

ORIGINAL

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION

1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

----- :Docket No.
FLORENCE M. WALKER VS. PECO ENERGY COMPANY :C-20043932
Requests payment arrangements. Call the :
Docket. Initial Hearing :
----- :

Pages 1 through 34

DOCUMENT

Hearing Room Two
State Office Building
Philadelphia, Pennsylvania

Tuesday, February 1, 2005

Met, pursuant to notice, at 1:30 p.m.

BEFORE:

Cynthia W. Fordham, Administrative Law Judge

DOCKETED

MAR 07 2005

APPEARANCES:

FLORENCE M. WALKER (Pro se)
4950 Sanson Street
Philadelphia, Pennsylvania 19139

ANTHONY F. KANAGY, ESQUIRE
2301 Market Street
Philadelphia, Pennsylvania 19103
(Counsel for PECO)

RECEIVED
2005 FEB 26 AM 10:53
SECRETARY'S BUREAU

ELC

Commonwealth Reporting Company, Inc.
700 Lisburn Road
Camp Hill, Pennsylvania 17011

48

WITNESS INDEX

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

WITNESSES DIRECT CROSS REDIRECT RECROSS

Ms. Walker
(By the Judge) 6
(By Mr. Kanagy) 24

Ms. Ferrier
(By Mr. Kanagy) 26

EXHIBIT INDEX

1	NUMBER COMPLAINANT'S	FOR IDENTIFICATION	IN EVIDENCE
2	1 (document)	8	--
3	2 (document)	10	--
4	3 (document)	10	--
5	4 (documents)	11	--
6	5 (document)	14	--
7	6 (document)	16	--
8	7 (document)	17	--
9	8 (document)	19	--
10	9 (document)	22	--
11	10 (document)	23	--
12	11 (document)	23	--
13	12 (document)	25	--
14	<u>PECO</u>		
15	1 (document)	26	32
16	2 (document)	26	32
17	3 (document)	26	32
18			
19			
20			
21			
22			
23			
24			
25			

Any reproduction of this transcript
is prohibited without authorization
by the certifying reporter.

P R O C E E D I N G S

ADMINISTRATIVE LAW JUDGE CYNTHIA WILLIAMS FORDHAM:

1
2
3 Good afternoon. I am Administrative Law Judge Cynthia Williams
4 Fordham. This is the time and place for a hearing in the matter
5 of Florence M. Walker versus PECO Energy Company at Docket
6 C-20043932. I note for the record the appearance of Florence M.
7 Walker, pro se and Anthony Kanagy Esquire, for PECO Energy
8 Company.

9 Let me explain the procedure for today's hearing.
10 First Ms. Walker will testify. If she has any exhibits with
11 her she can present her exhibits during her direct testimony.
12 After her direct testimony is complete Mr. Kanagy will have the
13 opportunity to cross-examine her. After Ms. Walker has completed
14 her testimony then Mr. Kanagy will put on his witness.

15 After that direct testimony Ms. Walker will have
16 the opportunity to cross-examine Ms. Ferrier. Any questions
17 that I ask are designed to make sure that the record in this
18 case is complete. After today's hearing I will review any
19 exhibits that have been entered into evidence and the transcript
20 that is being generated. I will write a decision that will be
21 issued from the Harrisburg office. If either party objects to
22 my decision you can file exceptions and the full Commission can
23 review it. If no review of my decision is done then my decision
24 will become final by operation of law.

25 Are there any questions before we begin?

1 Ms. Walker, I need to swear you in. Would you
2 take the stand. You can bring your papers along with you.

3 FLORENCE M. WALKER,

4 having been duly sworn, testified as follows:

5 JUDGE FORDHAM: Would you state your name and
6 address for the record please.

7 MS. WALKER: Florence M. Walker, 4950 Samson
8 Street, Philadelphia, PA 19101.

9 JUDGE FORDHAM: Ms. Walker, you filed a complaint
10 against PECO Energy. Could you explain your complaint for me.

11 MS. WALKER: Yes. Well I had filed a complaint
12 against PECO Energy for the purpose of being able to meet with
13 PECO Energy. I tried going into the office on 52nd Street to
14 bring in documentation to you know verify what I am saying. All
15 they want, what is your income, your annual income, and all of
16 that. They don't have the time, I understand the places are
17 crowded, they don't have the time to sit down and really review
18 what is going on in my life.

19 So, this is the only way I could get with PECO
20 Energy in order to present to you my case and, you know, see if
21 PECO Energy could continue to work with me. So far I have not
22 been disconnected. Things just, saying things like this over
23 the phone it does not get through. You need to see some things.

24 JUDGE FORDHAM: Let's go off the record.

25 (Whereupon, a brief recess was taken.)

1 JUDGE FORDHAM: Were you able to come to any
2 agreement?

3 MR. KANAGY: We were not able to settle. We
4 agreed to go forward with the hearing. If Ms. Walker's
5 financial situation changes before a decision is issued, we
6 indicated we will try to do something before a decision is
7 issued. In addition, we will put on the record as well,
8 Ms. Ferrier will refer Ms. Walker -- we have a CARES Program.
9 We'll call Ms. Walker and see if there is anything we can do.
10 At this point we would like to go ahead with the hearing.

11 JUDGE FORDHAM: Okay. Ms. Walker, you have been
12 sworn already. We had a brief recess and the parties tried to
13 reach settlement. They had settlement negotiations and were
14 unable to do so. We will go forward with your testimony. You
15 were explaining about your income. Could you give me some
16 income and expense information?

17 MS. WALKER: Certainly, I have everything.

18 JUDGE FORDHAM: If you have it you can distribute
19 it at this time.

20 DIRECT TESTIMONY

21 MS. WALKER: I have a packet I put together that
22 describes basically my life right now.

23 JUDGE FORDHAM: Let the record reflect that
24 Ms. Walker has distributed a packet of information, and
25 let's go through this. The first document is a letter dated

1 February first, 2005. Would you describe this, Ms. Walker?

2 MS. WALKER: This is a letter addressing the
3 attorney for PECO explaining to them a synopsis of basically
4 PECO has been good to me in the past. I understand this. I
5 have to pay just like everyone else. But there are situations
6 sometimes that exceed you know the average. I feel as though I
7 am in a situation now that I apply to that. I would like them
8 to review a little bit of my life here since my disability.

9 JUDGE FORDHAM: In the second paragraph you make a
10 statement about your physicians. Could you explain that?

11 MS. WALKER: Yes, Your Honor. In the beginning
12 when I first got injured no one could really -- no physician
13 could pinpoint anything. So, they came across a different type
14 of MRI. I had at least eight or nine MRIs in the last three
15 years. They sent me back to have an MRI where medication is
16 given to you before the MRI. It brought up different results,
17 where they were able to pinpoint nerve damage in the spinal
18 area, MRIC spine that they did. They knew the shoulder shaft
19 needed to be replaced, but they were skeptical because they were
20 uncertain about the spine.

21 Now that they have the solution for the problem
22 with the spine, and it could be fixed, they will put in three
23 disks in my spine area that will lift up the nerves to where
24 they're supposed to be. They will no longer be touching. That
25 will eliminate the numbness and pain in my arm and in the left

1 side of my face.

2 JUDGE FORDHAM: Okay.

3 MS. WALKER: They will remove the left shoulder
4 and replace the shoulder. They are certain that, the doctor,
5 Dr. Sharan, I have a page at the back with physicians.

6 JUDGE FORDHAM: You can go forward. I was asking
7 if you have it in a certain order. You can go in the order you
8 have it.

9 MS. WALKER: You want me to finish about the doctor?

10 JUDGE FORDHAM: You can go forward. You can go
11 back to the doctor later on. I just wanted you to explain an
12 overview.

13 MS. WALKER: Doctors are certain that with both
14 operations that I will be able by the end of this year to resume
15 gainful employment with very minimal side effects.

16 JUDGE FORDHAM: By the end of 2005?

17 MS. WALKER: Yes.

18 JUDGE FORDHAM: I was going to mark this. Maybe I
19 will mark the first page Complainant's Exhibit One. Then we
20 will see if there is another part. I think you have parts that
21 pertain to your income, we will mark that separately from the
22 part that pertains to your medical condition.

23 MS. WALKER: Okay.

24 (Whereupon, document marked as Complainant's
25 Exhibit One for identification.)

1 JUDGE FORDHAM: Go ahead.

2 MS. WALKER: Income is basically my award letter
3 from Social Security disability. I also have my W2 form,
4 statement, yearly statement, from Rohm and Haas and Social
5 Security disability there. It states my income.

6 JUDGE FORDHAM: The first page, it says new
7 benefit amount, and when did this become effective?

8 MS. WALKER: I went back a year. I wasn't certain
9 when I was reading, they wanted information, saying back and
10 bring a year's amount of stuff to prove it. I got 1994's, and
11 the new one is telling me what I will get for 1995.

12 JUDGE FORDHAM: 2005?

13 MS. WALKER: 2005. Award letters that let you
14 know what you get and what is taken out.

15 JUDGE FORDHAM: Okay.

16 MS. WALKER: I have monthly Medicare insurance,
17 it shows \$66 is coming out of that.

18 JUDGE FORDHAM: On the first page it says you will
19 get 1,049.20. With the deductions you would be getting \$871?

20 MS. WALKER: That's correct. They are taking
21 out one hundred monthly for recovery from back in 1970 over
22 payment, taking 100 automatically out. I filled out a waiver
23 for that. I paid faithfully for two years. They will send you
24 a waiver packet that you can fill out and you send it back, if
25 they feel that you paid in enough or justified why overpayment

1 is there, they will stop \$100 a month deduction. I have not
2 heard them from yet.

3 JUDGE FORDHAM: Then the document, the third
4 document, under income section, Form SSA 1099 Social Security
5 Benefit Statement, that's how much you received last year?

6 MS. WALKER: Yes, for the year, 2004.

7 JUDGE FORDHAM: Then the next document is what you
8 referred to before from Rohm and Haas Company?

9 MS. WALKER: That's correct, \$142, I think. I
10 have no idea what it's for.

11 JUDGE FORDHAM: That section we will mark as
12 Complainant's Exhibit Two.

13 (Whereupon, document marked as Complainant's
14 Exhibit Two for identification.)

15 JUDGE FORDHAM: The next document is the waiver
16 that you refer to that is pending?

17 MS. WALKER: That's correct.

18 JUDGE FORDHAM: That will be marked Complainant's
19 Exhibit Three.

20 (Whereupon, document marked Complainant's
21 Exhibit Three for identification.)

22 MS. WALKER: That's the packet I told you I sent
23 in. I copied the front and back page, so I would be able to
24 keep track of the date and everything if I should call and ask
25 for status report. That's what that is.

1 JUDGE FORDHAM: Then the next section is monthly
2 bills. We will mark that whole section Complainant's Exhibit
3 Four.

4 (Whereupon, documents marked as Complainant's
5 Exhibit Four for identification.)

6 JUDGE FORDHAM: Could you review those with us?

7 MS. WALKER: That's the mortgage statement.

8 JUDGE FORDHAM: Washington Mutual Home loans?

9 MS. WALKER: That's correct. My mortgage is only
10 647.68 a month. I'm in arrears a month. It occurred a year and
11 a half ago. Two months I had no income, everyone snatched my
12 check. I had nothing at all for two months. They have a Just
13 In Time Program, Washington Mutual, that's available. If I can
14 call in an electronic payment before the 30-day period, before
15 they say it's 30 days late, they will not report me to the
16 Credit Bureau. I have to pay a ten dollar fee for that. I have
17 to pay a late charge, but I don't go to the Credit Bureau.

18 That's how I pay my mortgage. I've paid over a
19 year like that. I call it in, my check comes in 24th, 25th I
20 call and pay ten dollar fee.

21 If you look on the second page you will see an
22 example, Just In Time, they give you a confirmation number and
23 all of that. That's how I pay my mortgage now and have been for
24 over a year.

25 JUDGE FORDHAM: Then the next is your telephone?

1 MS. WALKER: A copy of the telephone, gas bill,
2 water bill, also the water program that they have attached with
3 the water bill. They grant me \$200 a year. That has been set
4 up. So my next bill is showing 208 now. By my next bill the
5 representative informed me \$200 should be applied, and I will
6 have a bill \$8.00 or something, \$8.00 balance due, and then they
7 will ask for \$17 a month. Because the total water bill is
8 usually 23 or something like that. That's what the 24 for water
9 refers to.

10 JUDGE FORDHAM: Let's go back to the gas bill.
11 Are you on a budget with PGW?

12 MS. WALKER: On PGW I guess I will be back here
13 again for them because I can't meet their budget either. I meet
14 it for a couple of months, something goes wrong, I have to take
15 and give it to PECO. I meet it for a couple of months and then
16 I take it back and give it to them. I use the same money and go
17 from one utility to the next utility.

18 JUDGE FORDHAM: I do see that you're in the CRP
19 program with them?

20 MS. WALKER: That's correct. But I received a
21 phone call saying I am now no longer eligible for that. So, a
22 PECO representative called me, told me I am no longer eligible
23 for the program, I will be removed. So that's when I requested
24 the hearing for here. The next one is a payment, just done
25 electronically. I pay Verizon and PECO when I can pay them.

1 That's how I pay them. I try never to get under \$75.00 for
2 PECO. But I am not consistent. I just paid them. They should
3 be credited today, which is February first, '05, for \$75.00.
4 Next one is Verizon, they are paid. That was 38.55.
5 Electronic, the same way.

6 JUDGE FORDHAM: Okay.

7 MS. WALKER: The next one is for my car. I had
8 contacted Toyota, I was ready to send my car back and they were
9 very understanding, they talked with me, through management they
10 called me back and said rather than mess you up this is what we
11 can do, you don't want to give it back, you're this far into it,
12 two years will be here and it will be paid for.

13 They volunteered that they would be willing to
14 give a four month, I'm not sure what it's called, but they will
15 take it and put it to the back of your loan. You're considered
16 on time. They just put it on the back. I couldn't pay November
17 or December at all. It was going into the third month. So, I
18 said you might as well come and get it. They said this is what
19 you can do, as you can see, it's called an extension agreement
20 retail. They took November of '04 and December of '04 and stuck
21 it to the rear of my agreement, rear of my loan, final loan.
22 I still have to pay it but they just pushed it back.

23 They also extended it to me. I have two letters
24 on the second page, and they told me I could call back if I
25 wanted it to take effect. That's the letter where I called back

1 and they said, yes, and reminded me of a \$5 service fee each
2 month they do it. But they will grant me four more months of
3 this to try to work with this as much as I can rather than to
4 lose it.

5 The way things stand now I would probably never
6 get another one. I agreed to that. You can see that letter
7 there and the next letter also electronic payment. That's where
8 I made the payment, the one payment.

9 JUDGE FORDHAM: What type of car is it?

10 MS. WALKER: A 2000 Echo. It has about 46,000
11 miles on it. The next one, I have to pay medical insurance. It
12 does not cover everything. That's why they were taking out for
13 the Medicare and Medicaid, but I had to stop that because I
14 can't afford both. But I have to pay \$47 a month to receive
15 these benefits. It's a copy of a monthly statement. It comes
16 in every month. I must pay it, if I miss it they will stop it.

17 I'm out disabled. So, I have to have insurance.
18 That's one I can't do without. I chose to do without Medicare
19 and Medicaid. I signed a form for them to stop. So that's \$71
20 a month that won't be coming out of my Social Security
21 Disability.

22 JUDGE FORDHAM: The next section is medical. It
23 will be Complaint's Exhibit Five.

24 (Whereupon, document marked as Complainant's
25 Exhibit Five for identification.)

1 MS. WALKER: These are slips when you go to your
2 doctor, whatever doctor you're going to, they check marks of
3 what they did to you, there is a co-pay involved. I have a
4 printout for basically the year on -- like last year they were
5 allowing you to get away with no co-pays, most of last year.
6 But just about every facility has taken a stand, if you don't
7 pay a co-pay you don't get seen. It's just as simple as that.
8 Come back and make another appointment. If you're really sick
9 go to the hospital.

10 JUDGE FORDHAM: What is the amount of the co-pay?

11 MS. WALKER: \$15 a visit. There are three doctors
12 mandatory that I see a month. That's \$45 out of a check right
13 there each month. One doctor, my primary doctor, she backs off
14 or I can come in, she won't charge me. I won't mention her name
15 but she's very good to me. Others were previously. Everyone
16 was good to me, they just can't do it anymore. You come through
17 the door you have to pay the money.

