

CAPTION SHEET

CASE MANAGEMENT SYSTEM

1. REPORT DATE: 00/00/00	:	
2. BUREAU: ALJ	:	
3. SECTION(S):	:	
5. APPROVED BY:	:	4. PUBLIC MEETING DATE:
DIRECTOR:	:	00/00/00
SUPERVISOR:	:	
6. PERSON IN CHARGE:	:	7. DATE FILED: 08/16/04
8. DOCKET NO: C-20043557	:	9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: KISS, HEDI C.

RESPONDENT/APPLICANT: PECO ENERGY COMPANY

COMP/APP COUNTY:

UTILITY CODE: 110550

ALLEGATION OR SUBJECT

COMPLAINANT STATES WANTS THE PUC TO MAKE LOWER PAYMENTS FOR THEM SO THEY CAN PAY BILL AND EAT AND PUT GAS IN THE CARE AND PAY HER \$845 RENT EVERY MONTH.

DOCUMENT
FOLDER

DOCKETED
AUG 26 2004

ORIGINAL

FORMAL COMPLAINT FORM
Pennsylvania Public Utility Commission

Please Print

2004 3557

SECRET

1. Your Name, Mailing Address and Telephone Number.

Name Hedi C Kiss

Street/P.O. Box 2900 Knights Rd Apt.# A-3

City Bensalem State PA. Zip 19020

County _____ Home Telephone-Area Code 215 638-1757

Work Telephone-Area Code 215 702-9626

2. Name of Company your complaint concerns: Phila Electric Co.

3. What is your complaint?

I cannot make payments for a long time because of a car accident 10-29-03 and because of missed days at work procedures being done to me and dental surgery I have become depressed, in pain all the time and in physical therapy 3x a week 1x a dentist a week 1x a clinical psychologist a week trying to get better and I still am not there. I have been behind in all my bills its just been very very bad I ask the Electric Company almost every other month

(If you need more space, use additional paper and attach to this form).

to make payments arrangements or some kind of help. They said I am not eligible for any kind of assistant or help. all I ask is to make my payments at lease ~~50~~ 50.00 - 75.00 a month

So I can pay my electric bill I just
can't do it anymore. I got really ill
after some of the procedure. I am trying
to walk a little more and trying to get
on my feet again I just need some
help and understanding. I made up
of my days off, my hospital procedure
and etc to let you see what's going on.
please help.

Thankyou

Redi Class

215-638-1757-H

215-702-9626-W

Claridge Casino Hotel
Boardwalk and Park Place
Atlantic City New Jersey 08401 (609) 310-3100

4. What do you want the Public Utility Commission to do about your complaint?

make lower payment for me so I
can pay bill and eat and put gas
in my car and pay my \$845.00 heat
every month.

(If you need more space, use additional paper and attach to this form.)

5. You must sign and date your complaint below.

The information I have placed on this form is true and correct to the best of my knowledge. I understand that I could be punished under Pennsylvania State Law if I purposely give false information.

Hedwig Less
Original Signature of complaining person

8-13-04
Date

6. If you are represented by a lawyer you must provide your lawyer's name, address and telephone number.

Lawyer's Name _____

Street _____

City _____ State _____ Zip _____

Telephone Number-Area Code (____) _____

3306873

KISS, HEDI

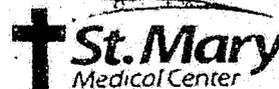
07/18/2004

TING, GEORGE, MD

740605753



F 42Y 02/19/1962



Pain Management Post Procedure

Minor Nerve Block/Trigger Point

Stay in the center for 15-30 minutes after the injection

Conscious Sedation

- Do not drive for 24 hours
- Drink Plenty of fluids
- At home continue to rest
- Remove band-aid from IV site upon arrival home

Special Instructions

If you experience any of the following report to your family Physician or call The Pain Management Center.

- * Fever and/or Chills
- * Excessive Pain
- * Difficulty breathing
- * Chest Pain
- * Prolonged weakness at the injection site.

Hospital Phone numbers

- * Pain Management 215-710-6602
(Hour of operation 8 AM - 3 PM M-F)
- * Emergency Room 215-710-2100
- * Main Hospital operator 215-710-2000
(If calling after hours, ask for Anesthesiologist on call)
- * Scheduling 215-710-2444
- * Fax 215-710-6007

A nurse from the center will call you in approximately 48 hours after your procedure. Please call the center 10 days after your procedure for follow up.

