

EXCEPTIONS OF FLORENCE M WALKER

PECO ACCOUNT #25.09.50.034851

C20043932

ORIGINAL

RECEIVED

FEB 6 2006

SUBMITTED TO

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

James J. McNulty  
Secretary of the Commission of Pennsylvania  
Pennsylvania Public Utility Commission  
Keystone Building - 2<sup>nd</sup> Floor  
400 North Street  
Harrisburg, PA 17105-3265

DOCUMENT  
FOLDER

1-Original 9-Copies  
CERTIFIED MAIL, RECEIPT REQUESTED

DOCKETED  
FEB 10 2006

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

1-Copy  
CERTIFIED MAIL, RECEIPT REQUESTED

February 6, 2006

105

Florence M Walker  
4950 Sansom Street  
Philadelphia, PA 19139

ORIGINAL

Phone: 215.747.0294

email: [walkerfm@verizon.net](mailto:walkerfm@verizon.net)

February 6, 2006

James J. Mc Nulty  
Secretary of the Commission of Pennsylvania  
Pennsylvania Public Utility Commission  
Keystone Building - 2<sup>nd</sup> Floor  
400 North Street  
Harrisburg, PA 17105-3265

RECEIVED

FEB 6 2006

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

RE: EXCEPTIONS - C20043932

Florence M Walker  
V.  
PECO Energy Company

Dear Mr. Mc Nulty:

Enclosed are documents (exceptions) required for the further review of my plea to PECO Energy Company for obtaining a payment agreement to meet my financial situation (mainly, a waiver of the deposit of \$325.00). PECO stated that previous agreements were broken and as I stated at the hearing, I reiterate that I was forced to accept their agreement and denied the opportunity to submit substantial documentation of my true financial situation. My options were to take the agreement offered or No Service.

Since February 2005, I have had three surgeries: 1) April 4, 2005, Full Shoulder Replacement - Dr. Fenlin, The Rothman Institute. 2) June 15, 2005, Surgery, Right Breast - Dr. Moses, Methodist Hospital. 3) August 8, 2005, Cervical Spine Surgery - Dr. Vaccaro, The Rothman Institute. Dr Vaccaro removed bone from the hip area and placed it in my neck area. Prolonged history of smoking has affected the healing process. I have not recuperated from the above surgeries and further complications have occurred.

Following spinal surgery the numbness in the left side of my face and neck increased to the point where I am paralyzed in the left side of my upper extremities (face and neck). Lack of sight, weeping, and no control in my left eye. I have no control of chewing food and biting of my tongue. I was referred to Dr. Mandell, Neurology and Neurophysiology Associates, P.C. Dr. Mandell's study (ECG) in his office showed a significant degree of loss of blood circulation and damaged nerves in my left side. He has scheduled testing to determine the extent of damage (EXHIBIT A). At this point, I am unable to obtain gainful employment.

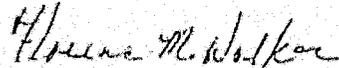
Also, enclosed are other documents for review: 1) Letter from my primary physician, Dr. Min, and document detailing valid dates of my disability (EXHIBIT B). 2) Medical Health Benefits paid by me for year 2005 to present (EXHIBIT C). 3) Social Security 2005 Benefit Statement - W2 Form from Rohm and Haas Company showing 2005 medical health contribution toward my health plan - 2006 Social Security Benefit Amount (EXHIBIT D). 4) An agreement plan with a major utility company and letter from me asking for leniency (EXHIBIT E).

5) Home Loan Statement 2006, showing late charges and one month arrear on monthly mortgage - Receipts from mortgage company showing Just-In-Time payments made each month with a \$12 fee via phone to avoid mortgage from going to past 30-day delinquent. As long as I continue this method of payment, my home will not be repossessed (EXHIBIT F). Release of Information/Medical Records - presented to PECO Energy Company to obtain all medical records from my primary physician that detail all medical matters mentioned in this document (EXHIBIT G).

CLOSING

This material has been submitted for the sole purpose of obtaining a monthly payment agreement without a deposit with PECO Energy Company that fits my financial status. Please review. Your cooperation is appreciated.