18 I put those there to let you know I do have to
19 make those appointments. I have a page with each doctor's name
20 address, telephone number. Everything is in there. So if there
21 are any questions they all know that I am having problems feel
22 free, I will sign it for them to release anything that you need
23 to know to back up everything in these packets.

24 JUDGE FORDHAM: Thank you.

25 MS. WALKER: Then we go to prescriptions.

1 JUDGE FORDHAM: That will be Complainant's
2 Exhibit Six.

3 (Whereupon, document marked as Complainant's
4 Exhibit Six for identification.)

5 MS. WALKER: These prescriptions are monthly. The
6 doctors would write excess so I didn't have to go every month.
7 They were willing to show me the paper where they got where they
8 can't do it anymore. They can write only for a month's supply.

9 JUDGE FORDHAM: They can't do 90 or 60?

10 MS. WALKER: Some pills they would write 100
11 pills, you could get it at one time with one co-pay. They cut
12 it out. The doctors tried to present it to me. I didn't bother
13 to read it. I believed them because they had been so good to
14 me. These are pills that I must take. There are patches if I
15 don't put on I can't move. These are monthly bills that come
16 out. My patches, I will do without them or cut them up in
17 little pieces and do things like that to last for at least three
18 months. I can't push it more than three months, then I have to
19 go on and get it. You're looking at that for medication.

20 JUDGE FORDHAM: How much is the total for each
21 month that you pay?

22 MS. WALKER: 45 and \$150 a month for medication. For
23 co-pays. That has a co-pay, too.

24 JUDGE FORDHAM: I see at the top the first one,
25 125, what is that for?

1 MS. WALKER: Patches I wear but beginning of the
2 year, so I have to meet the \$100 deductible. I met the \$100
3 deductible, but they will be \$35 a month even with the
4 deductible. They don't have generic for that particular patch.
5 I've tried other patches. That's the only one that works. So
6 along with the prescriptions I've printed out as of January and
7 goes back to basically, as far as I could go back just to show
8 you that I had to pay these.

9 It's there. I couldn't get this information unless
10 I paid for it. It's in the system, and it tells you complete or
11 reverse. You will see a couple of reverses on the first page,
12 because I was having difficulty getting the money up. I left
13 them to have them filled, because I couldn't get money. People
14 were helping me. So I got the money together and then they
15 completed it.

16 So that's a record a year there of medications.
17 So you can see it has months how much it's costing me a month.

18 JUDGE FORDHAM: The next portion says household
19 emergency.

20 MS. WALKER: Household emergency.

21 JUDGE FORDHAM: Exhibit Seven.

22 (Whereupon, document marked as Complainant's
23 Exhibit Seven for identification.)

24 MS. WALKER: During all of that windy rain and
25 stuff that we had way back there I'm looking at the sky and

1 the roof just collapsed. If it was a part of the roof like a
2 shed or something, I could close off and not affect my home, I
3 would have done that and wouldn't have repaired the roof. But
4 the roof is on my vestibule. I don't have a door. It's a
5 straight through. When you look up at the sky and straight
6 through. I have no choice but to have it repaired.

7 I reported it to the insurance company, you know,
8 I figured they would pay for it. Here is my letter, as you can
9 read my claim is denied. I don't have that kind of insurance.
10 I'm H8. I have to be higher for them to cover it. I had to fix
11 the roof. I tried to have it repaired. No one would repair
12 it. Ms. Walker, we will not repair it. Rightfully after you
13 purchase the house they should have seen and fixed it. That
14 cliché is not helping me now. I had to have the roof fixed
15 \$400. There is the receipt for that.

16 As I stated, if I could have closed off the area
17 like a shed or something it would still be looking at the sky.
18 I had no choice. It was into the main part of my house.

19 This is stating for the student loan, I was denied
20 because they didn't receive those W2 forms, sent it to the
21 collection agencies. But I got everything that they needed.
22 They have them now. But I call each week, I don't miss a week.
23 Mr. Ross from the collection agency calls me once a week to get
24 the status from them. All they're saying, it's still under
25 review.

1 I tried everything to try to rush it. They have
2 explained to me, you can get an attorney. You can do anything
3 you like. It's not going to move any quicker than what it's
4 doing now. The best I can tell you, call weekly, we will give
5 you status. That's what I have been doing, calling every week.
6 I either fax it or Mr. Ross will call from the agency. That's
7 now we give each other reports on status.

8 There is a letter from them showing W2 forms they
9 needed, W2 letters, transcripts where they sent out from the
10 IRS, I have them all there. So you can see that this is not
11 something I'm just saying, because I know you hear a lot of
12 stuff. So the facts are there. It's from the IRS.

13 JUDGE FORDHAM: We will keep that under
14 *Complainant's Exhibit Seven* also.

15 MS. WALKER: Loss of benefits is the next section.

16 JUDGE FORDHAM: That will be *Complainant's Exhibit*
17 *Eight*.

18 (Whereupon, document marked as *Complainant's*
19 *Exhibit Eight* for identification.)

20 MS. WALKER: Loss of benefits. In 2002, at one
21 time, two months I didn't receive benefits, and then later on,
22 maybe three months later, it was another month I didn't receive
23 benefits. What happened, when Social Security had approved
24 everything, I'm approved, my checks will come, then I guess in
25 processing it they found out about arrearage back in the 70's.

1 The letter explains it. Instead of receiving a
2 check I received this letter saying I'm going to receive zero
3 dollars, because they're taking it all to be paid on 16,000 that
4 they say I owed from 1970 something.

5 In October 2002 I would receive no check at all,
6 because they were going to take all of it for arrearage. There
7 is a chart here, all backed out on this paper that I have here
8 from Social Security Disability. It took them time to straighten
9 that out. I had to fill out packets to send back to them.

10 So at this time I'm not getting anything. Two
11 months nothing. When they finally got it straightened out the
12 least, they would be willing to take was \$100, I couldn't go
13 under that. I had to give \$100 and they would pay me. They
14 wouldn't give me anything for arrearage, they were keeping it.
15 I did receive a check with \$100 missing out of it.

16 Then on the job that I work at, Rohm and Haas, if
17 you go out on disability after a certain period your disability
18 runs out, you have to, like I still have medical insurance, in
19 order for me to keep those things, even though I pay on my own
20 the same as I'm working, I have to file for Social Security
21 Disability. It's in writing in the contract whatever arrearage
22 you get when the check comes that goes to them. You can't keep
23 it because they say you get paid twice, we paid it, they
24 approved and give you back arrearage, you're getting paid twice
25 for the same period of time.

1 You have to agree to give them that, which I did.
2 But when Social Security said I won't get it because I owed it
3 to them that left me saying like \$9,000 they said I owed them,
4 you know benefit-wise on the job. So they stopped my claim.
5 They said if you're not going to pay us back, so I had to get
6 proof from Social Security Disability like the letter, I had to
7 fax a letter to them. So they knew I was telling the truth. Are
8 you going to go on a payment plan for them to pay back \$9,000.
9 I'm saying I can't pay you back for something I didn't get.

10 They had a hearing and ruled favorable for me that
11 they would not hold me to 9,000 some odd dollars, and I don't
12 have to repay it. They started my benefits back up so I can get
13 medical and all of that. But that had stopped me. I was a
14 whole month with nothing. It's something where you don't tell
15 anyone on the phone. You don't talk to someone like this unless
16 you can back it up. It's just that unreal.

17 This is what it is about, it shows the letter
18 where they stopped medical, I had to write a letter to have my
19 doctors write it and everything. Everything was shut down. I was
20 on nothing. I called welfare to see if I could get help until
21 things could come back together. That's when everyone was
22 getting put off welfare. They told me if I didn't have a child
23 or medical documentation saying I was totally disabled I could
24 not get any help from them, if I did it would only be food
25 stamps.

1 By the time we got into the process the job ruled
2 favorable for me and I did not have to go through with it. So
3 that's what that is. The letter had to go to the disability
4 part of Rohr and Haas Company. Those are those two letters.

5 JUDGE FORDHAM: Next part under collections will
6 be Complainant's Exhibit Nine.

7 Whereupon, document marked Complainant's Exhibit
8 Nine for identification.)

9 MS. WALKER: The few credits I had, when I
10 purchased my house I had excellent rating with the Credit
11 Bureau. The only credit cards I had were a few. The maximum
12 was \$200. I figured if I keep a \$200 credit line I won't worry
13 about spending a lot of money with credit cards. Everything fell
14 at one time. For each of these cards, a maximum \$200 with the
15 exception of one, American Heritage, first one showing I had a
16 credit line with them. There is very little interest in that,
17 and they are willing to work with me.

18 All Capital One was \$200 maximum was the spending
19 limit. I couldn't meet them, as you can see \$200 have turned
20 into thousands of dollars, all interest. They said they would
21 work with me whenever I get on my feet, they would combine this
22 together and do a one time thing, start another payment
23 arrangement. I told them I would contact them when I'm able.
24 I will when I'm able.

25 I have one in here from medical, \$45 co-pays from

1 different places letting me get away, which they all come back
2 to you. That's one for co-pay for medical. There is another
3 one for co-pays. That's my primary doctor, different co-pays,
4 she just saw me, and that's just coming back at me. That's all
5 it is. So basically collections, everything to let you know
6 that's all I have in the line of credit, and they are all in
7 collections.

8 The next one is physicians names whatever. What I
9 have done, taken every physician I'm seeing, two different
10 surgeries that will be done, neurosurgery and orthopedic
11 surgery, I have listed names and locations and telephone
12 numbers, and they have a blank release of information forms with
13 a signature on it, nothing on it. Anybody at all that I approve
14 needs to have a medical record to confirm any of this, they're
15 more than welcome to get it. They don't have to worry about
16 getting a signature from me. They're already signed.

17 JUDGE FORDHAM: That document will be
18 Complainant's Exhibit Ten.

19 (Whereupon, document marked as Complainant's
20 Exhibit Ten for identification.)

21 MS. WALKER: I guess that's it. The back is a
22 form that PECO sent me, I filled out the best that I could.

23 JUDGE FORDHAM: That will be Complainant's 11.

24 (Whereupon, document marked as Complainant's
25 Exhibit 11 for identification.)

1 JUDGE FORDHAM: This is income and expense
2 information which lists the salary which we saw before and
3 Social Security income and then amount for different expenses.

4 MS. WALKER: I don't have car insurance. I don't
5 drive the car, I have a garage. That's where my car stays until
6 I'm able to get car insurance. It's out of the weather. The
7 car is in good shape. So I don't use it. What I have to do as
8 far as the doctor I use SEPTA or someone picks me up. During
9 the day I can use a discount card, it's 75 cents. I didn't put
10 it down, but 75 cents each way instead of full fare for
11 discount.

12 JUDGE FORDHAM: When was the injury?

13 MS. WALKER: October 1999. It took me down for a
14 couple of months. But I returned to work. Then I think 2002
15 I worked a while with it. 2001 is when I came out, I think
16 something like September or something of 2001. I was working
17 from the time of the fall until September 2001, I wasn't -- I
18 got paid the same, didn't deduct the pay, got the same paycheck.
19 But I was light duty, didn't do all the things that I normally
20 did. So that's what happened there.

21 JUDGE FORDHAM: Do you have any cross-examination,
22 Mr. Kanagy?

23 CROSS-EXAMINATION

24 BY MR. KANAGY:

25 Q. Do you live at your house alone?

1 A. Yes.

2 Q. You don't have anyone else there with any other income?

3 A. I have a cat, Dominic.

4 MR. KANAGY: I have no other questions.

5 JUDGE FORDHAM: Ms. Walker.

6 MS. WALKER: I also stated to representatives
7 from FEEO, when we had our break, that I had already talked
8 about trying to get into the workforce when I can get myself
9 together. I don't need additional training. I'm more than
10 qualified to do what I do. According to doctors I will be able
11 to resume doing that. I wanted them to know, say I'm ready to
12 work at the end of the year, does it mean someone may have to
13 train you; these thoughts may go through your mind. I want you
14 to know I'm qualified to do what I do. I'm good at what I do.
15 It's not like I have to go someplace where someone will have to
16 help me get in to learn something.

17 I'm very good at what I do, Your Honor. I worked
18 for FEEO for a good while with Hank in collections. But I
19 wanted you to know that, too, that means something when someone
20 is ready to go back, how will we get the person back in here. I
21 am qualified.

22 JUDGE FORDHAM: We will mark the resume as
23 Complainant's Exhibit 12.

24 (Whereupon, document marked Complainant's Exhibit
25 12 for identification.)

1 MS. WALKER: That's all I have.

2 JUDGE FORDHAM: You may be excused from the
3 stand.

4 JUDGE FORDHAM: Mr. Kanagy.

5 MR. KANAGY: I would like to call Theresa
6 Ferrier.

7 JUDGE FORDHAM: Ms. Ferrier, let me swear you in.

8 THERESA ANN FERRIER,
9 having been duly sworn, testified as follows:

10 JUDGE FORDHAM: You may be stated. Would you
11 state your name and business address for the record.

12 THE WITNESS: Theresa Ann Ferrier. I work at PECO
13 Energy Company, 2301 Market Street, Philadelphia, PA 19101.

14 JUDGE FORDHAM: Mr. Kanagy.

15 MR. KANAGY: Thank you. If I may approach and
16 hand out the exhibits.

17 JUDGE FORDHAM: Yes, you may.

18 MR. KANAGY: We have three exhibits that have
19 been marked as PECO One, Two and Three.

20 JUDGE FORDHAM: They shall be so marked.

21 (Whereupon, documents were marked as PECO Exhibits
22 Nos. One, Two and Three for identification.)

23 DIRECT EXAMINATION

24 BY MR. KANAGY:

25 Q. Ms. Ferrier, by whom are you employed?

- 1 A. I'm employed by PECO Energy Company.
- 2 Q. How long have you been employed by PECO?
- 3 A. About 27 years.
- 4 Q. What is your current position with PECO?
- 5 A. I am a regulatory assessor.
- 6 Q. Could you please describe your job duties as a regulatory
7 assessor?
- 8 A. I review and investigate all complaints filed against
9 PECO Energy to the Pennsylvania Public Utility Commission.
- 10 Q. Are you familiar with the complaint today?
- 11 A. Yes.
- 12 Q. Do you have before you what has been marked PECO Exhibit
13 One?
- 14 A. Yes.
- 15 Q. Could you please explain what PECO Exhibit One is?
- 16 A. PECO Energy Exhibit One is a billing statement of the
17 account showing bills rendered from February 2003 through the
18 most current bill rendered up until January 13th, 2005 meter
19 reading. The billing statement does show the meter reading
20 date, the number of days in the billing period, the meter
21 reading and the type, the monthly billed usage for electric,
22 daily average use, the billed revenue, amount requested, the
23 due date of the bill, any late charges that were assessed,
24 and any payments that were applied, and the dates payments
25 were received.

1 Of course a running account balance, and if there
2 are any comments that refer to a specific bill, there is a bill
3 message or comment.

4 Q. What is the current balance on Ms. Walker's account?

5 A. 1,446.58 is the current account balance.

6 Q. Could you explain where that's shown on PECO Exhibit One?

7 A. If you look at page three of PECO One, it's under column
8 of balance, that shows the present account balance.

9 Q. When was the last payment made on this account?

10 A. Last payment we did receive was posted to the account
11 January 31st, in the amount of \$75.

12 Q. Ms. Ferrier, do you have before you what has been marked
13 PECO Exhibit Two?

14 A. Yes.

15 Q. Could you explain what PECO Exhibit Two is?

16 A. PECO Energy Exhibit Two is a summary of payment terms we
17 entered into with the customer. It tells the date that it was
18 negotiated, what were the terms that were processed. These
19 terms were either negotiated by the company or decisions that
20 were rendered by the Bureau of Consumer Services on an informal
21 level. They showed the terms were entered into May of '02,
22 July of '02, March of '03. We received two decisions on two
23 separate informal complaints, one February of '04, and the other
24 one October of '04.

25 PECO Energy Exhibit Number Two shows four factors,

1 which is some information regarding the account. It gives the
2 account balance, and when this was processed we had not received
3 \$75.00 payment. It doesn't reflect the most updated account
4 balance but tells you what the balance is at the time it took it
5 to accrue, and the customer's ability to pay, payment history on
6 the account.