Other If you are diabetic please check your blood sugar at least three times a day and contact your physician if your blood suger is elevated.

I, the undersigned Patient or responsible adult have received, read and understand the instruction given to me.

Signature of Patient or Responsible adult: X Hedi C. Kiss

Signature of R.N. [Signature]

Date: 7/16/04

DISCHARGE INSTRUCTIONS

Lumbar puncture/Epidural Blood Patch

- At home, continue bedrest (lying position) for at least four hours.
- After bedrest, resume activity gradually. For the first 24 hours after the procedure, move slowly.
- Avoid quick or sudden position changes or movements and any strenuous activity that may dislodge the blood patch.
- Drink plenty of fluids especially caffeinated fluids.
- Report any prolonged or debilitating headaches that occur within one week of the procedure. Treat with Tylenol and call the Pain Management Center.

Epidural Steroid Injections/Selective Nerve Root Block Sympathic Nerve Root Block

- No Driving until the next day
- Minimum activity for 10-12 hours. You may feel lightheaded or dizzy if you sit up or move too fast
- The injection site may be sore or stiff. This may last for 1-2 days. You can put ice to the area.
- Drink plenty of fluids for the next 24 hours.

If a cervical epidural was done, you may experience some temporary difficulty swallowing. If you do, do not eat or drink anything. This should not last longer than 6-8 hours.

Facet Block

- Do not drive for 2-3 hours after the block
- Do not perform activities that require prolonged sitting, bending or lifting.
- Limit your activity for the next 24 hours. Gradually increase activity as discomfort subsides.
- Report any numbness in the lower extremity that does not disappear in 24 hours.

Intercostal Block

- You may experience numbness of the involved area for an unspecified period of time.
- Call Primary Care Physician or Pain Management if you experience difficulty breathing.

Stellate Ganglion block

- Do not drive for 2-3 hours after the block
- Limit Food intake until lump in throat subsides approximately 4-8 hours). You may drink fluids in sips.

3306873

KISS, HEDI

05/28/2004

740486030



F 42Y 02/19/1982

VARKLET, VICKIE, MD



Pain Management Post Procedure

Minor Nerve Block/Trigger Point

Stay in the center for 15-30 minutes after the injection

Conscious Sedation

- Do not drive for 24 hours
- Drink Plenty of fluids
- At home continue to rest
- Remove band-aid from IV site upon arrival home

Special Instructions

If you experience any of the following report to your family Physician or call The Pain Management Center.

- * Fever and/or Chills
- * Excessive Pain
- * Difficulty breathing
- * Chest Pain
- * Prolonged weakness at the injection site

Hospital Phone numbers

- * Pain Management 215-710-6602 (Hour of operation 8 AM - 3 PM M-F)
- * Emergency Room 215-710-2100
- * Main Hospital operator 215-710-2000 (If calling after hours, ask for Anesthesiologist on call)
- * Scheduling 215-710-2444
- * Fax 215-710-6007

A nurse from the center will call you in approximately 48 hours after your procedure. Please call the center 10 days after your procedure for follow up.

Other If you are diabetic please check your blood sugar at least three times a day and contact your physician if your blood sugar is elevated.

DISCHARGE INSTRUCTIONS

Lumbar puncture/Epidural Blood Patch

- At home, continue bedrest (lying position) for at least four hours.
- After bedrest, resume activity gradually. For the first 24 hours after the procedure, move slowly
- Avoid quick or sudden position changes or movements and any strenuous activity that may dislodge the blood patch
- Drink plenty of fluids especially caffeinated fluids.
- Report any prolonged or debilitating headaches that occur within one week of the procedure. Treat with Tylenol and call the Pain Management Center.

Epidural Steroid Injections/Selective Nerve Root Block

Sympathic Nerve Root Block

- No Driving until the next day.
- Maintain activity for 10-12 hours. You may feel lightheaded or dizzy if you sit up or move too fast.
- The injection site may be sore or stiff. This may last for 1-2 days. You can put ice to the area.
- Drink plenty of fluids for the next 24 hours

If a cervical epidural was done, you may experience some temporary difficulty swallowing. If you do, do not eat or drink anything. This should not last longer than 6-8 hours.