Sincerely,

  
Florence M Walker

Enclosures: 9-Copies  
CERTIFIED MAIL, RECEIPT REQUESTED

cc: Lisa A. Litz, Esquire  
PECO Energy company  
2301 Market Street  
Suite S23-1  
Philadelphia, PA 19101-8699  
1-Copy CERTIFIED MAIL, RECEIPT REQUESTED

National Imaging Associates, Inc.  
11050 Olson Drive, Suite #200  
Rancho Cordova, CA 95670  
(888) 899.7803  
(800) 784.6864 fax



*The Right Image*

January 19, 2006

Dr. Steven Mandel  
~~1111 Chestnut St Suite 0~~  
Philadelphia, PA 19107  
Fax: (215) 574-0861

RE: Florence M. Walker  
Member ID: LQXGG010

Dear Dr. Mandel:

National Imaging Associates, Inc. (NIA) performs radiology utilization management services for selected imaging procedures on behalf of Aetna Mid-Atlantic Region.

Thank you for your recent pre-certification request. The certification number for the *BRAIN MRI* you ordered for Aetna Mid-Atlantic Region member *Florence M. Walker* is 6019M200. It has been approved for the following imaging facility: *'Hospital Of The University Of Pennsylvania'*. This approval is subject to the member's eligibility and provider status and is good for 90 days from the date of issue.

Your cooperation in working with us to improve quality of care and utilization management is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Delin', written over a horizontal line.

Thomas G. Delin, MD, FACR  
Chief Medical Officer, National Imaging Associates, Inc.

TGD

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932



PENN Care  
Edward S. Cooper-Internal Medicine Practice

February 1, 2006

RE:  
Florence Walker  
4950 Sansom St  
Phila, PA 19139

To whom it may concern:

Florence Walker is totally disabled, and she is unable to work. She needs her utilities maintained for medical purposes.

Sincerely,

Patricia Min, MD

3701 Market Street, 6th Floor, Philadelphia, PA 19104  
University of Pennsylvania Health System

phone (215) 662-2250  
fax (215) 615-3995

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932



Liberty Life Assurance Company of Boston  
Disability Claims  
P.O. Box 1525  
Dover, NH 03821-1525  
Phone No.: (800) 210-0268  
Secure Fax No.: (603) 742-3873

December 14, 2005

Florence Walker  
4950 Sansom Street  
Philadelphia, PA 19139-3522

RE: Long Term Disability Benefits  
Rohm And Haas Company  
Claim #: 720870

Dear Ms. Walker:

Per your phone request here is the information you requested regarding your Short-Term and Long-Term Disability benefits:

Date of disability: 9/6/01  
Date Short-Term Disability benefits began: 9/11/01  
Date Short-Term Disability benefits ended: 3/6/02  
Date Long-Term Disability Benefits began: 3/7/02

Your Long-Term disability benefits will continue to age 65, as long as you meet the terms of your contract with your employer Rohm & Haas Co.

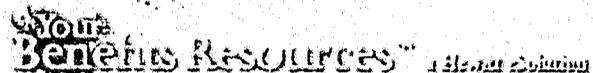
Please feel free to call me with any other questions you may have.

Sincerely,

Rhonda DiCicco  
Disability Claims Case Manager I  
Phone No.: (800) 210-0268 Ex: 38528  
Secure Fax No.: (603) 742-3873

CC: Rohm & Haas, HR Dept: Attn: Ms. Smith

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932



GO TO MAIN Health, Insurance...

How to Print This Page • Add to Your Favorites

Your Action Needed

## Paying for Your Benefits

Health Insurance...

Pension

Direct Billings and Payments	Deductions
------------------------------	------------

Your Profile

Billing Information

Billing Rates

**Payment History**

Beneficiaries

Life Events

Benefits Manual

## Payment History

As of 02-01-2006

Here is the 13-month history of your payments:

Your Secure Mailbox

Your Recent Requests

Your Favorites

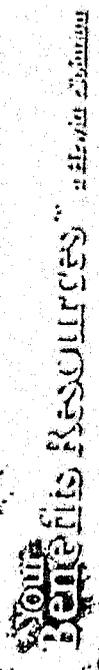
Contact Us

Effective Date	Payment Amount
12-29-2005	\$54.00
12-02-2005	\$47.00
10-28-2005	\$47.00
10-03-2005	\$47.00
08-26-2005	\$47.00
08-02-2005	\$47.00
07-05-2005	\$47.00
05-31-2005	\$47.00
05-02-2005	\$47.00
03-30-2005	\$47.00
03-07-2005	\$47.00
01-31-2005	\$47.00