7 Q. Do you have before you what has been marked PECO Exhibit
8 Three, Ms. Ferrier?

9 A. Yes.

10 Q. Could you explain what PECO Exhibit Three is?

11 A. PECO Energy Exhibit Three, page one of two, is a copy of
12 a decision rendered by the Bureau of Consumer Services on an
13 informal complaint filed July '04. This decision issued October
14 of '04 asks the customer to pay \$325 by November ninth, '04 and
15 then beginning with the December '04 due date to pay a budget
16 amount of 103 plus \$15 towards the arrears.

17 Page two of two of PECO Energy Three is a copy of
18 a decision rendered by the Bureau of Consumer Services on an
19 informal complaint filed January '04. This decision was rendered
20 February of '04 and asks the customer to pay a budget of \$90
21 plus \$15 towards the arrears.

22 Q. What is Ms. Walker's average bill at this time?

23 A. Average bill right now is \$86.

24 Q. What is the current budget bill?

25 A. Budget amount is \$95 currently.

1 Q. Is Ms. Walker a CAP customer?

2 A. Yes.

3 Q. Could you explain the benefits she receives on the CAP
4 Program?

5 A. Customer receives 25 percent rate reduction for the first
6 500 kilowatt hours of electric.

7 Q. Have you calculated the catchup amount based on the BCS
8 decision?

9 A. Yes.

10 Q. Could you please explain what that amount is?

11 A. The Stammel right now is a credit amount of \$14. How I
12 calculated, that if you look at PECO Exhibit One, the decision
13 rendered by the Bureau of Consumer Services, asking the customer
14 to pay \$103 budget beginning with the December bill. So on page
15 two of the exhibit, I took the bill that has a due date of
16 December sixth. I took the bill that has a due date of January
17 fifth. I took \$103, because that was the calculated budget, I
18 times it by two, which equals \$206. So, I took three payments
19 that the customer made, one of \$70, October 28th, one of \$75
20 November 23, and the most recent payment of \$75 made January
21 31st. Those three payments total \$220, which leaves a credit
22 balance of \$14.

23 Q. That's if you don't include the upfront payment?

24 A. That's correct.

25 Q. What is PECO's final position regarding this complaint?

1 A. We're asking that the decision rendered by the Bureau
2 of Consumer Services be affirmed. So the decision asking the
3 customer to pay \$325, we want to reduce it by \$14, because of
4 the credit on the Stammel amount we're asking that \$311 be paid
5 and continue to pay the budget amount plus \$15 towards arrears.

6 Also, ask the customer if there is a change in
7 income because the things we discussed off the record she could
8 call us and we can take that into consideration for possible
9 resolution. We will have someone from our CAP Rate Cares
10 Department call Ms. Walker to see if she's eligible for any
11 reduction due to medical equipment she has at the property.

12 MR. KANAGY: Your Honor, I have no further
13 questions of Ms. Ferrier. I would like to move for the
14 admission of Exhibits One through Three.

15 JUDGE FORDHAM: Do you have any questions for
16 Ms. Ferrier?

17 MS. WALKER: I would like to say something,
18 Your Honor, not so much a question.

19 JUDGE FORDHAM: If you have a question you can ask
20 a question. I will let you make remarks later on, but if you
21 have questions.

22 MS. WALKER: I could say it in the form of a
23 question but I won't do it. No questions.

24 JUDGE FORDHAM: Do you have questions about the
25 documents?

1 MS. WALKER: No.

2 JUDGE FORDHAM: PECO Exhibits One, Two, and Three
3 admitted without objection. You're excused.

4 (Whereupon, documents marked PECO Exhibits Nos. 1,
5 2, and 3 for identification were received in evidence)

6 THE WITNESS: Thank you.

7 JUDGE FORDHAM: Now you can make your statement.

8 MS. WALKER: As much as I explained to PECO reps
9 when I went into the office I'm explaining it to you now, even
10 if the decision is rendered and they said, Ms. Walker, we will
11 let you continue to pay \$75 a month just on this, this would be,
12 this would not help me if I had to give 300 some dollars down in
13 order to do it. If you understand. I could have possibly maybe
14 scraped they might have got 90 or 75. But a downpayment they're
15 saying I have to have 300 something, plus paying from here on
16 out, there is no way unless a miracle -- it would be a miracle
17 to be able to give her 300 down, \$200 or 100. I don't have it.
18 Where will I get it from? Where am I getting it from?

19 That's all I have to say. Like I said, I
20 could have said it in the form of a question, where would I get
21 money for a downpayment? I don't have it. That's the key.
22 I don't have it.

23 JUDGE FORDHAM: Mr. Kanagy?

24 MR. KANAGY: Nothing, Your Honor.

25 JUDGE FORDHAM: Ms. Walker, what I will have to

1 do -- I understand. What I will do in my decision is write
2 everything, because you have given us detailed information about
3 what you have, the possibility of the surgery and what is going
4 to happen after surgery. So I will try to see if there are any
5 exceptions that can be made. But what I have to do is follow
6 Commission precedence. That's why they're saying what they're
7 saying, because there are certain things that we have to follow.

8 But as you indicated you're asking us to look for
9 exceptions. I will try to look for exceptions.

10 MS. WALKER: I'm looking for any help I can get.

11 JUDGE FORDHAM: I thank you for color coding your
12 exhibits. We thank you for being so efficient and good at what
13 you do, as you indicated before.

14 MS. WALKER: PECO, thank you for hearing me.

15 MR. KANAGY: Thank you.

16 JUDGE FORDHAM: As I indicated before, I will
17 review all the exhibits that have been entered into evidence,
18 and write a decision which will come to the parties from the
19 Harrisburg office. If either party objects to my decision you
20 can file exceptions and the full Commission will review it.
21 If there is no review of my decision it will become final by
22 operation of law. Thank you very much.

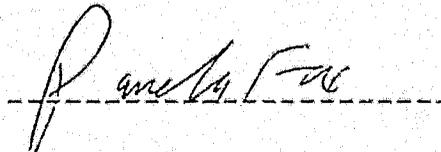
23 MS. WALKER: Thank you.

24 (Whereupon, at 2:40 a.m. the hearing was
25 adjourned.)

C E R T I F I C A T E

I hereby certify, as the stenographic reporter,
that the foregoing proceedings were taken stenographically by
me, and thereafter reduced to typewriting by me or under my
direction; and that this transcript is a true and accurate
record to the best of my ability.

COMMONWEALTH REPORTING COMPANY, INC.



PAMELA FOX

REGISTERED PROFESSIONAL REPORTER

NOTARY PUBLIC

0

RECEIVED

2005 FEB 24 AM 10:54

SECRETARY'S BUREAU

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Florence M. Walker

4950 Sansom Street
Philadelphia, PA 19139
Phone/Fax: (215) 747-0294

February 1, 2005

Lisa A. Litz, Esquire
PECO Energy Company
2301 Market Street
Suite S23-1
Philadelphia, PA 19101-8699

DOCUMENT

DOCKETED

MAR 07 2005

REQUEST FOR PAYMENT ARRANGEMENTS - ACCOUNT #25-09-50-034851

I would like to thank you for granting me this opportunity to meet with you to discuss my outstanding bill with PECO. I want you to be able to understand why it has been and still is incredibly difficult for me to honor the generous payment agreements that PECO has given in the past and why at this time it is literally impossible for me to meet the current agreement.

Fortunately last month, my physicians informed me that there is a 90% prognosis that I will be able to return to leading a constructive life and seek gainful employment by the end of this year (2005).

I ask only that you review the documentation that I have enclosed and assist me by devising a payment plan that I can adhere to until I am able to return to the workforce.

PECO Energy's assistance has been and will always be appreciated.

MS. FLORENCE M. WALKER - C-20043932

Enclosures:
History (Financial & Medical)

PECO21105

SECRETARY'S BUREAU

2005 FEB 28 11:10:58

RECEIVED

20043932

2-1-05
Phila

REQUEST FOR PAYMENT ARRANGEMENTS

Financial and Medical Information

PREPARED BY

Florence M. Walker
4950 Sansom Street
Philadelphia, PA 19139
PECO Energy Account #25-09-50-034851

SUBMITTED TO

Lisa A. Litz, Esquire
PECO Energy Company
2301 Market Street
Suite S23-1
Philadelphia, PA 19101-8699

February 1, 2005

CONTENTS

- Income
- Social Security Deduction (Waiver - Pending)
- Monthly Bills
- Medical
- Prescriptions (Monthly)
- Household Emergency
- Student Loan (Discharge - Pending)
- Loss of Benefits 2002
- Collections
- Attending Physicians

RECEIVED

DOCUMENT

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

C-2 PE Philadelphia
2-1-05
Income

C-2 CE 43932

DOCUMENT

MAR 07 2005

RECEIVED

FEB 24 2005

C-200 43932

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Your New Benefit Amount

203517

BENEFICIARY'S NAME:
FLORENCE WALKER

SOCIAL SECURITY CLAIM NUMBER
(only the last 4 digits are shown to help prevent
identity theft): XXX-XX-9034 A

Your Social Security benefits will increase by 2.7 percent in 2005, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is \$1,049.20
- The amount we are deducting for Medicare is \$78.20
(If you did not have Medicare as of Nov. 19, 2004,
or if someone else pays your premium, we show \$0.00.)
- The amount we are deducting for voluntary federal tax withholding is \$0.00
(If you did not elect voluntary federal tax withholding as of
Nov. 19, 2004, we show \$0.00.)
- After taking any other deductions, we will deposit \$871.00
into your bank account on Jan. 28, 2005.

DOCUMENT

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. You also can call us at 1-800-772-1218 and speak to a representative from 7 a.m. until 7 p.m. on business days. If you have a touch-tone phone, recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month so, if your business can wait, it is best to call at other times. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your full nine-digit Social Security claim number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are inside the United States, you also can visit your local office.

SECOND FLOOR
3901 MARKET STREET
PHILADELPHIA PA

BNC#: 04B1915K60281

Over ▶

MAR 07 2005

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Mid-Atlantic Program Service Center
300 Spring Garden Street
Philadelphia, Pennsylvania 19123-2992
Date: December 30, 2003
Claim Number: 186-32-9034HA

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522

|||||

You are entitled to medicare hospital and medical insurance beginning February 2004.

What We Will Pay And When

- You will receive \$855.00 for January 2004 around February 25, 2004.
- After that you will receive \$855.00 on or about the fourth Wednesday of each month.

Information About Medicare

The monthly premium for your supplemental medical insurance is \$66.60 beginning February 2004.

We will start to take premiums out of your February 25, 2004 check.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-215-252-9007. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SECOND FLOOR
3901 MARKET STREET
PHILADELPHIA, PA 19104

PHILADELPHIA, PA 19104-0001

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2004 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name FLORENCE WALKER		Box 2. Beneficiary's Social Security Number 186-32-9034	
Box 3. Benefits Paid in 2004 \$12,258.60	Box 4. Benefits Repaid to SSA in 2004 \$1,200.00	Box 5. Net Benefits for 2004 (Box 3 minus Box 4) \$11,058.60	
<p align="center">DESCRIPTION OF AMOUNT IN BOX 3</p> <p>Paid by check or direct deposit \$10,326.00 Medicare premiums deducted from your benefit \$732.60 Deductions for work or other adjustments \$1,200.00 Total Additions \$12,258.60 Benefits for 2004 \$12,258.60</p>		<p align="center">DESCRIPTION OF AMOUNT IN BOX 4</p> <p>Deductions for work or other adjustments \$1,200.00 Benefits Repaid to SSA in 2004 \$1,200.00</p>	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address FLORENCE WALKER 4950 SANSOM ST PHILADELPHIA PA 19139-3522	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 186-32-9034A	

Department of the Treasury—Internal Revenue Service

a Control number 00013238		1 Wages, tips, other compensation 142.66	2 Federal income tax withheld
OMB NO 1545-0008		3 Social security wages 142.66	4 Social security tax withheld
		5 Medicare wages and tips 142.66	6 Medicare tax withheld
d Employer's name, address and ZIP code Rohm and Haas Company 100 Independence Mall West Philadelphia PA 19106-2399			
7 Social security tips	8 Associated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 M 8.84	
12b N 2.07	12c C 142.66	12d	
b Employer identification number 23-1028370		c Employee's social security number 188-32-9034	
13 Exempt employer	14 Other		
e Employee's name, address and ZIP code Florence M Walker 4950 Bensom Street Philadelphia PA 19159		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other addition may be imposed on you if this information is taxable and you fail to report it.	
2004	15 State Employer's state ID No.	16 State wages, tips, etc.	
1W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (See Notice to Employees on back of Copy B.)	17 State income tax	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

RECEIVED

FEB 24 2005

DOCUMENT

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

C - 20043932
C - 24

Social Security Deduction
(Waiver - Pending)

FF Phila 2-1-05

RECEIVED
MAR 07 2005

12/7/04 Request for Waiver
Social Security Administration
Important Information

From: Social Security Administration

Date: 12/01/2004
Telephone No.: 1-800-772-1213

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522

The enclosed form(s) has been sent to you based on your recent contact with Social Security's toll-free telephone service. It is important that you complete the enclosed form(s) and mail/return it to the address shown below.

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

SOCIAL SECURITY ADMINISTRATION
SECOND FLOOR
3901 MARKET STREET
PHILADELPHIA PA 19104

Office Hours : 09:00AM to 04:00PM

RECEIVED
MAR 07 2005

DOCUMENT

If you have any questions or need further assistance, please call our toll-free number (1-800-772-1213) between 7:00 a.m. - 7:00 p.m., Monday through Friday, or contact your local Social Security Office at 215-252-9007.

C-20043932

Alice A Jennings

Alice A Jennings (AEW)
Mega TSC Director
UNIT:A441

PENALTY CLAUSE, CERTIFICATION AND PRIVACY ACT STATEMENT

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF OVERPAID PERSON OR REPRESENTATIVE PAYEE

SIGNATURE (First name, middle initial, last name) (Write ink)

DATE (Month, Day, Year)

12/7/04

HOME TELEPHONE NUMBER (Include area code)

(215) 747-0294

WORK TELEPHONE NUMBER IF WE MAY CALL YOU AT WORK (Include area code)

N/A

SIGN HERE ▶

Harold M. Walker

MAILING ADDRESS (Number and street, Apt. No., P.O. Box, or Rural Route)

4950 SANSON STREET

CITY AND STATE

Philadelphia, PA

ZIP CODE

19189

ENTER NAME OF COUNTY (IF ANY) IN WHICH YOU NOW LIVE

Philadelphia

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

SIGNATURE OF WITNESS

N/A

SIGNATURE OF WITNESS

ADDRESS (Number and street, City, State, and zip Code)

ADDRESS (Number and street, City, State, and zip Code)

About the Privacy Act

The Social Security Act (Sections 204, 1631(b), and 1870) and the Federal Coal Mine Health and Safety Act of 1969 allow us to collect the facts on this form. This form is voluntary. However, if you do not give us the facts we ask for, we may not be able to approve your waiver request. If we cannot collect the overpayment, we may ask the Justice Department to collect it.

Sometimes the law requires us to give out the facts on this form without your consent. We must give these facts to another person or government agency if Federal law requires that we do so or to do the research and audits needed to monitor and improve the programs we manage.

We may also give these facts to the Justice Department to investigate and prosecute violations of the Social Security Act or we may use the facts in computer matching programs. Matching programs compare our records with those of other Federal, State, or local government agencies. All the Agencies may use matching programs to find or prove that a person qualifies for benefits paid for or managed by the Federal government. Another use is to identify and collect overpayments or to collect overdue loans under these benefits programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3607, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 hours to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-4 C-2003932

Monthly Bills

PF Ph. 14 2-1-05



MAR 07 2005



We never stop working for you.

Billing Date 12/26/04 Page 1 of 6
Telephone Number: 215 747 0294
Account 215 747 0294 771 37 Y
How to Reach Us: See page 2

FLORENCE M WALKER

Account Summary

Previous Charges	\$18.81
Payments Received thru Dec 28	.00
Past Due Charges	\$18.81
New Charges	
Verizon (page 3)	\$27.32
Verizon Long Distance (page 5)	11.23
Total New Charges due Jan 24	\$38.55
Total Due (Past Due + New)	\$57.08

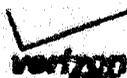


Manage Your Verizon Account Online!
View & pay bills, request repairs, place orders.
It's quick and easy.
Go to verizon.com
Click "Sign In" under "Manage My Account".