Facet Block

- Do not drive for 2-3 hours after the block
- Do not perform activities that require prolonged sitting, bending or lifting
- Limit your activity for the next 24 hours. Gradually increase activity as discomfort subsides
- Report any numbness in the lower extremity that does not disappear in 24 hours

Intercostal Block

- You may experience numbness of the involved area for an unspecified period of time
- Call Primary Care Physician or Pain Management if you experience difficulty breathing

Stellate Ganglion block

- Do not drive for 2-3 hours after the block
- Limit Food intake until lump in throat subsides approximately 4-8 hours). You may drink fluids in sips.

I, the undersigned Patient or responsible adult have received, read and understand the instruction given to me.

Signature of Patient or Responsible adult

Hedi Kiss

Signature of R N

S. J. ...

Date

5-19-07



Pain Management Post Procedure

3306873

KISS, HEDI

06/18/2004

VARKLET, VICKIE, MD

740551577



F

42Y

02/19/1982



DISCHARGE INSTRUCTIONS

Lumbar puncture/Epidural Blood Patch

- _____ At home, continue bedrest (lying position) for at least four hours.
- _____ After bedrest, resume activity gradually. For the first 24 hours after the procedure, move slowly.
- _____ Avoid quick or sudden position changes or movements and any strenuous activity that may dislodge the blood patch.
- _____ Drink plenty of fluids especially caffeinated fluids.
- _____ Report any prolonged or debilitating headaches that occur within one week of the procedure. Treat with Tylenol and call the Pain Management Center

Epidural Steroid Injections/Selective Nerve Root Block Sympathic Nerve Root Block

- No Driving until the next day.
- Minimum activity for 10-12 hours. You may feel lightheaded or dizzy if you sit up or move too fast.
- The injection site may be sore or stiff. This may last for 1-2 days. You can put ice to the area.
- Drink plenty of fluids for the next 24 hours.

If a cervical epidural was done, you may experience some temporary difficulty swallowing. If you do, do not eat or drink anything. This should not last longer than 6-8 hours.

Facet Block

- _____ Do not drive for 2-3 hours after the block
- _____ Do not perform activities that require prolonged sitting, bending or lifting
- _____ Limit your activity for the next 24 hours. Gradually increase activity as discomfort subsides.
- _____ Report any numbness in the lower extremity that does not disappear in 24 hours.

Intercostal Block

- _____ You may experience numbness of the involved area for an unspecified period of time.
- _____ Call Primary Care Physician or Pain Management if you experience difficulty breathing.

Stellate Ganglion block

- _____ Do not drive for 2-3 hours after the block
- _____ Limit Food intake until lump in throat subsides approximately 4-8 hours. You may drink fluids in sips.

Minor Nerve Block/Trigger Point

- _____ Stay in the center for 15-30 minutes after the injection

Conscious Sedation

- _____ Do not drive for 24 hours
- _____ Drink Plenty of fluids
- _____ At home continue to rest
- _____ Remove band-aid from IV site upon arrival home

Special Instructions

If you experience any of the following report to your family Physician or call The Pain Management Center.

- * Fever and/or Chills
- * Excessive Pain
- * Difficulty breathing
- * Chest Pain
- * Prolonged weakness at the injection site

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(Hour of operation 8 AM - 3 PM M-F)
- * Emergency Room 215 710 2100
- * Main Hospital operator 215-710-2000
(If calling after hours, ask for Anesthesiologist on call)
- * Scheduling 215-710-2444
- * Fax 215-710-6007

A nurse from the center will call you in approximately 48 hours after your procedure. Please call the center 10 days after your procedure for follow up.

Other If you are diabetic please check your blood sugar at least three times a day and contact your physician if your blood sugar is elevated

I, the undersigned Patient or responsible adult have received, read and understand the instruction given to me.

Signature of Patient or Responsible adult:

Hedi Kiss

Signature of R.N. C. [unclear]

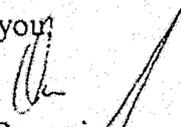
Date: 6/18/04

To Whom it May Concern,

Due to the car accident on 10-29-03 Hedi Kiss has missed the following dates:
10-30-03, 10-31-03, 11-01-03, 11-03-03, 11-19-03, 12-01-03, 12-03-03,
12-15-03, 12-18-03, 12-19-03, and 12-26-03.

