-0333



Admitted:
Pennsylvania
New Jersey
Massachusetts

John Dorsey & Associates

Feb 05, 2016
January, 27, 2016

VIA UPS

Secretary's Bureau
Pennsylvania Utilities Commission
Bureau of Technical Utility Services
P.O. Box 3265
Harrisburg, PA 17105-3265

RE: Application of Preferred Medical Transport, Inc., A-2015-2468549; A-6415763
ORIGINAL SIGNATURES VERIFIED BUSINESS PLAN ANDS STATEMENT

Secretary Chiavetta:

Please accept the attached original signatures on the verified statement of support from Point to Point for the above referenced application. Please contact me with any questions at 888-491-0333 x2.

Very truly yours,

John J. Dorsey, Jr

John J. Dorsey, Jr.

RECEIVED

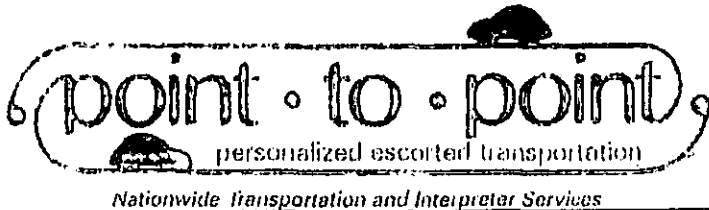
FEB - 5 2016

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

cc: Preferred Medical Transport, Inc.

Philadelphia
400 Greenwood Avenue, lower level
Wyncote, PA 19095

Boston
50 Franklin Street, Suite 3A
Boston, MA 02210



304 Commerce Drive
Exton, PA 19341
(610) 594-7930
Fax (610) 903-0450

Nationwide Transportation and Interpreter Services

10/8/2015

Val McMillion

RECEIVED

Preferred Medical Transport, Inc.

FEB - 5 2016

151 Discovery Dr.

Colmar, PA

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

RE: VERIFIED STATEMENT IN SUPPORT OF PREFERRED MEDICAL TRANSPORT, INC.'S APPLICATION FOR A CERTIFICATE OF AUTHORITY IN WHEELCHAIR PARATRANSIT

Dear Ms. McMillion:

As a follow up to our discussions, I am providing to you this verified statement in support of Preferred Medical Transport, Inc.'s efforts to obtain a certificate of convenience for wheelchair para-transit service in an area that would serve our rider population. Presently, we are using your company for ambulance transport. Our rider population would enjoy a significant convenience and benefit to also have wheel chair paratransit services available through your company.

We presently have an unmet demand for paratransit service. We intend to provide Preferred Medical Transport, Inc. between 2-4 round trip paratransit trips each week.. Each of these trips would include 2-4 wheelchair passengers. These trips would be originating from our facility(ies) at the following addresses and counti

- a. Phila, PA **
- b. ~~Delaware County, PA~~
- c. Colmar, PA
- d. Bucks, County, PA

**will not involve cancelling another service provider, will supplement existing service needs

The trips Preferred Medical Transport will provide will not require us to terminate the services of another provider. The need that would be addressed by Preferred Medical is due primarily to a lack of existing service to meet the volume and times at which service is needed. For example, lead times needed for scheduling of wheelchair transportation severely limits the ability of our wheelchair bound rider population. This lack of service is an impediment to attending medical appointments at times. There is now a significant need and interest in Preferred Medical Transport obtaining a certificate of convenience to provide wheelchair paratransit to our population. Without access to this service through Preferred, we believe our paratransit needs will continue to go unmet and/or underserved

by the existing level of available service in the geographic area(s) in which we plan to use Preferred Medical Transport. Please contact me if you need anything further.

Sincerely, Peter F. Perfe'iti

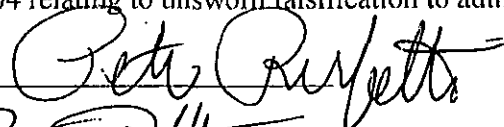
signature

(name)



VERIFICATION

I Pete Perfe'iti, verify that statements and facts in the above VERIFIED STATEMENT IN SUPPORT OF PREFERRED MEDICAL TRANSPORT, INC's APPLICATION FOR A CERTIFICATE OF AUTHORITY IN WHEELCHAIR PARATRANSIT are true and accurate to the best of my knowledge and belief, based in part on information that may have been provided by others to me in our organization. I understand that any false statements herein are made subject to the penalties set forth in 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

_____ 

signed: 

Title: ASST. Director

Date: 10/8/15

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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Subject: RE: Preferred medical
From: John Dorsey <john@johndorseyandassociates.com>
Date: Mon, Feb 01, 2016 5:35 pm
To: pete@pointtopointclub.com
Attach: Pefered AMB petition for PUC ORIGINAL .pdf
 Dorsey,John.vcf

Hi Pete,

You were kind enough to send the attached for Preferred back n October. We are no at the point of PUC review, and they would like an original signed copy. Therefore, can yo please print out and sign (in blue pen) over your signature in the attached and U.S. mail it back to me at 400 Greenwood Avenue Wyncote, PA 19095. I would need it at my office by Friday, Feb. 5, 2016. Please let me know if you have any questions. Thanks again.

On October 8, 2015 at 11:08 AM pete@pointtopointclub.com wrote:

John the form is completed and attached .

Have a great day 😊

Sincerely,
Pete Perfetti

Point-to-Point Club
Transportation & Language Services

304 Commerce Dr
Exton, PA 19341
610-457-8358 Cell
866-852-5757 Office
866-473-1650 Fax

----- Original Message -----

Subject: RE: Preferred medical
 From: - - <john@johndorseyandassociates.com>
 Date: Wed, October 07, 2015 4:10 pm
 To: pete <pete@pointtopointclub.com>

Thanks Pete, I cut and pasted it below:

(YOUR COMPANY LETTERHEAD)
(date)

Val McMillion
Preferred Medical Transport, Inc.
151 Discovery Dr.
Colmar, PA

RE: VERIFIED STATEMENT IN SUPPORT OF PREFERRED MEDICAL TRANSPORT, INC's APPLICATION FOR A CERTIFICATE OF AUTHORITY IN WHEELCHAIR PARATRANSIT

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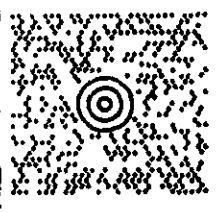
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JOHN DORSEY
(215) 459-4688
213 GREENWOOD AVE
WYNGOTE PA 19095

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 05 FEB 2016

SHIP SECRETAIRES BUREAU
TO: PA UTILITIES COMMISSION
BUREAU OF TECHNICAL UTILITY SVC
COMMONWEALTH KEYSTONE BLDG, FL 2
400 NORTH ST
HARRISBURG PA 17120-0200

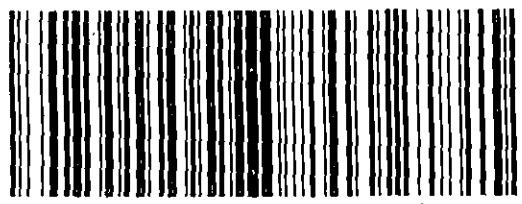


PA 171 9-20



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2/8/2016 9:41:59 AM



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