Mail payments to:
Verizon, PO Box 8585, Phila PA 19173-0001

Change of billing address?
Go to verizon.com/billingaddress or see page 2.

▼ Detach & return payment slip with your check, payable to Verizon.



Account: 215 747 0294 771 37 Y
New Charges Due: 01/24/05

Yes! I want to be a Literacy Champion.
Sign me up for a \$1 monthly donation
to Verizon Reads.

Total Due \$57.08

Amount Paid:

\$

FLORENCE M WALKER
4980 SANSOM ST
PHILA PA 19139-3522



VERIZON
PO BOX 8585
PHILA PA 19173-0001



1092150747029477100410465600000000000185150000005706700000



PHILADELPHIA GAS WORKS
800 W. MONTGOMERY AVENUE, PHILADELPHIA, PA 19122-0060

Page: 1 of 3

Billing Date: 01/18/05

Account Number: 09623760

MONTHLY STATEMENT

From 12/14/04 thru 01/14/05

Billing Cycle Number: 11

Account for:

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522

CRP Billing Summary

Past Due Non-Basic Charges	90.00
Current Non-Basic Charges	90.00
Past Due CRP Basic Charges	9874.88
Current CRP Basic Charges	988.60

Total Amount Due By	
Feb 10, 2005	\$963.38

GENERAL INFORMATION

CONTACT US

Gas Leaks & Emergencies	215 235-1
Billing & General Information	215 235-1
Appliance Service	215 235-1
Theft of Gas	215 684-4
Foreign Language Assistance	215 235-1
Hearing impaired TTY Line	215 236-4
Representantes Que Hablan Espanol	215 235-1

Web Site - www.pgworks.com

CUSTOMER SERVICE CENTERS

(Hours 9 a.m. - 5 p.m.)

Center City	1137 Chestnut St. (M, T, TH, F)
Germentown	210 W. Chalten Ave. (T, W, F)
S. Philadelphia	1601 S. Broad St. (M, W, TH)
Frankford	4410 Frankford Ave. (T, TH, F)
N. Philadelphia	1337 W. Erie Ave. (M, W, TH)
W. Philadelphia	5230 Chestnut St. (M, T, W, F)

Questions or complaints about your bill? Please call us before the Due Date at 215-235-1000.
Or write to: PGW P.O. Box 3800, Phila., PA 19122-0060

Please return this portion with your payment.
Write your account number on your check or money order made payable to PGW.

Account Number: 0962376070
Due Date: Feb 10, 2005
Please Pay: \$963.38

Amount Enclosed:

Place "X" in box for address corrections. Print corrections on reverse side.

6124 2 AC 0.500 *****AUTOCR**C-026



FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522



Philadelphia Gas Works
P.O. Box 7789
Philadelphia, PA 19101-7789

0009623760708000000000963387

Date: 11/29/04

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA, PA 19139

*12/3/04
Mailed
HJM*

Account Number:
049-70940-04950-001

Service Address
4950 SANSOM ST

Agreement Due Date:
01/16/2004

Dear Customer:

Your special agreement with the Water Revenue Bureau is due for review. The terms of the agreement require that your records be reviewed for your eligibility to continue this agreement. If you have missed any agreement payments, please mail them along with the enclosed forms.

An Automatic Meter Reading (AMR) device must be installed at your property before we can process your application. If you do not have an AMR call 215-685-9621 or 215-685-9622 to schedule an appointment.

To avoid cancelling this agreement, you must complete and return the enclosed form along with all required information (including proof of income) within ten (10) days from the date of this letter. Please return all documents and the enclosed re-evaluation form in the special WRAP envelope provided.

Water Revenue Bureau
Assistance Program Unit

QUESTIONS
(215) 686-6880

Water Revenue Bureau
Philadelphia Revenue Department
1401 JFK Boulevard Philadelphia, Pa 19102-1663

WATER/SEWER BILL

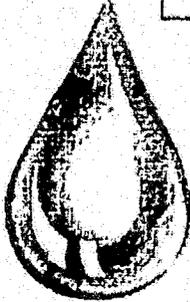


WALKER FLORENCE
4950 SANSOM ST
PHILADELPHIA PA 19139-3522

SERVICE ADDRESS
4950 SANSOM ST
ACCOUNT NUMBER
049-70940-04950-001
INCLUDES PAYMENTS
ON OR BEFORE 01/13/05

DELINQUENT CHARGES MUST BE PAID IMMEDIATELY TO AVOID YOUR ACCOUNT BEING SCHEDULED FOR SHUT OFF. PLEASE DISREGARD, IF YOU HAVE ALREADY MADE YOUR PAYMENT. IF YOU NEED TO MAKE A PAYMENT AGREEMENT, OR NEED LOW INCOME ASSISTANCE CALL (215) 686-6880. THANK YOU.

Billing Date	Cycle	Meter Number	Service	Dates Served & Readings		Usage 100 Cu Ft
				From	To	
01/14/05	05-01	0319515	41R	12/09/04 549	01/13/05 551	2



PREVIOUS BALANCE	184.28
CURRENT CHARGE:	23.17
SERVICE CHARGE	16.98
USAGE CHARGE	6.19
LAST PAYMENT MADE 08/04/04 PAYMENT AMOUNT \$ 17.00 THANK YOU	
TOTAL DUE BY 02/07/05	\$207.45

MAIL THIS PORTION WITH PAYMENT

WATER/SEWER BILL

FOR OFFICIAL USE			
049-70940-04950-001			
243 0501 0406 41R 0319515			
23.17	1.16		184.28

TOTAL DUE BY 02/07/05	\$207.45
PENALTY	\$1.16
AMT DUE AFTER 02/14/05	\$208.61

WALKER FLORENCE
4950 SANSOM ST



33372021405000070940049500011000002086100000207450490000100000000003

81-7-118 (REV. 07/97) MAKE CHECKS PAYABLE TO: WATER REVENUE BUREAU 07-28-97(INBWBLS)

[Log Out](#) | [Help](#)[My Account](#)[Send Money](#)[Request Money](#)[Merchant Tools](#)[Auction Tools](#)

Check BillPay Details

Secure Transaction

Payment Details

Biller: PECO
Account Number: 250950034851
Amount: \$75.00 USD
Total Amount: \$75.00 USD

Source of Funds

Instant Transfer: \$75.00 USD from Walker XXXXXX9002
Back Up Funding Source: Visa XXXX-XXXX-XXXX-6681
[More Funding Options](#)

Estimated Payment Clear Date

Your payment is expected to reach PECO on Feb. 1, 2005. Feb. 1, 2005
(This estimated date is determined by the funding source you have selected)

[Pay Bill](#)[Edit](#)[Cancel](#)

[Mobile](#) | [Mass Pay](#) | [Money Market](#) | [ATM/Debit Card](#) | [BillPay](#) | [Referrals](#) | [About Us](#) | [Account Types](#) | [Fees](#)
| [Privacy](#) | [Buyer Credit](#) | [Security Center](#) | [Contact Us](#) | [User Agreement](#) | [Developers](#) | [Shops](#) | [Gift Certificates/Points](#)

PayPal, an eBay company

Copyright © 1999-2004 PayPal. All rights reserved.



[Log Out](#) | [Help](#)

- [My Account](#)
- [Send Money](#)
- [Request Money](#)
- [Merchant Tools](#)
- [Auction Tools](#)
- [Overview](#)
- [Add Funds](#)
- [Withdraw](#)
- [History](#)
- [Resolution Center](#)
- [Profile](#)

Transaction Details

BillPay (ID #7R7072336C663152J)

Related Transactions

Date	Type	Status	Details	Gross	Fee	Net
Jan. 28, 2005	BillPay To Verizon - Local	Initiated	Details	-\$38.55 USD	\$0.00 USD	-\$38.55 USD
Jan. 28, 2005	Transfer From Bank Account	Completed	Details	\$38.55 USD	\$0.00 USD	\$38.55 USD

Name: Verizon - Local

Total Amount: -\$38.55 USD

Date: Jan. 28, 2005

Time: 18:44:57 EST

Status: Initiated

Billers: Verizon - Local

Funding Type: Instant Transfer

Funding Source: \$38.55 USD - Walker Checking (Confirmed) XXXXXX9002

Back Up Funding Card Visa XXXX-XXXX-XXXX-6681
Source:

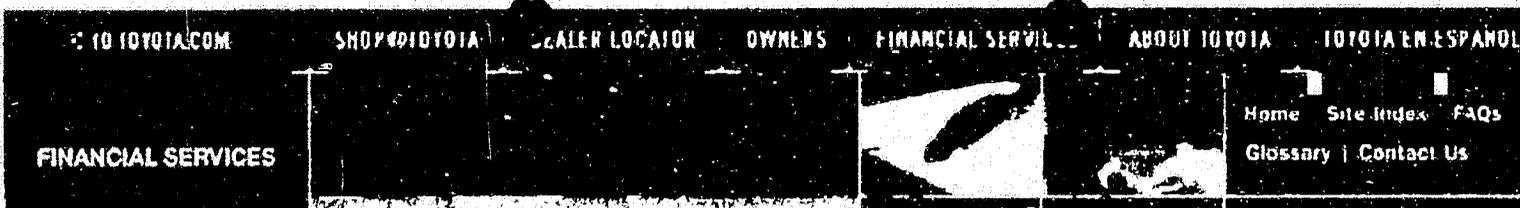
[Cancel Payment](#)

[Return to Log](#)

[Mobile](#) | [Mass Pay](#) | [Money Market](#) | [ATM/Debit Card](#) | [BillPay](#) | [Referrals](#) | [About Us](#) | [Account Types](#) | [Fees](#)
 | [Privacy](#) | [Buyer Credit](#) | [Security Center](#) | [Contact Us](#) | [User Agreement](#) | [Developers](#) | [Shops](#) | [Gift Certificates/Points](#)

PayPal, an eBay company

Copyright © 1999-2004 PayPal. All rights reserved.



- FINANCIAL SERVICES**
- Access Account
 - Statements
 - Payments
 - Payment Schedule
 - Bank Accounts
 - E-mail Notifications

Home > Access Account > Account Detail > Statements

Statements

Monthly Billing Statement

The following information appears on your paper billing statement. To view information from another billing statement, select a different statement closing date.

Statement Closing Date: 1/13/2005

This is your current statement. [Make Payment Now](#) [View Payment Schedule](#)

Statement Charges

Current Payment Due	\$240.60
Delinquent Payment	\$0.00
Late Charges	\$10.13
Miscellaneous Charges	\$0.00
Total Due	\$250.73
Payment Due Date	1/29/2005

A late charge of \$ 5.12 will be assessed if your payment is not received by 2/09/2005.

Payment Status

Standard Monthly Payment	\$255.85
Last Payment Received	12/21/2004
Payments Made - Payment Schedule	30
Payments Remaining	30
Past Payment Date	
Contract Maturity Date	6/29/2007

Options

- [Remove ePay Service](#)
- [View Important Statement Information](#)
- [Update E-mail Notification Preferences](#)

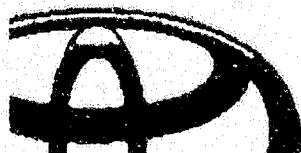
My TFS Account

[log out](#)

Account Number:
0276111786

ePay User:
WALKER FLORENCE M

Financing Dealer:
CENTRAL CITY
TOYOTA, INC.
4820 CHESTNUT
STREET
PHILADELPHIA, PA
19139
(215) 476-1200



[Privacy Policy and Terms of Use](#) [ePay Terms and Conditions](#)

In Your Interest

**Rohm and Haas Company
Billing Notice**

Statement Date 01-15-2005

000750
FLORENCE M. WALKER
4950 SANSOM STREET
PHILADELPHIA PA 19139

1-25/05
CHK # 999

This notice shows your cost of benefit coverage for the billing cycle of February 01, 2005 to February 28, 2005. If you are being billed for coverage during this time, those amounts are represented by the Total Billing Period Charges and are itemized below. The Total Amount Due may also include any existing unpaid balances from previous billing cycles.

Previous Balance	Payments Received	Current Billing Period Charges	Account Adjustments	Total Amount Due
\$47.00	\$47.00	\$47.00	\$0.00	\$47.00

Payment is due on 02-05-2005.

Premium Type	Premium Description	Charge Date	Charge
Medical	AETN HMO PA/DE, You Only	02-01-2005 to 02-28-2005	\$35.00
Dental	DPPO, You Only	02-01-2005 to 02-28-2005	\$12.00
Total Billing Period Charges			\$47.00

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-5
C- 20043932
Medical

PF Phila 2-1-05

RECEIVED
MAR 07 2005

APPOINTMENTS
215-882-3340

UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER
3400 SPRUCE STREET
SILVERSTEIN PAVILION SECOND
PHILADELPHIA, PA 19104

PENNSYLVANIA HOSPITAL
301 S. 8TH STREET
GARFIELD-DUNCAN BUILDING
SUITE 2C
PHILADELPHIA, PA 19106

PRESBYTERIAN MEDICAL CENTER
39TH & MARKET STREETS ONE CUPP PAVILION
PHILADELPHIA, PA 19104

CHERRY HILL
408 ROUTE 70 EAST
CHERRY HILL, NJ 08034

SPORTS MEDICINE
WEIGHTMAN HALL
235 S. 33RD STREET, 1ST
PHILADELPHIA, PA 19106

WALKER, FLORENCE
D 215-392-3928 H 215-747-0294 NO FILMS/
4930 SANSON ST KEYSTONE HEALTH PLAN EAST
PHILA, PA 19139

APPT DT: 01/31/05
TIME: 10:00AM
LAST DV: 11/20/2002
LAST BKT: 96-DAYS

REF DR: BOZEMKA MD, DAVID JO UPIN F60069
LAST REG 01/26/05 RTM

MAR 07 2005
CASE#: TOTAL: 0.00
VISIT: 274950690

160 PERSONAL CHOICE/FSC SELF
769 EIP STATEM 0.00

RECEIVED

OFFICE, NEW PATIENT	CPT	COMPREHENSIVE CONSULTATIONS	CPT	CASTS (CONT'D)	CPT	CASTS (CONT'D)
PV W PROBLEM FOCUSED	99201	PROBLEM FOCUSED	99271	FINGER SPLINT	29130	UNA BOOT
PV W EXPAND PROBLEM	99202	EXPAN PROBLEM FOCUSED	99272	SHORT ARM SPLINT	29125	SPLINTS/SUPPLY
PV DETAIL-LOW COMPLEX	99203	DETAIL LOW COMPLEX	99273	SHORT ARM	29075	ACE BANDAAGE
PV COMPREHEN-MOD COMPLEX	99204	COMPREHENSIVE-MODERATE	99274	NAVICULAR	29085	CAST SHOE
PV COMPREHEN-HIGH COMPLEX	99205	COMPREHENSIVE-HIGH COMPLEX	99275	LONG ARM SPLINT	29105	CRUTCHES
OFFICE, ESTABLISHED PATIENT	CPT	MISC. PROCEDURES	CPT	LONG ARM	29065	ORTHO SHOE
USURQ FOLLOW UP	09024	ARTHROCENTESIS INTER	20805	SHORT LEG SPLINT	29515	SPECIAL CAST MATLS
U MIN PROBLEM FOCUSED	99211	ARTHROCENTESIS MAJOR	20810	SHORT LEG	29405	INJECTIONS
J PROBLEM FOCUSED	99212	ARTHROCENTESIS SM	20800	SHORT LEG WALKING	29425	CELESTONE
J EXPAND PROBLEM FOCUSED	99213	BONE STIMULATOR	20974	SHOULDER SPICA	29055	
U DETAILED	99214	CHEM CAUTZ GRAN TISS	17250	PLASTER VELPEAU	29058	TRIGGER POINT
J COMPREHENSIVE	99215	INJECTION LIGAMENT	20550	FTB	29435	SYNIVISC
OFFICE CONSULTATIONS	CPT	INJECTION SINGLE/MULTI	20552	LONG LEG SPLINT	29505	HYALGAN
OBLEM FOCUSED	99241	REMOVAL WIRE/PIN	20670	LONG LEG	29345	
PAN PROBLEM FOCUSED	99242	CASTS	CPT	LONG LEG WALKING	29335	UPHS 10
TAILED	99243	ADD WALKER CAST	29440	LONG LEG CAST BRACE	29358	FLUOROSCOPY up to 1hr
MPREHENSIVE	99244	BODY CAST	29025	TOTAL CONTACT LEG CAST	29445	
MPREHENSIVE COMPLEX	99245	CAST SUPPLIES	A4390	CYLINDER	29365	

OTHER PROCEDURES (NOTED):
XRAY
BONE SCAN
LABS
OTHER
C-20043932

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I AUTHORIZE ANY USER OF MEDICAL INFORMATION ABOUT ME TO RELEASE INFORMATION REQUESTED BY INSURANCE COMPANIES WITH WHOM I HAVE COVERAGE OR ANY PUBLIC AGENCY AND ITS AGENTS TO DETERMINE BENEFITS FOR SERVICES PROVIDED OR BENEFITS FOR RELATED SERVICES. ASSIGNMENT OF BENEFITS. I HEREBY AUTHORIZE PAYMENT OF BENEFITS TO BE MADE DIRECTLY TO THE PROVIDER FOR SERVICES PROVIDED TO ME. I ALSO UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR CHARGES NOT COVERED BY THIS ASSIGNMENT.