Hedi also, had to leave early on the following dates due to illness and doctor
appointments that were related to the accident:
11-25-03, 11-26-03, 12-02-03, 12-23-03, 12-24-03, and 12-29-03.

Thank you!


Dawn Browning
Operations manager

June 3, 2004

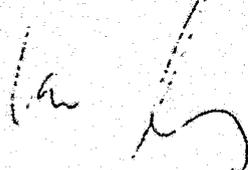
To Whom it May Concern:

Employee by the name of Hedi Kiss has missed the following days as well as left early due to Doctor appointments due to the car accident on October 29, 2003.

The dates are as following:

January-	1-1-04	off
	1-5-04	off
	1-15-04	off
	1-19-04	left early 3:45 pm
February-	2-2-04	Left early 12:30 pm dentist
	2-3-04	off in mouth pain
	2-12-04	Left early 10:00 am
	2-17-04	Left early 12:30 pm - dentist
	2-24-04	Left early 3:00pm - dentist
March -	3-2-04	off dentist
	3-4-04	off dentist
	3-15-04	off dentist
	3-18-04	off dentist
	3-26-04	off dentist
	3-30-04	off dentist
April -	4-13-04	off dentist
	4-21-04	Left early 1:30 pm- Rotator cuff appt.
	4-27-04	off dentist
May -	5-4-04	Left early 3:00 pm Sherri Landis
	5-6-04	off rotator appt and therepy appt
	5-10-04	Left early 2:00 pm dentist
	5-11-04	Left early 3:00 pm Sherri Landis
	5-13-04	off rotator doctor appt
	5-25-04	off dentist and Sherri Landis appt
	5-28-04	off procedure Epidural neck appt St. Mary's Hospital
June -	6-1-04	Left early 10:00am rotator appt and Sherri Landis

Thank you,
Dawn Browning
Operations Manager



Bucks Family Medicine, P.C.

D. Daniel Files, D.O.

Board Certified

Lori A. Truman, D.O.

Board Certified

Paul M. Caracappa, D.O.

Board Certified

Thomas J. Mercora, D.O.

Board Certified

July 26, 2004

Re: Hedi Kiss

S.S.#: 174-56-0740

Burlington Coat Factory
Attn: Dawn in Management

This letter is to certify that it will be medically necessary for my patient, Hedi Kiss, to remain out of work from Wednesday July 28, 2004 until Monday August 9, 2004 due to a medical procedure being performed in the interim due to her medical conditions.

Please feel free to contact me at my office, if I may be of any further assistance to you.

Sincerely,



Thomas J. Mercora, D.O.

TJM/pjl

2346 Trenton Road, Levittown, PA 19056 (215) 945-1800



Drexel University College of Medicine

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Department of Orthopaedic Surgery

Date: July 28, 2004

This is to certify that Hedi Kuss was seen in this office on July 28th 2004

Diagnosis:

Please note that he/she:

May NOT RETURN to work/phys.ed./sports/school.

May RETURN to work/phys.ed./sports/school

May RETURN to work/phys.ed./sports/school with the following limitations:

No Lifting over pounds.

No Bent-Knee activities, stair/ladder climbing.

No stooping, pushing, pulling, reaching, stretching, repetitive bending.

No prolonged sitting, standing, walking for more than min/hrs.

Estimated return to work/phys.ed./sports/school

Other: It was seen in my office today for a follow up visit of the left shoulder tear

Physicians Signature: [Handwritten Signature]

- Mail Stop 989, 216-220 N. Broad Street, Feinstein Building, 2nd Floor, Philadelphia, PA 19102
3300 Henry Avenue, 7th Floor, Philadelphia, PA 19129
13000 Route 73 South, 4 Greentree Centre, Marlton, NJ 08053
Orthopedic Institute of Warminster Hospital, 215 Newtown Road, Warminster, PA 18974



Drexel University College of Medicine

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Department of Orthopaedic Surgery

Date: July 28 2004

This is to certify that Heidi Kuss

was seen in this office on July 28 2004

Diagnosis:

Please note that he/she:

May NOT RETURN to work/phys.ed./sports/school.

Y May RETURN to work/phys.ed./sports/school Aug 10th Light Duty

May RETURN to work/phys.ed./sports/school with the following limitations:

No Lifting over pounds.