RAM DX 1	PROC DX 1
1	1
2	2
3	3

TOTAL CHARGES
ADJUSTMENT
NET CHARGES
PATIENT PAYMENT 15.00
CHECK 900 CASH CREDIT
CREDIT APPLIED
BALANCE DUE

NATURE OF PATIENT - IF MINOR, THEN SIGNATURE OF RESPONSIBLE PERSON.
[Signature]



Thomas
Jefferson
University

Jefferson
University
Physicians

JEFFERSON ANESTHESIA ASSOCIATES

PRACTICE LOCATION

Jefferson Pain Center
434 Chestnut Street, Ste T-100
Philadelphia, PA 19107-5127
Phone: (813) 956-PAIN(7240)
Fax: (813) 923-6086

ALL BILLING INQUIRIES

818 Chestnut Street (813) 803-8468
14th Floor Fax (813) 23-360789
Philadelphia, PA 19106

JEFFERSON UNIVERSITY PHYSICIANS

125

Appt. Dt/Tm: 01/20/2005 01:15 Sch. prov: PCHP Loc: J90 UM: 9394216 Vty: MDM
 Name: WALKER, FLORENCE M Acct #: 13504360 DOB 10/23/1943 Sex F
 Addr: 4950 SANBORN ST FSC1: USHN LQXGG010 009618
 FSC2:
 City, St: PHILADELPHIA, PA Zip: 19139 CABE #: SUB-FSC1: *Lowri* *D*
 Im. Ph#: 215-747-0294 SB#: 18E-32-9034 Ref. Phys: VALENTINO
 Area: ANESTH-CHR BProv: PHARO DO, GREGOR LF: Copay:

21 Prolonged E&M 22 Unusual 47 Anesthesia by Surgeon 50 Bilateral 51 Multiple 52 Reduced 9C

ICD-9 DIAGNOSIS	RADICULITIS/FORAM. STEN.	CODE	MEDICAL SERVICE	CODE	MEDICAL SERVICE
CANCER	723.4 Cervical		OFFICE VISITS - NEW PATIENT		INTRASPINAL PERM CATHETER
162.9 Lung	724.4 Thoracic/Lumbar	99201	OV, Prob Foc, L1	62350	Imp/Rev IT/Epid Cath. w/o lam
174.9 Breast	FACET/SYNDYLOSIS	99202	OV, Exprd, Prob Foc, L2	62355	Remove Imp Intrathecal/Epid Cath.
187.9 Pancreatic	721.0 Cervical	99203	OV, Detailed, L3	62361	Implan/Replace Non. Prog. Pump
189.9 Colon	721.2 Thoracic	99204	OV, Comprh, Med Cmpl, L4	62362	Implan/Repl. Program Pump
183.0 Ovarian	721.3 Lumbar	99205	OV, Comprh, High Cmpl, L5	62365	Removal Implant Pump
185 Prostate	POSTLAMINECTOMY SYNDROME		OFFICE VISITS - ESTABLISHED	62368	Eval of Intrathecal Pump w/Prog
106.0 Noda: Metastasis	722.81 Cervical	99211	OV, Minimal, L1	96630	Roll-I Implant Intrathecal Pump
198.5 Bone Metastasis	722.82 Thoracic	99212	OV, Prob Focused, L2		SYMPATHETIC BLOCKS
199.0 Disseminated Metastasis	722.83 Lumbar	99213	OV, Exprd, Mod Cmpl, L3	64505	Sphenopalatine Ganglion
HEADACHES/FACIAL PAIN	SPINAL STENOSIS	99214	OV, Detled, Mod Cmpl, L4	64510	Stellate Ganglion
723.2 Cervicocranial Syndrome	723.0 Cervical	99215	OV, Comprh, High Cmpl, L5	64520	Lumbar Sympathetic Single Shot
346.91 Migraine	724.01 Thoracic		CONSULTATIONS	64530	Celiac Plexus
348.0 Post-Dural Punc/Postspinal	724.02 Lumbar	99241	OC, Prob Focused, L1		SOMATIC NERVE BLOCKS
307.81 Tension	OTHER BACK	99242	OC, Exprd, Prob Foc, L2	64400	Trigeminal Gang or Branch
NEUROPATHIC PAIN/NEURALGIA	349.2 Disorder of Meninges, NEC	99243	OC, Detaled, L3	64405	Occipital
357.5 Alcoholic Polyneuropathy	723.1 Cervicalgia	99244	OC, Cmpth, Mod Cmpl, L4	64415	Brachial Plexus
357.6 AIDS Related Neuropathy	724.79 Coccygodynia	99245	OC, Cmpth, High Cmpl, L5	64421	Intercostal (multiple)
353.0 Brachial Plexus Injury/TDS	724.2 Low Back Pain		PROCEDURES	64425	Iliohypogastric
349.9 Central	733.02 Pseudoarthrosis		INTRATHECAL/EPIDURAL INJECTION	64450	Nerve Block Ankle
337.21 CRPS/RSD (uppr. extrem)	720.2 Sarcoidosis NEC	82310	Interlam Cerv/Thoracic		NERVE DESTRUCTION
337.22 CRPS/RSD (lwr. extrem)	737.30 Scoliosis, Idiopathic	82311	Interlam Lumbar/Sacr	81790	Creation of Lesion Ganglion (Bassori)
250.60 IDDM	724.1 Thoracic Back Pain	64478	Transforam Cerv/Thor, 1st level	64620	Intercostal
250.61 IDDM	738.4 Spondylolisthesis & Spondylosis	84480	Trans Cerv/Thor, ea. add'l level	64622	Facet Joint, Lmbr/Sacral, 1st lev.
357.2 Diab Neurop (req. 2nd diag)	MISCELLANEOUS	84483	Trans Lmbr/Sacr, 1st level	64623	Facet Joint, Lmbr/Sacral, add lev.
355.79 Iliohypogastric	789.00 Abdominal Pain	84484	Trans Lmbr/Sacr, ea. add'l level	64626	Facet Joint, Cerv/Thor, 1st lev.
354.0 Intercostal	311 Depression	82283	EPIDUROSCOPY / RACZ	64627	Facet Joint, Cerv/Thor, add lev.
357.6 Ischem c	788.82 Chest Wall Pain		Lysis of Adhesions	64640	Other Peripheral Nerve
353.1 Lumbosacral Plexus	733.0 Costochondritis	84472	FACET INJECTIONS (MIMB & IA)	64680	Celiac Plexus
354.9 Neuroma, Upper Ext	729.1 Fibro/Myofascial Pain	84472	Cerv/Thoracic, 1st level		ANNULOPLASTY (I.D.E.Y.)
355.8 Neuroma, Lower Ext.	789.00 Groin Pain	84475	Cerv/Thoracic, ea. add'l level	22889	IDET
355.9 Neuroma, Chest/Ab Wall	733.00 Osteoporosis	84476	Lmbr/Sacral, 1st level	72285	Diskography, Lmbr, Radiological Sup
729.2 Neuropathic Pain	577.1 Pancreatitis, Chronic		Lmbr/Sacral, ea. add'l level		STIMULATORS
353.6 Phantom Limb Pain	1625.9 Pe vic Pain Female	20800	JOINT/BURSA INJECTIONS	63650	Insert Percutaneous SCS
053.19 Postherpetic	DISKOGRAPHY	20605	Small	# leads	
350.6 Polyneuropathy, Idio	62290 Lumbar/Sacral # Level	20610	Intermediate	63660	Rev/Remove Percutaneous SCS
350.1 Trigeminal Neuralgia	62281 Cervical/Thoracic # Level	27098	Large	95972	Programming/Analysis
DEGENERATIVE DISC DISEASE	722.85 Cervical/Thoracic Fluoro Guid		Sacroiliac		FLUOROSCOPY
722.4 Cervical	722.85 Lumbar/Sacral Fluoro Guid	62318	INTRASPINAL TEMP CATHETER	76005-26	Fluor. Guidance and Supervision
722.51 Thoracic	UNLISTED DIAGNOSIS	62319	Cerv/Thoracic (IT or Epidur.)	72275	Epidurography
722.52 Lumbar			Lumbar/Sacral (IT or Epidur.)	62284	Myelography, Injection for
DISPLACED DISC			UNLISTED SERVICES		MISCELLANEOUS
722.0 Cervical				11900	Neuroma Injection
722.11 Thoracic				62273	Epidural Blood Patch
722.10 Lumbar				20552	Trigger Point, Inj 1 or 2 muscles
				20553	Trigger Point, Inj 3 or more muscles

Return _____ days _____ weeks _____ months
 Next Appt _____

By my signature below I certify that personally performed or directly supervised the above procedure(s)

 (Physician Signature)

As a recipient of healthcare services from Jefferson University Physicians, I agree to comply with my physician's treatment plan

By my signature below I certify that I received the above services and am responsible for all services rendered

HIPAA SITUATIONAL ELEMENTS

• Does patient state program? Yes No
 • Date of LMP _____
 • Is this visit an emergency? Yes No
 • Immunization/Vaccines
 • Lot # _____
 • Lot # _____
 • Lot # _____

Prior Pt. Balance _____
 Today's Fee: \$1,000.00
 Payment/Copay: \$1,000.00
 Cash: _____
 Check # _____
 Credit Card/MAC: _____
 initials: *Kevin*

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-5 C - 20043932

Prescriptions (Monthly)

PF Phila 2-1-05

RECEIVED

MAR 07 2005

901 MARKET ST PHILADELPHIA, PA 19107
FLORENCE WALKER
4950 BANSOM ST
PHILADELPHIA, PA 19139
NO 0079874-07151 DATE 01/24/05
LIDDERM 5% PATCH 30'S
QTY 60 2 REFILLS BEFORE 01/20/06
NEW \$407.19 Your Insurance Saved You: \$282.19
BLF/ / /SLF
PLAN AETNA
GROUP# 00981G

PH (215)922-0890
PATIENT PH (215)747-0294



\$125.00

DR G. PHARO
CLAIM REF# 30000281261716

NDC 03481-0687-06
MFG ENDO PHARM

Walgreens Duplicate Receipt

DOCUMENT

901 MARKET ST PHILADELPHIA, PA 19107
FLORENCE WALKER
4950 BANSOM ST
PHILADELPHIA, PA 19139
NO 0079876-07151 DATE 01/24/05
OXYCODONE/APAP 10MG-650MG TABLETS
QTY 90 NO REFILLS
NEW \$117.49 Your Insurance Saved You: \$112.49
BLF/ / /SLF
PLAN AETNA
GROUP# 00981G

PH (215)922-0890
PATIENT PH (215)747-0294



\$5.00

DR G. PHARO
CLAIM REF# 30000251261913

NDC 00408-0962-01
MFG MALLINCKRODT

Walgreens Duplicate Receipt

RECEIVED

FEB 24 2005

POCKETED

MAR 07 2005

C-200 43932

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

901 MARKET ST PHILADELPHIA, PA 19107
FLORENCE WALKER
4950 BANSOM ST
PHILADELPHIA, PA 19139
NO 0079876-07151 DATE 01/24/05
AMITRIPTYLINE 50MG TABLETS
QTY 30 1 REFILL BEFORE 01/20/06
NEW \$9.99 Your Insurance Saved You: \$4.99
BLF/ / /SLF
PLAN AETNA
GROUP# 00981G

PH (215)922-0890
PATIENT PH (215)747-0294



\$5.00

DR G. PHARO
CLAIM REF# 30000251261794

NDC 00370-2650-10
MFG MYLAN

Walgreens Duplicate Receipt

WA
01-25-2005

PROMISED: 10:00a
01-25-2005
Scripts: 01

CVS/pharmacy #459 PH 215.982-1233

CUSTOMER RECEIPT

2015 2021 WALNUT STREET
PHILADELPHIA, PA
19104-8000



WALKER, FLORENCE
PO BOX 62104, PHILADELPHIA, PA 19104-0000
PH: 215.747-8294 DOB: 10-23-1943
HYDROCHLOROTHIAZIDE 25 MG TQA
TAKE 1 TABLET BY MOUTH EVERY DAY

Date: 01-25-2005 GAW-D
Rx: 398486 01

MS: \$0.00

NDC 00090-3858-22 Days Supply: 30 Refills: 4 Qty: 30 TA
Prescriber: MIN, PATRICIA
IP: 7714
AUTH: 30000261742617 AETNA

PAY: \$5.00
Cash
Credit

We want you to know™



Member Home

Benefits

Claims & Balances

Requests & Changes

Take Action On Your Health

Claims

FLORENCE M WALKER

January 28, 2005

Pharmacy Claim List

[FAQs](#)

[New Claim Search](#)

For an explanation of terms used on this page or reasons why a claim may not be displayed, see [FAQs](#).

If you have any questions, please [Contact Us](#).

Click on the arrow at the top of a column to re-sort the list.