No Bent-Knee activities, stair/ladder climbing.

No stooping, pushing, pulling, reaching, stretching, repetitive bending.

No prolonged sitting, standing, walking for more than min/hrs.

Estimated return to work/phys.ed./sports/school

Other: Pt may not return to work until Aug 10th due left shoulder pain and fear Pt needs to rest for the next 10 days to help healing.

Physicians Signature: K. Mengich MD

- Mail Stop 989, 216-220 N. Broad Street, Feinstein Building, 2nd Floor, Philadelphia, PA 19102
3300 Henry Avenue, 7th Floor, Philadelphia, PA 19129
13000 Route 73 South, 4 Greentree Centre, Marilton, NJ 08053
Orthopaedic Institute of Warminster Hospital, 215 Newtown Road, Warminster, PA 18974

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Drexel University College of Medicine

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Department of Orthopaedic Surgery

Date: July 28 2004

This is to certify that Heidi Kiss was seen in this office on July 28 2004

Diagnosis:

Please note that he/she:

May NOT RETURN to work/phys.ed./sports/school.

May RETURN to work/phys.ed./sports/school

May RETURN to work/phys.ed./sports/school with the following limitations:

No Lifting over pounds.

No Bent-Knee activities, stair/ladder climbing.

No stooping, pushing, pulling, reaching, stretching, repetitive bending.

No prolonged sitting, standing, walking for more than min/hrs.

Estimated return to work/phys.ed./sports/school

Other: Pts next appt is on Aug 11th 2004 at 9:50AM

Physicians Signature:

- Mail Stop 989, 216-220 N. Broad Street, Feinstein Building, 2nd Floor, Philadelphia, PA 19102
3300 Henry Avenue, 7th Floor, Philadelphia, PA 19129
13000 Route 73 South, 4 Greentree Centre, Marlton, NJ 08053
Orthopedic Institute of Warminster Hospital, 215 Newtown Road, Warminster, PA 18974

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Drexel University College of Medicine

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

Department of Orthopaedic Surgery

Date: Aug 11, 2004

This is to certify that Uedi Kiss was seen in this office on Aug 11 2004

Diagnosis:

Please note that he/she:

- May NOT RETURN to work/phys.ed./sports/school.
May RETURN to work/phys.ed./sports/school
May RETURN to work/phys.ed./sports/school with the following limitations:
No Lifting over pounds.
No Bent-Knee activities, stair/ladder climbing.
No stooping, pushing, pulling, reaching, stretching, repetitive bending.
No prolonged sitting, standing, walking for more than min/hrs.
Estimated return to work/phys.ed./sports/school

Other: Pt is on light duty until her next visit on Sept 8th 9:30 am

Physicians Signature: [Handwritten Signature]

Mail Stop 989, 216-220 N. Broad Street, Feinstein Building, 2nd Floor, Philadelphia, PA 19102 • TEL 215.762.2663 (BONE) FAX 215.762.4447
3300 Henry Avenue, 7th Floor, Philadelphia, PA 19129 • TEL 215.762.2663 (BONE) FAX 215.762.4447
13000 Route 73 South, 4 Greentree Centre, Marlton, NJ 08053 • TEL 856.396.0940 FAX 856.396.0127
Orthopaedic Institute of Warminster Hospital, 215 Newtown Road, Warminster, PA 18974 • TEL 215.441.7450 FAX 215.441.7456
www.drexel.edu/med

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KEVIN A. GINGRICH, M.D.
DREXEL ORTHOPAEDICS
ORTHOPEDIC INSTITUTE OF WARMUNSTER HOSP
215 NEWTOWN ROAD
WARMUNSTER, PA 18374

7 UPPER HOLLAND ROAD
RICHBORO, PA 18954

(215) 441-7450 / 7458 FAX

(215) 441-7450 / 7456 FAX

LIC # MD-040220-E

DEA # _____

NAME Kiss, Heidi

AGE _____

DATE 8/1/04

ADDRESS _____

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B

Sight Duty
until further
notice

REFILL _____ TIMES

LABEL

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

4COS0229204

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P O BOX 3265, HARRISBURG PA 17105-3265

DATE SERVED: AUGUST 27, 2004

C-20043557

PECO ENERGY COMPANY
C/O WARD L SMITH ASSOCIATE GENERAL COUNSEL
P O BOX 8699
PHILADELPHIA PA 19101-8699

Dear Sir/Madam:

A complaint has been filed against you before the Pennsylvania Public Utility Commission by HEDI C. KISS. To defend yourself against the claims stated in the following pages, you must act within twenty (20) days by filing in writing with the Commission, either personally or through your attorney, your defenses or objections to the claims stated against you. Or, you may satisfy the complaint by settling the matter with the Complainant and submitting proof of settlement to the Commission within twenty (20) days.