Date of Service	Member Name/DOB	Status	Drug Name	Prescription Cost	Serviced By/ Prescription Number	Total Plan Pays	Total Member Responsibility
01/25/05	FLORENCE 10/23/1943	Completed	HYDROCHLOROT TAB 25MG	\$5.00 Details	CVS PHARMACY RX0398486	\$0.00	\$5.00
01/24/05	FLORENCE 10/23/1943	Completed	AMITRIPTYLIN TAB 50MG	\$5.00 Details	WALGREENS RX0079875	\$0.00	\$5.00
01/24/05	FLORENCE 10/23/1943	Completed	OXYCO/APAP TAB 10-650	\$87.62 Details	WALGREENS RX0079876	\$82.62	\$5.00
01/24/05	FLORENCE 10/23/1943	Completed	LIDODERM DIS 5%	\$305.10 Details	WALGREENS RX0079874	\$180.10	\$125.00
01/22/05	FLORENCE 10/23/1943	Reversed	OXYCO/APAP TAB 10-650	\$87.62 Details	WALGREENS RX0079616	\$0.00	\$87.62
01/20/05	FLORENCE 10/23/1943	Reversed	AMITRIPTYLIN TAB 50MG	\$5.00 Details	WALGREENS RX0079618	\$0.00	\$5.00

01/20/05	FLORENCE 10/23/1943	Reversed	OXYCO/APAP TAB 10-650	\$87.62 Details	WALGREENS RX0079616	\$0.00	\$87.62
01/20/05	FLORENCE 10/23/1943	Reversed	LIDODERM DIS 5%	\$305.10 Details	WALGREENS RX0079617	\$267.72	\$37.38
12/28/04	FLORENCE 10/23/1943	Completed	HYDROCHLOROT TAB 25MG	\$5.00 Details	CVS PHARMACY RX0398486	\$0.00	\$5.00
12/26/04	FLORENCE 10/23/1943	Completed	OXYCO/APAP TAB 10-650	\$87.62 Details	WALGREENS RX0077468	\$82.62	\$5.00
11/26/04	FLORENCE 10/23/1943	Completed	OXYCO/APAP TAB 10-650	\$87.62 Details	WALGREENS RX0075181	\$82.62	\$5.00
11/26/04	FLORENCE 10/23/1943	Completed	LIDODERM DIS 5%	\$283.97 Details	WALGREENS RX0075182	\$273.97	\$10.00
10/27/04	FLORENCE 10/23/1943	Completed	OXYCO/APAP TAB 10-650	\$87.37 Details	CVS PHARMACY RX0390164	\$82.37	\$5.00
10/27/04	FLORENCE 10/23/1943	Completed	LIDODERM DIS 5%	\$285.39 Details	CVS PHARMACY RX0390165	\$275.39	\$10.00
10/25/04	FLORENCE 10/23/1943	Completed	HYDROCHLOROT TAB 25MG	\$5.00 Details	CVS PHARMACY RX0359338	\$0.00	\$5.00
10/25/04	FLORENCE 10/23/1943	Completed	ALBUTEROL AER 90MCG	\$9.75 Details	CVS PHARMACY RX0389932	\$4.75	\$5.00
09/28/04	FLORENCE 10/23/1943	Completed	ENDOCET TAB 10-650MG	\$87.62 Details	WALGREENS RX0070811	\$82.62	\$5.00
08/28/04	FLORENCE 10/23/1943	Completed	HYDROCHLOROT TAB 25MG	\$5.00 Details	CVS PHARMACY RX0359338	\$0.00	\$5.00
08/24/04	FLORENCE 10/23/1943	Completed	ENDOCET TAB 10-650MG	\$87.12 Details	DAVIS PHARMACY RX0655374	\$82.12	\$5.00
07/24/04	FLORENCE 10/23/1943	Completed	HYDROCHLOROT TAB 25MG	\$5.00 Details	CVS PHARMACY RX0359338	\$0.00	\$5.00
07/19/04	FLORENCE 10/23/1943	Completed	OXYCO/APAP TAB 10-650	\$87.62 Details	CVS PHARMACY RX0378124	\$82.62	\$5.00
06/23/04	FLORENCE 10/23/1943	Completed	ALBUTEROL AER 90MCG	\$10.00 Details	CVS PHARMACY RX0196343	\$5.00	\$5.00
06/18/04	FLORENCE 10/23/1943	Completed	ENDOCET TAB 10-650MG	\$87.12 Details	DAVIS PHARMACY RX0651619	\$82.12	\$5.00
06/02/04	FLORENCE 10/23/1943	Completed	HYDROCHLOROT TAB 25MG	\$5.00 Details	CVS PHARMACY RX0359338	\$0.00	\$5.00
06/02/04	FLORENCE 10/23/1943	Completed	OXYCO/APAP TAB 10-650	\$59.25 Details	CVS PHARMACY RX0373647	\$54.25	\$5.00
05/06/04	FLORENCE	Completed	ALBUTEROL AER 90MCG	\$10.00	CVS PHARMACY	\$5.00	\$5.00

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-7 C-70043932

Household Emergency

PF 2-1-05 phil4

SECRET

MAR 3 2005



THE CONTRIBUTIONSHIP COMPANIES

212 SOUTH FOURTH STREET, PHILADELPHIA, PA 19106-9232

215.627.1752 800.269.1409 FAX 215.627.8871

CLAIMS DEPARTMENT
claims@contributionship.com

October 21, 2004

RECEIVED

RE: Policy No. HO 265226 -- FLORENCE WALKER
Loss of 9/28/04 -- roof leak CI#0404218

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Ms. Florence Walker
4950 Samson Street
Philadelphia, PA 19139

c-20043932

Dear Ms. Walker:

DOCUMENT

This letter confirms the result of the roof inspection by Mellon Certified Restoration.

They report finding no evidence of damage to your roof from windstorm. I have enclosed a copy of his report for your reference.

Your policy is a form HO8(ed. 5/01) which names the perils insured against. Under this policy, if there is no damage to your roof from an insured peril causing an opening in the roof or building exterior, there is no coverage for any resultant interior damage.

Based on this inspection and review of your policy, we must respectfully deny coverage for this claim.

This denial is not a waiver of any of the rights and defenses of The Phila. Contributionship Cos. under policy No. HO 265226.

INDEXED
MAR 07 2005

Very truly yours,

Jim Powers

Jim Powers
Senior Claims Representative

JFP:bak
Enclosure

ZACHARIA CONTRACTORS, INC.

9109 Verree Rd.

Phila., Pa. 19115-2801

(215) 969-5757

Fax (215) 677-7606

www.ZachariaRoofing.com

11/26/04

Walker

4950 Sansom St.

Phila., PA 19139

The following was done on front porch roof:

Installed new copper drain tube.

Installed Firestone APP 160 modified roof.

Guaranteed 10 years.

Amount: \$ 400

Paid in Full

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

C-8 2005 43932

Student Loan
(Discharge - Pending)
PF 2-1-05 Phila

RECEIVED

MAR 07 2005

DOCUMENT



DO NOT SEND CASH
 MAKE CHECKS PAYABLE TO:
 U.S. DEPARTMENT OF EDUCATION
 SHOW YOUR SOCIAL SECURITY NUMBER
 ON YOUR CHECK

ACCOUNT NO.	PRINCIPAL BAL.	INTEREST
8186-32-98	\$4,139.89	\$9,373.22
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
\$0.00	\$66.10	\$9,575.21
AMOUNT PAID:		

RETURN THIS PORTION WITH YOUR PAYMENT
 NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK



#BWNFDMC **AUTO
 #47 9034A65 S32186 30
 FLORENCE WALKER
 4950 SANSON ST
 PHILADELPHIA PA 19139-3522



8/27/04

MAR 07 2005
 SEND PAYMENT TO:

NATIONAL PAYMENT CENTER
 US DEPARTMENT OF EDUCATION
 PO BOX 4169
 GREENVILLE TX 75403-4169

C-20043932

4 321863290341 000001165 00000023 4 321863290341 0008142004 09575219

KEEP THIS PORTION FOR YOUR RECORDS

U.S. DEPARTMENT OF EDUCATION

DATE: AUGUST 14, 2004

DEAR STUDENT LOAN BORROWER:

YOU WERE RECENTLY NOTIFIED THAT YOUR APPLICATION FOR STUDENT LOAN DISCHARGE DUE TO TOTAL AND PERMANENT DISABILITY WAS DENIED.

YOUR LOAN HAS BEEN RETURNED TO AN ACTIVE COLLECTION STATUS. YOU MUST CONTACT THE CUSTOMER SERVICE CENTER TOLL-FREE AT (800) 621-3115 WITHIN 5 DAYS OF THE DATE OF THIS LETTER TO MAKE PAYMENT ARRANGEMENTS.

FAILURE TO PAY YOUR DEBT MAY RESULT IN THE REFERRAL OF YOUR ACCOUNT TO THE U.S. JUSTICE DEPARTMENT FOR ENFORCED COLLECTION, TO A PRIVATE COLLECTION AGENCY AND/OR TO THE DEPARTMENT OF TREASURY FOR OFFSET OF ANY FEDERAL FUNDS DUE YOU (INCLUDING YOUR FEDERAL INCOME TAX REFUND). UNLESS THIS ACCOUNT IS PAID IN FULL, ADDITIONAL COSTS INCLUDING ADMINISTRATIVE COSTS, COLLECTION AGENCY FEES, AND COURT COSTS WILL BE CHARGED TO YOU. THESE COSTS ARE SUBSTANTIAL.

RECEIVED

FEB 24 2005

DOCUMENT PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

DO NOT SEND CASH
MAKE CHECKS PAYABLE TO:
U. S. DEPARTMENT OF EDUCATION
SHOW YOUR SOCIAL SECURITY NUMBER
ON YOUR CHECK

ACCOUNT NUMBER	PRINCIPAL BAL.	INTEREST
186-32-2034	\$4135.89	\$5192.85
PENALTY CHARGES	FEES & COSTS	TOTAL BALANCE
\$0.00	\$2398.29	\$11727.03
	AMOUNT PAID:	

RETURN THIS PORTION WITH YOUR PAYMENT

NOTE NAME/ADDRESS/PHONE NO. CHANGES ON BACK

Send Payment To:

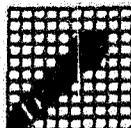


FLORENCE M WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139

National Payment Center
U.S. Department of Education
P.O. Box 4169
Greenville, TX 75403-4169

4 321863290341 0000004950 00000406 4 321863290341 0009262004 11727031

DETACH AND KEEP THIS PORTION FOR YOUR RECORDS



Diversified Collection Services, Inc.
333 North Canyons Parkway, Suite 100
Livermore, CA 94551-7661

September 26, 2004

This letter is to notify you that Diversified Collection Services, Inc. (DCS, Inc.) has commenced collection efforts regarding your debt referred by the U.S. Department of Education.

Due to your failure to honor your obligation with your original lender, the entire unpaid balance of your loan is due and payable. Your defaulted loan(s) may have been reported to all national credit bureaus, which could inhibit your ability to obtain future credit.

Furthermore, should you continue to refuse to pay this debt while employed and/or possessing other assets, the Department of Education may authorize the initiation of wage garnishment proceedings, authorized by the Debt Collection Improvement Act, 31 U.S.C. 3720D and 34 C.F.R. Part 34, or your account may be referred to the U.S. Department of Justice for legal action.

However, if your financial situation warrants such consideration, we have been authorized to substantially reduce the amount on the above-referenced account and cease any further collection efforts if your account is paid in full or assist you in establishing a possible repayment program on your loan. To take advantage of this offer, you should telephone your DCS account representative at 888-335-6267 to discuss your eligibility to participate in this program and obtain your current payoff balance.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

As of the date of this letter, you owe the balance reflected. Because of interest and other charges that may vary from day to day, the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after we receive your check, in which event we will inform you. For further information on your balance, write to DCS or call the toll-free number provided above.

This is an attempt to collect a debt by a debt collector, and any information obtained will be used for that purpose.

**PLEASE SEE THE REVERSE SIDE FOR THE FEDERAL VALIDATION
NOTICE AND OTHER STATE COMPLIANCE INFORMATION.**

Florence M Walker
4950 Sansom Street; Philadelphia, PA 19139
Phone/Fax: 215 747-0294 - Cell: 215 435-3360
email: walkerfm763@aol.com

MEMORANDUM

ATTN: Ben Ross	TO: Ben Ross	FROM: Florence M. Walker
	COMPANY: Diversified Collection Services, Inc.	DATE: 10/29/04
	FAX NUMBER: 1 541 955-0861	TOTAL NO. OF PAGES INCLUDING COVER: 5
	PHONE NUMBER: 1 888 335-6267 x7929	SENDER'S REFERENCE NUMBER 1: 186-32-9034
	RE: Loan #186329034 DC001/002/003	SENDER'S REFERENCE NUMBER 2: DOB: 10/23/43

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS

Mr. Ross,

Per my voice mail message attached are the documentation that the representative (Ronda) from FSA Condition Discharge Ineligibility has asked me to submit. All documentation for income has been received. Also, included is the documentation that I referenced to you via telephone on October 21, 2004, from FSA Conditional Discharge Ineligibility requesting earnings information.

I was informed that as soon as the information confirming my disability date from my doctor, employer, and my statement are received my file will be complete.

Please consider my situation and assist me in any way possible. I am truly disable and depending solely on the income I receive from disability.

Sincerely,

Attachments: Rohm and Haas Memo (Karen Malen)
Dr. Patricia Min Memo
FSA - Letter
FSA - Reason for Notice

CONFIDENTIAL

This information and any accompanying documents may contain information that is confidential or otherwise protected from disclosure. If you are not the intended recipient of this message, please immediately alert the sender at (215) 747-0294 and then discard this message, including any attachments. Any dissemination, distribution or other use of the contents of this message by anyone other than the intended recipient is strictly prohibited.

Florence M Walker
4950 Sansom Street; Philadelphia, PA 19139
Phone/Fax: 215 747-0294 - Cell: 215 435-3360
email: walkerfm763@aol.com

MEMORANDUM

TO: Karen A. Malen -- Personnel Services	FROM: Florence M. Walker
COMPANY: Rohm and Haas Company	DATE: 10/22/04
FAX NUMBER: 215 592-6919	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER: 215 592-2846	SENDER'S REFERENCE NUMBER 1: 186-32-9034
RE: Disability	SENDER'S REFERENCE NUMBER 2: DOB: 10/23/43

URGENT FOR REVIEW PLEASE RESPOND PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS.

Karen,

The FSA (Federal Student Aid) US Department of Education has requested documentation from Rohm and Haas Company stating my last date of employment (month, day, and year). Also, documentation detailing all monies paid from last date of employment to present i.e., disability paid through Rohm and Haas Company (payroll) before Liberty Mutual benefit began. The documentation must state that income was not obtained through worked wages and that distribution was issued through disability. Please state the date that Rohm and Haas Company ceased disability payments through payroll and the date that Liberty Mutual started payment on behalf of Rohm and Haas for short and long term disability.

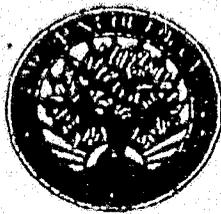
The above information for Rohm and Haas payroll distribution from my last day of work in 2001 to when Liberty Mutual started is listed with the IRS (Internal Revenue Service) and shows on my W2 Forms; however, it does not state that the income is NON-work (disability). The income is also listed for Liberty Mutual and states that payment is made on behalf of Rohm and Haas Company, but it does not state that I am totally inactive with Rohm and Haas Company and I am not putting in any work hours with their benefit.

Please respond as soon as possible for time is of the essence.

Karen, thank you for your assistance.

CONFIDENTIAL

This information and any accompanying documents contain information that is confidential or otherwise protected from disclosure. If you are not the intended recipient of this message, please immediately alert the sender at (215) 747-0294 and then discard this message, including any attachments. Any dissemination, distribution or other use of the contents of this message by anyone other than the intended recipient is strictly prohibited.



FSA
FEDERAL
STUDENT AID

We Help Put America Through School

Conditional Discharge Income Verification

Third Request

*12/29/04
Waiting for update*

03/25/2004

Account #: 186-32-9034
Date of Disability: 08/08/2000
Loan#: 186329034DC001
186329034DC002
186329034DC003

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA, PA 19139-0000

Reason for Notice

We have not received your complete response of employment earnings information and supporting documentation to verify your continued eligibility for a conditional Total and Permanent Disability discharge.

The U.S. Department of Education (ED) has determined that you meet the criteria for a conditional Total and Permanent Disability discharge. We have placed your loan(s) in a conditional discharge status. To maintain eligibility for discharge, you must submit employment earnings information annually when requested by ED.

✓ **Actions You Must Take**

You must submit employment information for the following period: 08/01/2000 - 08/31/2003. To meet this requirement, please submit your employment earnings information for the following tax year(s): 2000, 2001, 2002, and 2003. (If your Date of Disability is 1995 or earlier, we changed the years above to ensure that IRS records are available for the years we request.)

What we need

If you had no earnings from employment for any of the years above, sign and send us a written statement. Tell us that you had no earnings from employment for those years.

If you had earnings from employment for any of the years above, sign and send us a written statement. Tell us what you earned from employment for those years.

In addition, we need the documentation described below for each tax year requested.

2004

For 2004 (only if listed above in the Actions You Must Take Section):

Send us a photocopy of all your pay stubs for this year. If your last pay stub shows your year to date earnings, you may send us a photocopy of just your last pay stub.

(if you had no earnings from employment, your signed statement will be sufficient.)

AUSTIN TX 73301-0059

In reply refer to: 0609905021
Aug. 30 2004 LTR 8061C
186-32-9034 200012 30 000

05381

BODC: WI

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522500

Taxpayer Identification Number: 186-32-9034
Spouse's SSN:
Tax Period: Dec. 31, 2000
Form: 1040EZ

Dear Taxpayer

Enclosed is a transcript of your tax return for the tax period shown above as you requested on Aug. 27, 2004.

A tax return transcript includes most lines from the original return (including accompanying forms and schedules). The return transcript does not reflect any changes or corrections you or the IRS made to the original return. If you need corrected information, please call 1-800-829-0922 to request an account transcript.

If you need a copy of your return, please call 1-800-829-3676 to request a Form 4506, (Request for Copy of Tax Return). Then you should submit a completed Form 4506 with the required fee. We will provide the requested information within 60 calendar days from the receipt of your request. Form 4506 is also available by visiting an IRS Office or visiting the Internet at www.irs.gov.

Sincerely yours,



Richard R. Auby
Director, Field Compliance Services

ATLANTA GA 39901-0059

In reply refer to: 0709960005
Sep. 03, 2004 LTR 8052C
186-32-9034 200112 30 000

16495
BODC: WI

FLORENCE WALKER
4950 SANSON ST
PHILADELPHIA PA 19139-3522500

Taxpayer Identification Number: 186-32-9034
Spouse's SSN:
Tax Period: Dec. 31, 2001
Form: 1040

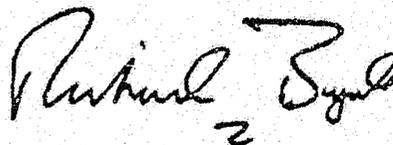
Dear Taxpayer

We've enclosed a transcript of your tax return for the tax period shown above as you requested on Aug. 27, 2004.

A tax return transcript includes most lines from the original return (including accompanying forms and schedules). The return transcript does not reflect any changes or corrections you or the IRS made to the original return. If you need corrected information, please call 1-800-829-0922 to request an account transcript.

If you need a copy of your return, please call 1-800-829-3676 to request a Form 4506, (Request for Copy of Tax Return). Then you should submit a completed Form 4506 with the required fee. We will provide the requested information within 60 calendar days from the receipt of your request. Form 4506 is also available by visiting an IRS Office or visiting the Internet at www.irs.gov.

Sincerely yours,



Richard Byrd
Field Director, Compliance Svcs.

AUSTIN TX 73301-0059

In reply refer to: 0609905261
Oct. 14, 2004 LTR 8054C
186-32-9034 200212 30 000

03482

BODC: WI

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522500



000472

Taxpayer Identification Number: 186-32-9034
Spouse's SSN:
Tax Period: Dec. 31, 2002
Form: 1040

Dear Taxpayer

We've enclosed a transcript of your tax return for the tax period shown above as you requested on Oct. 12, 2004.

A tax return transcript includes most lines from the original return (including accompanying forms and schedules). The return transcript does not reflect any changes or corrections you or the IRS made to the original return. If you need corrected information, please call 1-800-829-0922 to request an account transcript.

If you need a copy of your return, please call 1-800-829-3676 to request a Form 4506, (Request for Copy of Tax Return). Then you should submit a completed Form 4506 with the required fee. We will provide the requested information within 60 calendar days from the receipt of your request. Form 4506 is also available by visiting an IRS Office or visiting the Internet at www.irs.gov.

Sincerely yours,



Richard R. Auby
Director, Field Compliance Services

ATLANTA GA 39901-0459

In reply refer to: 0709960005
Sep. 01 2004 LTR 2863C
186-32-9034 200312 30 000

12952

BODC: WI

FLORENCE M WALKER
4950 SANSON ST
PHILADELPHIA PA 19139-3522500

Taxpayer Identification Number: 186-32-9034
Spouse's SSN:
Tax Period: Dec. 31, 2003
Form: 1040

Dear Taxpayer

As you requested on Aug. 27, 2004, we are providing the transcript of your tax account for the tax period shown above.

Any minus sign shown below signifies a credit amount.

Account Balance:	0.00	
Account Interest:	0.00	As of Aug. 16, 2004
Account Penalty:	0.00	As of Aug. 16, 2004

Account Balance Plus Accruals:	0.00
-----------------------------------	------

Exemptions:	01
Filing Status:	1
Adjusted Gross Income:	10,943.00
Taxable Income:	3,143.00
Tax Per Return:	313.00

Return Due Date or Received Date (whichever is later):	Apr. 15, 2004
--	---------------

Date Return Processed:	June 07, 2004
------------------------	---------------

We've provided a general explanation of the possible penalties and/or interest included in the current balance due on your account. If you would like a specific explanation of how the amounts were computed on your account, please contact us at the toll-free number shown in this letter and we will send you a detailed computation.

**** Paying Late -- IRC Section 6651(d) ****

Initially, the penalty is 1/2% of the unpaid tax for each month or part of a month the tax isn't paid.



U. S. DEPARTMENT OF EDUCATION
STUDENT FINANCIAL ASSISTANCE



#BWNFDHC *NAUTO
#47 9034V01 S32186 7#
FLORENCE WALKER
4950 SANSON ST
PHILADELPHIA PA 19139-3522

DATE: DECEMBER 11, 2003



DEAR STUDENT LOAN BORROWER:

THE U.S. DEPARTMENT OF EDUCATION (ED) HAS RECEIVED AND REVIEWED YOUR APPLICATION FOR DISCHARGE OF YOUR STUDENT LOAN(S) DUE TO TOTAL AND PERMANENT DISABILITY. ED HAS MADE A PRELIMINARY DETERMINATION THAT YOUR LOAN(S) APPEARS TO MEET THE CRITERIA FOR TOTAL AND PERMANENT DISABILITY DISCHARGE. ED'S CONDITIONAL DISABILITY DISCHARGE UNIT WILL NOW REVIEW YOUR APPLICATION AND NOTIFY YOU OF THE INITIAL DETERMINATION REGARDING YOUR REQUEST FOR TOTAL AND PERMANENT DISABILITY LOAN DISCHARGE.

THOUGH YOU ARE NOT REQUIRED TO MAKE PAYMENTS AT THIS TIME, YOU SHOULD NOTE THAT ANY INTEREST THAT ACCRUES ON YOUR LOAN(S) PRIOR TO RECEIPT OF AN INITIAL DETERMINATION LETTER IS YOUR RESPONSIBILITY. IN THE EVENT YOUR REQUEST FOR LOAN DISCHARGE IS DENIED, THIS UNPAID ACCRUED INTEREST MAY BE CAPITALIZED (ADDED TO THE PRINCIPAL BALANCE) IF NOT REPAID PRIOR TO ENTERING REPAYMENT.

IF YOU HAVE GENERAL QUESTIONS REGARDING THE CHANGES IN THE TOTAL AND PERMANENT DISABILITY DISCHARGE RULES AND PROCEDURES, PLEASE CONTACT ED'S CUSTOMER SERVICE CENTER TOLL-FREE AT (800) 621-3115. IF YOU HAVE SPECIFIC QUESTIONS ABOUT THE STATUS OF YOUR DISCHARGE APPLICATION, PLEASE CONTACT ED'S DISABILITY DISCHARGE LOAN SERVICING CENTER TOLL-FREE AT (888) 869-4169 OR SEND AN EMAIL TO DISABILITY_DISCHARGE@AFSA.COM. HEARING IMPAIRED INDIVIDUALS WITH ACCESS TO A TDD (TELECOMMUNICATIONS DEVICE FOR THE DEAF) CAN CALL (888) 636-6401. SEND ALL WRITTEN CORRESPONDENCE TO:

U.S. DEPARTMENT OF EDUCATION
CONDITIONAL DISABILITY DISCHARGE UNIT
P.O. BOX 7200
UTICA, NEW YORK 13504

Loss of Benefits 2002

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Mid-Atlantic Program Service Center
300 Spring Garden Street
Philadelphia, Pennsylvania 19123-2992
Date: October 3, 2002
Claim Number: 186-32-9034HA

RO2A97A,PH,AVEND,MON,LAN,000993

FLORENCE WALKER
4950 SANSOM ST
PHILADELPHIA PA 19139-3522
|||||

Below is the new repayment withholding schedule we will use to collect the Social Security benefits paid in error:

Month(s)	Amount you will receive	Amount withheld	Balance you owe
10/02	\$0.00	\$987.00	\$16,912.10
04/04	\$853.90	\$133.10	\$0.00
05/04	\$987.00	\$0.00	\$0.00

If you owe Medicare premiums, they may be deducted from the amount shown under the heading "Amount you will receive."

What We Will Pay And When

You will receive \$853.90 for April 2004 in May 2004.

After that you will receive your full regular monthly payment.

If You Have Any Questions

We invite you to visit our website at www.ssa.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 215-596-4618. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SECOND FLOOR
3901 MARKET STREET
PHILADELPHIA PA 19104

4950 Sansom Street
Philadelphia, PA 19139
Phone 215 747 0294
Fax 215 747 0295

March 7, 2002

Lori Hamlin
Disability Case Manager
Liberty Life Assurance of Boston
Disability Claims
PO Box 5031
Wallingford, CT 06492-7531

Re: Request To Review Claim Number 983970
SS #186 32 9034

Dear Ms. Hamlin:

Attached are documents from Dr. Patricia Min, Robert W. Rothrock, and a copy of the Activities Questionnaire from Liberty Mutual. My condition has not changed and doctors feel that they need more time to diagnose and treat my illness. Further information will be mailed when Dr. Bank returns on April 1, 2002.

Please submit this request for review to reopen my claim.

Sincerely,

Florence M. Walker

ml/fmw
cc: Karen Malen
Attachments



**Liberty
Mutual.**

**Liberty Life Assurance Company
of Boston**

P.O. Box 5031
Wallingford, CT 06492-7531
(888) 440-6118 Toll Free
(203) 294-4298 Fax

March 12, 2002

Rohm and Haas Company
Attn: Karen Malen
Fax# 215-592-2123

RE: Disability Benefits
Florence Walker
Claim#: 983970

Dear Ms. Malen:

We have received Ms. Walker's request for a review of the recent claims determination on her short/long term disability benefits and are in the process of reviewing her claim.

In accordance with the Employee Retirement Income Security Act of 1974 (ERISA), under normal circumstances, Ms. Walker will be notified in writing of the final decision within sixty days from the date her request for review was received. If there are special circumstances requiring a delay in our response, she will be notified of our decision no later than 120 days after the request for review was received.

Sincerely,

Lori Hamlin
Disability Case Manager

cc: Ms. Florence Walker

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

C-9 - 200 436132

Collections

PF 2-1-05 Phila

DOCUMENT

SECRET
MAR 07 2005

STERLING CREDIT CORPORATION
716 N BETHLEHEM PK
SUITE 301
AMBLER, PA19002
800-352-3568

January 25, 2005

FLORENCE MARIE WALKER
4950 SANSOM ST
PHILADELPHIA, PA 19139-3522

RECEIVED

FEB 24 2005

CV 700 43932

RE: CREDITOR: AMERICAN SECRETARIAT'S BUREAU
PA PUBLIC UTILITY COMMISSION
OUTSTANDING BALANCE: \$2,998.89
ACCOUNT NUMBER: 9621

DOCKETED

MAR 07 2005

DEAR :FLORENCE MARIE WALKER

WE HAVE TRIED UNSUCCESSFULLY TO REACH YOU REGARDING THE ABOVE ACCOUNT. WE MAY MAKE A FORMAL RECOMMENDATION TO OUR CLIENT AS TO ENSURE THAT THIS DEBT IS PAID. WE WISH TO HELP YOU RESOLVE THIS SITUATION.

IT IS COMMON IN THIS ECONOMY FOR PEOPLE TO FALL INTO TOUGH TIMES DUE TO CIRCUMSTANCES BEYOND THEIR CONTROL. WE WILL MAKE AN EFFORT TO BE UNDERSTANDING AND WORK ALONG WITH YOU. IGNORING THE FACT THAT YOU HAVE AN OUTSTANDING OBLIGATION IS NOT GOING TO MAKE IT GO AWAY.

WE WANT TO BE FAIR IN GIVING YOU EVERY OPPORTUNITY TO RESOLVE THIS DEBT, PRIOR TO MAKING A RECOMMENDATION TO OUR CLIENT. PLEASE THINK CAREFULLY ABOUT THIS AND CALL OUR OFFICE TODAY TO RESOLVE THIS ACCOUNT ONCE AND FOR ALL.

SINCERELY,

JOE DOYLE
DEBT COLLECTOR

DOCUMENT

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT; ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

PAY-BY-PHONE

*NO NEED TO WRITE OR SEND CHECKS

*NO NEED FOR STAMPS OR ENVELOPES

*NO MORE HASSLES, WE DO ALL THE WORK

THE PAY-BY-PHONE PROGRAM IS A BANK DRAFT ON YOUR CHECKING ACCOUNT THAT WILL BE DEPOSITED ON THE DAY AND IN THE AMOUNT YOU CHOOSE.

CALL 1-800-352-3568

PO Box 1963
Southgate, MI 48195-0963

AllianceOne
Accounts Management, Inc.

7311 Quality Circle Dr.
Anderson, IN 46013

Toll Free: 866-661-4632

0000118

0000118 /0001

|||||
|||||

JAN 19 2005

3580392-CA1-3004
Florence M Walker
4950 Sansom St
Philadelphia, PA 19139-3522

Account #: 3580392
Total Due: \$45.00
Owed to: Jefferson University Physician
Client Account #: 13504360

Your account has been listed with our office for collection by the referenced client. If paid in full to this office, all collection activity will be stopped.

For your convenience we can arrange for automatic deductions from your checking account. Please feel free to call us if you wish to discuss this matter.

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receipt of this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

3004CP/R1.0

DETACH AND RETURN WITH PAYMENT.

MAKE CHECK OR MONEY ORDER PAYABLE TO
"AllianceOne"

By sending a check for payment you are authorizing us to collect your payment electronically. Your check will not be returned to you.

Client Acct. #: 13504360
Jefferson University Physician

Total Due: \$45.00

Amount Paid:

\$

3580392
Florence M Walker
4950 Sansom St
Philadelphia, PA 19139-3522

AllianceOne, Inc.
PO Box 3101
Southeastern, PA 19398-3101

|||||
|||||

CA1 0000000013504360 03580392 7 00000000 0000004500 0000000000 6



**UNIVERSITY OF PENNSYLVANIA
HEALTH SYSTEM**

P.O. BOX 7348
PHILADELPHIA, PA 19104

RESPONSIBLE PARTY

FLORENCE WALKER

BILL DATE	ACCOUNT NUMBER	AMOUNT PAID
01/05/05	004589776	

PRIMARY INS: US HEALTHCARE ENROLL
SECONDARY INS:
THIRD INS:
FOURTH INS:

FLORENCE WALKER
4950 SANSON ST
PHILA PA 19139-3522

REMIT TO:

UNIV OF PENN-MEDICAL GROUP
PO BOX 7777 W6940
PHILADELPHIA-PA 19175

RETURN THIS STUB BY DETACHING HERE

Insert this stub with our name and address showing in the enclosed window envelope with your payment

DATE	INVOICE #	OFFICE	CHARGE	DESCRIPTION	AMOUNT
08/30/04	29155959	UPH81	726.2	NO TIME OF MIN, PATRICIA L COPAYMENT PT: FLORENCE WAL	12.00
08/30/04				MIN, PATRICIA L OFFICE VISIT PT: FLORENCE WAL	15.00
08/30/04	29155960	99214	726.2	MIN, PATRICIA L USHC PAYMENT INSURANCE A PT: FLORENCE WAL	188.00
10/27/04				MIN, PATRICIA L OFFICE VISIT PT: FLORENCE WAL	0.00C
10/28/04	29804803	99214	337.9	MIN, PATRICIA L USHC PAR PAYMENT INSURANCE A PT: FLORENCE WAL	173.00C 188.00
11/30/04					72.31C 100.69C

DATE	RESPONSIBLE PARTY	ACCOUNT NUMBER	AMOUNT
01/05/05	FLORENCE WALKER	004589776	\$87.00

PAYMENTS RECEIVED AFTER THIS DATE
DO NOT APPEAR ON THIS STATEMENT

MAKE CHECK
PAYABLE TO: UNIV OF PENN MED CENTER-HROGR

PHONE: TEL: 800-406-1177

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

YOU HAVE FAILED TO RESPOND TO OUR PREVIOUS NOTICES. PLEASE CONTACT THIS OFFICE IMMEDIATELY TO AVOID FURTHER COLLECTION PROCEEDINGS.



3000 Corporate Exchange Dr 5th Floor Columbus, OH 43231
Toll Free (866) 839-1859 Fax (614) 865-2827

Account #: P17438138
Regarding: Capital One
Client Account #: 5187202213753532
Amount Due: \$1005.61

Date: January 04, 2005
Dear Florence M Walker:

Allied Interstate has been retained by Capital One to recover the outstanding amount that is owed to them on the above referenced account. Capital One has indicated that this is a just and legitimate debt and is taking this matter very seriously. In turn, they trust that you will do the same.

Our collection agreement with Capital One mandates that we conduct collection activity in accordance with applicable state and federal laws. This initial letter is the beginning of our collection process designed to focus upon the consequences of your failure to pay this debt.