IF YOU FAIL TO RESPOND WITHIN TWENTY (20) DAYS, THE CASE MAY GO FORWARD IN YOUR ABSENCE AND A JUDGEMENT MAY BE ENTERED AGAINST YOU BY THE COMMISSION WITHOUT FURTHER NOTICE.

CUSTOMER OF A UTILITY

A payment schedule may be prescribed or a termination of utility services may be authorized. You may lose money or property or other rights important to you.

COMPANY/UTILITY

An Administrative Law Judge may revoke or suspend any certificate or permit held by you, or impose a fine, or any other appropriate penalty or remedy authorized by the Public Utility Code. You may lose money or property or other rights important to you.

DOCUMENT
FOLDER

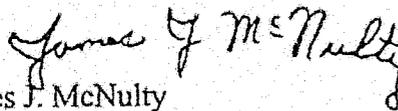
AUGUST 27, 2004

Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

Unless you are a corporation or other organization, you may proceed without a lawyer. However, if you want a lawyer and do not have one or cannot afford one, the office listed below can tell you where you can get legal help:

Pennsylvania Lawyer Referral Service
Pennsylvania Bar Association
P.O. Box 186
Harrisburg, PA 17108
(800) 692-7375

Very truly yours,


James J. McNulty
Secretary

JIH

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: AUGUST 27, 2004

HEDI C. KISS

Complainant
VS.

PECO ENERGY COMPANY
Respondent

Complaint Docket
No: C-20043557

DOCUMENT
FOLDER

DOCKETED
AUG 26 2004

FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

TO: PECO ENERGY COMPANY

TAKE NOTICE:

That a complaint in the above entitled matter, of which the attached is a true and correct copy, has been presented and filed of record with the Pennsylvania Public Utility Commission. Section 702 of the Public Utility Code, 66 Pa. C.S. Section 702, requires the Commission to serve on each party named in a complaint a copy of the complaint and notice calling upon each party to satisfy the complaint, or to answer the same in writing within a specified time; THEREFORE,

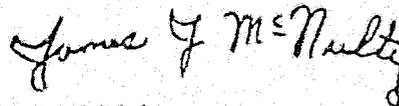
1. You have twenty (20) days from the date on which this complaint is served to either satisfy this complaint or to file with the Secretary of the Pennsylvania Public Utility Commission, P. O. Box 3265, Harrisburg, PA 17105-3265, an answer (original and three copies), in writing, under oath, which, as required by Section 5.61 of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 5.61, either affirms or specifically denies the allegations in this complaint. You must also serve a copy of the answer upon the complainant. The date of service is the mailing date as indicated by the date at the top of this Notice. Section 1.56(a) of the Commission's Rules of Practice and Procedure, 52 Pa. Code Section 1.56(a).

2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. Code Section 5.61. In that event, the Commission may, without hearing, enter an order which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C.S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

3. If you elect to satisfy this complaint you must file, within twenty (20) days from the date on which this complaint is served, affidavits executed by each complainant that this complaint has been satisfied. Such affidavits must describe the basis on which this complaint was satisfied; any settlement agreement between the parties must be reduced to writing and attached to the affidavit. Such affidavits are to be filed with the Secretary of the Commission at the address set forth in paragraph 1. Upon receipt of affidavits of satisfaction from all complainants, this complaint may be dismissed by the Commission in accordance with Section 703(a) of the Public Utility Code, 66 Pa. C.S. Section 703(a), unless the Commission determines that such dismissal would be contrary to the public interest, in which event the Commission may direct that hearings be held upon the complaint.