It is obvious that you have a very important decision to make. Your credit reputation with our client has been seriously affected. It would certainly be in your best interest to complete and return the following in the pre-addressed envelope.

- Payment in full is enclosed.
- Please charge my Visa/Mastercard for \$_____ using my credit card #_____ exp. Date _____.
- Please call me to discuss an acceptable payment program. My telephone number is (____) _____.

Or you may contact our office directly to discuss this matter with one of our experienced account representatives. Ignoring this matter will not make it go away. Take advantage of this opportunity to resolve this long-standing obligation.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

We are a debt collector attempting to collect a debt and any information obtained will be used for that purpose. If your financial institution rejects and returns your payments for any reason, a service fee - the maximum allowed by your state's statutory laws - may be added to your account balance.

Sincerely,
Consumer Services Department

(Detach and return with payment)

Undeliverable Mail Only:

P.O. Box 1954
Southgate, MI 48195-0954



DCC96

Regarding: Capital One
Client Account #: 5187202213753532
Amount Due: \$1005.61
Date: January 04, 2005

Amount Remitted \$ _____

CCD/P17438138/DCC96

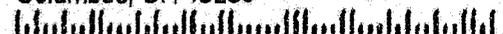
002 38074494 00212370065



Florence M Walker
4950 Sansom St
Philadelphia, PA 19139-3522

P17438138

Allied Interstate, Inc.
P.O. Box 361774
Columbus, OH 43236



RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-10 C-20043932

Attending Physicians

PF PH14 2-1-4

DOCUMENT

MAR 07 2005

ROCKETS

MAR 07 2005

Primary	Anesthesiology Jefferson Pain Center	Neurosurgeon	Orthopaedic
Dr. Patricia Min Edward S. Cooper Building 3701 Market Street Philadelphia, PA 19104	Dr. Gregory H. Pharo 834 Chestnut Street Suite T150 Philadelphia, PA 19107	Dr. Ashiwoni Sharan Jefferson Health System 909 Walnut Street Philadelphia, PA 19107	Dr. Brian J. Sennett University of Pennsylvania 235 S. 33 rd Street Philadelphia, PA 19104
Office: 215 662-2250 Fax: 215 615-3997	Office: 215 955-7246 Fax: 215 923-5086	Office: 215 955-7000	Office: 215 662-3340
Orthopaedic Surgeon			
Dr. Ramsey Penn Orthopaedic 39 th & Market Streets Philadelphia, PA 19104			
Office: 215 662-3340 Fax: 215 349-5128			

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-20043932

DOCUMENT

C-11 C-20043432
PE Phila
7-1-05

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU



MAR 07 2005

MONTHLY BUDGET INFORMATION

Customer's Name: Florence M. Walker

Date: January 13, 2005

Name of Utility: PECO Energy Company

P.U.C. Docket No.: C-20043932

Hearing Date: Tuesday, February 1, 2005 @ 1:30 p.m.

Administrative Law Judge: Cynthia Williams Fordham

DOCKETED
MAR 07 2005

RECEIVED
FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Monthly Household Income

Amount

(Include net income from all persons living in your home.)

Salaries, wages & tips

\$14,256

Public assistance

0

Social security or SSI

11,658.60

Alimony

0

Child support

0

Pension

0

Retirement benefits

0

Unemployment compensation

0

Workers' compensation

0

Food stamps

0

Other income (List source & amount):

0

\$11,201.16

Total:

DOCUMENT

(IMPORTANT: COMPLETE EXPENSE INFORMATION ON NEXT PAGE.)

Monthly Household Expenses

Amount

Balance

Owed

Rent/mortgage	\$ 647.68	\$61,471.00
Electric	150.00	1,980.00
Gas	88.50	963.58
Telephone	88.00	19.00
Water	23.17	207.45
Sewage	0	0
Trash pickup	0	0
Cable television	0	0
Food (Other than food stamps)	150.00	150.00
Clothing	0	0
Automobile:		
Loan payment	255.85	7,000.00
Gasoline	0	0
Repairs & maintenance	0	0
Car insurance	0	0
Other transportation:		
Bus	0	0
Taxicabs	0	0
Jitneys	0	0
Insurance premiums:		
Renters'/homeowners' insurance	0	0
Life insurance	0	0
Medical insurance	47.00	ongoing
Medical bills:		
Doctors	Co-pay - 45.00	ongoing
Dentists	0	0
Hospitals	0	0
Prescriptions	45 - 150.00	45 - 150.00
List credit cards & charge accounts:		
Collection	0	

List loan payments:		
Collection	0	

List other expenses:		

Total:	\$ _____	\$ _____

FLORENCE M. WALKER

4950 Sansom Street
Philadelphia, PA 19139

Phone/Fax: (215) 747-0294

Email: fmwalker763@juno.com

SUMMARY

Administrative Specialist with 14 years experience in a corporate environment. Able to manage large groups in demanding / high-pressure surroundings. Computer software / Internet literate. Two years as an Information Technology Assistant in eBusiness. Expertise includes:

- Assisting Analysts and Developers with various web designs in Information Technology (IT)
- Exceptional Computer Skills
- Creating and Inserting Charts, Images, and Forms into documents, presentations, and web sites
- Risk Management / Safety
- Monthly Reporting
- Contracts and Policies
- Dictaphone
- Scheduling Travel (Worldwide)
- Scheduling Meetings

PROFESSIONAL EXPERIENCE

ROHM AND HAAS COMPANY, Philadelphia, PA

1998 – 2001

Administrative Specialist / Information Technology Assistant

Collaborated with other administrative assistants on related projects. Attended meetings, prepared and distributed minutes. Prepared presentations, slides, charts, spreadsheets, set up conference calls, faxed documents, checked voice mail and responded to messages. Reserved conference rooms, ordered necessary equipment and refreshments. Handled travel arrangements and ordered office supplies.

- Monitored Rohm and Haas web site activity on both Intranet and Extranet (Company Hits)
- Researched inquiries as Webmaster for Rohm and Haas on both Intranet and Extranet (Networking)

**THE CHILD GUIDANCE CENTER OF
THE CHILDREN'S HOSPITAL OF PHILADELPHIA, Philadelphia, PA**

1995 – 1997

Administrative Assistant

Worked as the administrative assistant to the Executive Vice-President and Chief Financial Officer; assisted the director of Records Information.

- Created presentations, attended off-site meetings, prepared and distributed minutes.
- Created all forms used in the Child Guidance Center in Microsoft Excel, Access, and Word.

TEMPORARY AGENCIES, Philadelphia, PA

1988 – 1995

Administrative Assistant

Worked as an administrative assistant for various companies including: Colonial Penn Insurance Company; Albert Einstein Hospital, Northern Division; The Hospital of The University of Pennsylvania; Presbyterian Hospital; CIGNA; PECO; Providian Insurance Company; New York Life Insurance Company; Melmark Homes.

- Performed independently all secretarial and word processing tasks within various organizations with proficiency.

C-12
PF 2-1-05 Phila
C-20-13932

SMITH KLINE AND FRENCH LABORATORIES, Philadelphia, PA

1984 - 1988

Secretary - Research and Development

Reported to seven research managers.

- Worked on merge documents and typed letters from hand drafts.
- Transcribed reports and transmitted documents for management review.
- Created documents in Access.
- Duplicated disks.

EDUCATION

Secretarial Science, Philadelphia Community College, Philadelphia, PA
Computer Science Certification, Center Plaza Institute, Philadelphia, PA
Data Processing Concepts, Business Writing, American Business Institute, Philadelphia, PA

TECHNICAL EXPERTISE

Microsoft® Suite of Products including: Word, Excel, PowerPoint, Access, Organizer, and Visio

C-12
PF 2-1-05 Phila
C-200413432

RECEIVED

FEB 24 2005

Account Statement
 Customer Name: Florence M Walker
 Address: 4950 Sansom St
 Philadelphia Pa 19139-3522

Prepared by: Femer
 Account Number: 25-09-50-034851
 Rates: Electric, Residential Cap2

Bill Period	DAYS	Meter Reading -Type	USAGE	Dly Avg Use	Paco Bill Amt /Budget + Agmt	Supp Chg.	Sales Tax	Amount Reqsd	Due Date	Late Chg.	Payment	Pymt Rec'd	Balance	Comment
02/12/03	29	12532 - A	570	19.6	61.95			276.31	03/10/03	2.63			776.70	BM 04
03/13/03	29	13079 - A	547	18.8	58.98			277.99	04/07/03	2.70	60.00	03/04/03	778.38	BM 07
04/11/03	29	13605 - A	526	18.1	56.29 77.00 +40.00			117.00	05/06/03	2.70			834.67	BM 00
05/13/03	32	14137 - A	532	16.6	57.05 77.00 +40.00			154.00	06/05/03	2.58	80.00	05/06/03	811.72	BM 00
06/12/03	30	14635 - A	498	16.6	52.75 77.00 +40.00			271.00	07/07/03	2.58			864.47	BM 52
07/14/03	32	15507 - A	872	27.2	100.83 /0.00 +40.00			349.50	08/06/03	4.34			967.88	BM 04
08/13/03	30	16426 - A	915	30.6	106.89 /0.00 +40.00			500.73	09/08/03	6.17			1,079.11	BM 00
09/12/03	30	17314 - A	888	29.6	102.88 /0.00 +40.00			649.78	10/07/03	6.30			1,188.16	BM 07
10/14/03	32	17856 - A	542	16.9	58.35 /0.00 +37.99			606.42	11/06/03	7.50	146.00	09/23/03	1,106.81	BM 00
11/11/03	28	18328 - A	472	16.8	50.27			664.19	12/04/03	8.13			1,184.58	BM 04
12/11/03	30	19121 - A	793	26.4	90.65			762.97	01/05/04				1,263.36	BM 00
01/13/04	33	20176 - A	1055	31.9	124.38			887.35	02/05/04				1,387.74	BM 00
02/12/04	30	21326 - A	1150	38.3	138.66			1,026.01	03/08/04				1,526.40	BM 00

PA PUBLIC UTILITY COMMISSION
 SECRETARY'S BUREAU

MAR 01 2005

C-2008 43932
 PE CO - 1
 PF Philadelphia Phila 2-123

Account Statement

Customer Name: Florence M Walker
 Address: 4950 Sansom St
 Philadelphia Pa 19139-3522

Prepared by: Ferner

Account Number: 25-09-50-034851

Rates: Electric, Residential Cap2

Bill Period	D A Y S	Meter Reading -Type	U S A G E	Dly Avg Use	Peco Bill Amt /Budget + Agmt	Supp Chg.	Sales Tax	Amount Requestd	Due Date	Late Chg.	Payment	Date Pymt Rec'd	Balance	Comment
03/12/04	29	22347 - A	1021	35.2	121.91 /90.00 + 15.00			105.00	04/06/04				1,648.31	BM 00
04/13/04	32	23383 - A	1036	32.3	123.85 /90.00 + 15.00			210.00	05/10/04		*500.39	03/17/04	1,271.77	*CAP2 Chai C# BM 52
05/13/04	30	23966 - A	583	19.4	65.04 /0.00 + 15.00			283.31	06/07/04	2.51	75.00	05/05/04	1,264.32	BM 04
06/14/04	32	24547 - A	581	18.1	64.78 /0.00 + 15.00			366.60	07/07/04	3.51			1,332.61	BM 04
07/14/04	30	25307 - A	760	25.3	88.02 /0.00 + 15.00			489.62	08/09/04				1,420.63	BM 00
08/12/04	29	26103 - A	796	27.4	92.69 /0.00 + 15.00			502.31	09/07/04		75.00	08/03/04	1,438.32	BM 00
09/14/04	33	26938 - A	835	25.3	97.76 /0.00 + 15.00			545.07	10/07/04		70.00	08/30/04	1,466.08	BM 00
10/14/04	30	27518 - A	580	19.3	64.65 /0.00 + 15.00			564.72	11/08/04		60.00	10/04/04	1,470.73	BM 00
11/11/04	28	28007 - A	489	17.4	53.17 /103.00 + 15.00			373.00	12/06/04		70.00	10/28/04	1,453.90	BM 92
12/13/04	32	28619 - A	612	19.1	68.81 /103.00 + 15.00			416.00	01/05/05		75.00	11/23/04	1,447.71	BM 52

Account Statement

Customer Name:

Florence M Walker
 4950 Sansom St
 Philadelphia Pa 19139-3522

Prepared by: Ferrer

Address:

Account Number:

25-09-50-034851

Rates:

Electric, Residential Cap2

Bill Period	DAYS	Meier Reading -Type	USAGE	Diy Avg Use	Pecc Bill Amt /Budget + Agmt	Supp Chg.	Sales Tax	Amount Reqsid	Due Date	Late Chg.	Payment	Date Pymt Rec'd	Balance	Comment
01/13/05	31	29270 - A	651	21.0	73.87 /0.00 + 15.00			420.85	02/08/05		75.00	1/31/05	1,521.58	BM 00
													1,446.58	

Reading Type Codes: A - Actual E - Estimated C - Customer

Florence Walker
25-09-50-034851

RECEIVED
MAR 07 2005

Terms

5/28/02 – terms negotiated to pay \$100.00 + CB

7/15/02 – terms negotiated to pay \$100.00 + CB

3/18/03 – terms negotiated to pay \$40.00 + CB

2/24/04 – BCS decision to pay \$15.00 + \$90.00 budget

10/15/04 – BCS decision to pay \$325.00 by 11/9/04, then pay \$15.00 + \$103.00 budget

4 Factors

Balance - \$1521.28

Time it took to accrue – Approximately 17 months

Ability to pay – Level 1

Payment History - Poor

DOCUMENT

RECEIVED

FEB 24 2005

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

C-20043932
PE CO - 2
2-1-05
P. H. [unclear]

Date 1/20/05

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

Case Number: 1715156
Customer Name: FLORENCE WALKER
Address: 4950 SANSOM ST
PHILADELPHIA PA 19139-3522

Opened On: 7/12/04
Utility Type: Electric Distributor
Account Number: 250950034851
Company Name: PECO Energy

Prior Case: 1572946

Total Balance: \$1,420.63 Balance Date: 7/19/04

Compliance

Violation(Alleged, Actual, No): NO

Chap 56/64/Other:

Section/Rule:

Decision Issued: Y

Oral Written: W

Investigator: BYNDAS, JULIA

PUC Decision issued Dt: 10/15/04

PUC Case Closed Dt: 10/14/04

Decision Recvd Dt: 10/14/04 04 25PM

Letter Description: CHANGE IN CIRCUMSTANCE/DISMISSAL/SPECIAL BDGT/NO LPCS

To Restore Service Pay: \$0.00

To Continue Service Pay: \$325.00 By: 11/9/04

Terms: DECEMBER 2004

Special Budget Amount: \$118.00

Regular Budget Amount: \$103.00 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:

MAR 07 2005
MAR 20 5

Resolution:

SEE CS17 SCREEN FOR PMT ARR WAIVE LPC'S CAP

RECEIVED
FEB 24 2005
PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

DOCUMENT

C-2043932

PECO-3
PF 2-1-05
1/21/05

Date 1/20/05

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

Case Number: 1572946
Customer Name: FLORENCE WALKER
Address: 4950 SANSOM ST
PHILADELPHIA PA 19139-3522

Opened On: 1/13/04
Utility Type: Electric Distributor
Account Number: 250950034851
Company Name: PECO Energy

Prior Case: Total Balance: \$1,526 40 Balance Date: 2/23/04

Compliance

Violation(Alleged, Actual, No): NO

Chap 58/64/Other:

Section/Rule:

Decision Issued: Y

Oral Written: W

Investigator: SHINDLE, ROBERT

PUC Decision
Issued Dt: 2/26/04

PUC Case
Closed Dt: 2/24/04

Decision Recvd Dt: 2/24/04 01:25PM

Letter Description: CAP STRAIGHT DECISION

To Restore Service Pay: \$0.00

To Continue Service Pay: \$0.00 By:

Terms: APRIL 2004

Special Budget Amount: \$105.00

Regular Budget Amount: \$90.00 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:

Resolution:

CAPRATE IS BEG APRIL 2004 PAY 105/MO (CAPRATE BUDGET 90 + 15) UNTIL CAPRATE AGREEMENT IS
CURRENT WAIVE LPCS.

20x2