4. If you file an answer which admits the allegations in this complaint, or which fails to specifically deny the allegations in this complaint, the Commission may, without hearing, enter an order which either revokes or suspends any certificate held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

5. If you file a timely answer which specifically denies the allegations in this complaint, or which raises material questions of law or fact, this matter shall be referred to the Office of Administrative Law Judge for hearing and decision. If, after hearing on the issues raised by that answer, you are found to have committed any of the violations alleged in the complaint, the Administrative Law Judge may render a decision which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C. S. Section 101, et seq.; and, if you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. In the imposition of a penalty after a hearing the Administrative Law Judge is not bound by the relief sought by the complainant in paragraph 4 of the attached complaint.



James J. McNulty
Secretary

(SEAL)

Certified Mail
Return Receipt Requested

Legal Department

Telephone 215 841 5544
www.exeloncorp.com

Business Services
Company

Exelon Business Services Company
2301 Market Street
PO Box 8699
Philadelphia, PA 19101

ORIGINAL

Direct Dial: 215.841.5974
Fax: 215.568.3389
September 16, 2004

James McNulty, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Second Floor
Harrisburg, PA 17120

RECEIVED

SEP 16 2004

Re: **Hedi C. Kiss v. PECO Energy Company**
Docket No. C-20043557

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

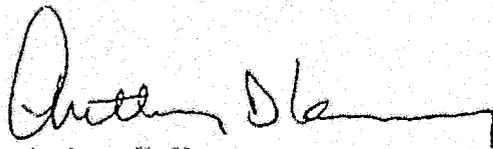
Dear Mr. McNulty:

Enclosed for filing with the Commission are the following documents and copies in the matter referenced above.

- Answer (original and 3 copies)
- Answer and Motion (original and 3 copies)
- Petition (original and 3 copies)
- Answer and New Matter (original and 3 copies)
- Amended Motion (original and 3 copies)
- Exceptions (original and 9 copies)
- Reply Exceptions (original and 9 copies)
- Motion (original and 9 copies)
- Reply Motion (original and 9 copies)

Also enclosed is an extra copy of this letter, which I request that you date stamp and return to me in the envelope provided as proof of filing. I have enclosed a Certificate of Service showing that a copy of the above document was served on the interested parties.

Very truly yours,



Anthony D. Kanagy
Counsel for PECO Energy Company

DOCUMENT FOLDER

Enclosures
cc: All Parties

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BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

ORIGINAL

HEDI C. KISS

v.

PECO ENERGY COMPANY

DOCKET NO. C 20043557

ANSWER OF RESPONDENT PECO ENERGY COMPANY

PECO Energy Company ("PECO Energy"), pursuant to 52 Pa. Code § 5.61, responds to the Complaint and states:

RECEIVED

SEP 16 2004

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

1. Admitted.
2. Admitted.
3. Denied. PECO Energy specifically denies that Complainant is unable to pay Complainant's electric bill and strict proof thereof is hereby demanded at time of hearing. By way of further response, PECO Energy avers that Complainant's current outstanding balance is \$3,693.75. This balance accumulated over several years. The Complainant's average monthly bill is currently \$116.00 and Complainant's calculated budget payment is currently \$136.00. Complainant has made only nine (9) payments over the past two and one-half (2 ½) years.

A decision of the Bureau of Consumer Services ("BCS") issued on or about August 11, 2003 required the Complainant to pay a \$137.00 budget payment plus \$15.00 per month toward the arrears. The Complainant has not complied with the BCS decision. A copy of the BCS decision is attached as Exhibit A.

PECO Energy is without sufficient knowledge to either confirm or deny the remaining statements of this Complainant. Therefore PECO Energy denies all such averments.

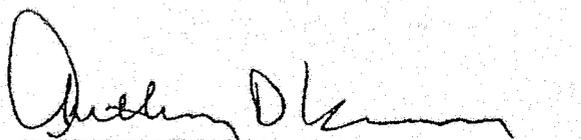
4. This paragraph is a request for relief and no answer is required.

DOCKETED
OCT 06 2004

DOCUMENT
FOLDER

WHEREFORE, PECO Energy Company respectfully requests that your Honorable Commission dismiss the instant Complaint or remove the automatic stay on the payment arrangement set forth under the Bureau of Consumer Services decision and authorize PECO Energy Company to terminate service if said payment is not made. 56 Pa. Code § 56.174(3); Charles Stammel v. PG Energy, a Division of Southern Union Company, Docket No. C-20027994 (Order Entered May 21, 2003). PECO Energy further requests that your Honorable Commission enter an Interim Order directing payment of current undisputed consumption charges in addition to charges set forth in the Bureau of Consumer Services decision while the hearing in this matter is pending and reminding Complainant that PECO Energy Company is authorized to terminate service if Complainant fails to pay according to said Interim Order pursuant to Sections 56.174(3) and 56.81(1) of the Public Utility Code. Charles Stammel, Docket No. C-20027994 (Order Entered May 21, 2003).

Respectfully Submitted,



Anthony D. Kanagy
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
Direct Dial: 215.841.5974
Fax: 215.568.3389
anthony.kanagy@exeloncorp.com

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

ORIGINAL

HEDI C. KISS

v.

PECO ENERGY COMPANY

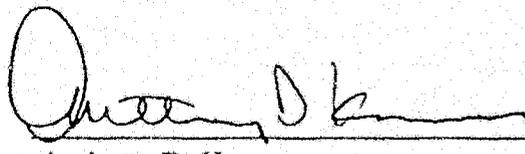
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DOCKET NO. C-20043557

VERIFICATION

I, Anthony D. Kanagy, hereby declare that I am counsel for PECO Energy Company; that as such I am authorized to make this verification on its behalf; that the facts set forth in the foregoing Pleading are true to the best of my knowledge, information and belief, and that I make this verification subject to the penalties of 18 Pa. C.S. § 4904 pertaining to false statements to authorities.

Date: September 16, 2004


Anthony D. Kanagy

Date: 9/3/04

PA. Public Utility Commission
Bureau Of Consumer Services
Inbound Closing Report

Case Number: 1448828
Customer Name: HEDVIG KISS
Address: 2900 KNIGHTS RD APT A :
BENSALEM PA 19020-3578

Opened On: 7/28/03
Utility Type: Electric Distributor
Account Number: 450169053383
Company Name: PECO Energy

Prior Case: 1132198

Total Balance: \$1,878.23

Balance Date: 7/28/03

Compliance

Violation(Alleged, Actual, No): NO

Chap 56/64/Other:

Section/Rule:

Decision Issued: Y

Oral Written: W

Investigator: GONZALEZ, LIONEI

PUC Decision Issued Dt: 8/11/03

PUC Case Closed Dt: 8/7/03

Decision Recvd Dt: 8/7/03 12:25PM

Letter Description: EGW OFF PAR/NO LPCS/BUDGET +

To Restore Service Pay: \$520.00

To Continue Service Pay: \$0.00 By:

Terms:

Special Budget Amount: \$152.00

Regular Budget Amount: \$137.00 Plus Arrears Payment: \$15.00

Final Bill Monthly Payment: \$0.00

Current Bill Monthly Payment: \$0.00

End Of Month Payment: \$0.00

Par Description.

YOU ARE ADVISED TO CONTACT THE DEPARTMENT OF PUBLIC WELFARE AND OTHER AVAILABLE SOCIAL AGENCIES FOR FINANCIAL ENERGY ASSISTANCE.

Resolution:

SEE CS17 FOR TERMS OF PAR. WAIVE LPC

Exhibit "A"

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

ORIGINAL

HEDI C. KISS

v.

PECO ENERGY COMPANY

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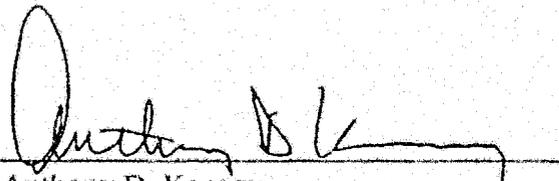
DOCKET NO. C-20043557

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a copy of PECO Energy Company's Answer in the above matter upon all interested parties by mailing a copy, properly addressed and postage prepaid to:

Hedi C. Kiss
2900 Knights Road
Apt. A-3
Bensalem, PA 19020

Dated at Philadelphia, Pennsylvania, September 16, 2004



Anthony D. Kanagy
Counsel for PECO Energy Company
2301 Market Street, S23-1
P.O. Box 8699
Philadelphia, PA 19101-8699
Direct Dial: 215.841.5974
Fax: 215.568.3389
anthony.kanagy@exeloncorp.com