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 [Pension](#) | 
 [Your Profile](#) | 
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EXCEPTIONS OF  
 FLORENCE M WALKER  
 C20043932



GO TO MAIN Health, Insurance... How to Print This Page • Add to Your Favorites

Current Charges on Your Last Bill

Your Action Needed

Health, Insurance...	Plan Name	Charge Date	Charge
Pension	Medical	02-01-2006 to	\$39.00
Your Profile	AETN HMO PA/DE, You Only	02-28-2006	
Beneficiaries	Dental	02-01-2006 to	\$15.00
Life Events	DPPO, You Only	02-28-2006	\$54.00
Benefits Manual	<b>Total Current Charges</b>		

Return to Billing Information.

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Health, Insurance... | Pension | Your Profile | Beneficiaries | Life Events

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Your Secure Mailbox

Your Recent Requests

Your Favorites

Contact Us

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

<b>2005</b> • 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 2005 *\$12,624.80	Box 4 Benefits Repaid to SSA in 2005 \$1,228.00
Box 5 Net Benefits for 2005 (Box 3 minus Box 4) \$11,396.80	
DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$11,162.20	Deductions for work or other adjustments \$1,228.00
Medicare premiums deducted from your benefit \$312.80	Benefits Repaid to SSA in 2005 \$1,228.00
Deductions for work or other adjustments \$1,228.00	
Total Additions \$12,703.00	
Subtract	
Non-Taxable payments \$78.20	
Benefits for 2005 \$12,624.80	
	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
*Includes \$12.00 Paid in 2005 for 2004 \$12.00 Paid in 2005 for 2003	

Form SSA-1099-SM (1-2006)

DO NOT RETURN THIS FORM TO SSA OR IRS

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932

# Your New Benefit Amount

BENEFICIARY'S NAME:  
FLORENCE WALKER

Your Social Security benefits will increase by 4.1 percent in 2006, 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 \$1,093.00
- The amount we are deducting for Medicare is \$0.00  
(If you did not have Medicare as of Nov. 20, 2005, 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. 20, 2005, we show \$0.00 )
- After taking any other deductions, we will deposit into your bank account on Jan. 25, 2006, \$993.00

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](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. You also can call us at 1-800-772-1213 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, 1-800-925-0778. 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#: 05B1724A92243

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932

Over ▶



PHILADELPHIA GAS WORKS  
800 WEST MONTGOMERY AVE  
PHILADELPHIA, PA 19122

12.2 2005

RE: Account # 009-6237-6070

Dear CRP Customer,

We received your CRP Recertification Form(s) and income documentation for processing. Based on the updated household income we received, your new CRP agreement type is 10 % of your monthly household income. Your new monthly CRP Agreement amount is \$ 95.10. You will also be asked to pay \$3 monthly arrears co-pay towards your pre-program arrears, if you have one. These new charges will begin as of your next bill. Note that you are still required to pay any unpaid CRP bills due prior to these changes.

Please also keep in mind the responsibilities for participation in PGW's Customer Responsibility Program:

- Make Payments on time.
- Apply for and assign LIHEAP grant to PGW, if eligible.
- Recertify (re-apply) every year.
- Allow installation of Automatic Meter Reading (AMR) device.
- Accept conservation, weatherization, and energy education, if offered free of charge.

If you have any questions regarding this change, you may contact PGW at (215) 235-1000 or visit one of our Customer Service Centers.

Para traducción en español, llame a (215) 235-2175

Sincerely,

*Elsa Leung*  
Manager, Universal Service Programs

#3

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932

Florence M Walker  
4950 Sansom Street  
Philadelphia, PA 19139  
Phone: (215) 747.0294

---

November 7, 2005

Customer Responsibility Program (CRP)  
Philadelphia Gas Works  
PO Box 3529  
Philadelphia, PA 19122-0529

Dear Sir or Madam:

Re: Account #0962376070

Enclosed are the Mail Re-certification Form and the Re-certification Agreement. Under the Re-certification Agreement questions 1 and 5, please take into consideration the following:

**QUESTIONS**

- 1) Pay the amount determined by PGW plus \$3 towards pre-program arrears
  - a) Amount determined greater than I am able to pay
  - b) No matter how close I come to the amount, I will be in default
  
- 5) Payment must be received on time each month
  - a) If due date is before the fourth Wednesday of each month, I will be in default
  - b) My Social Security check is distributed on the fourth Wednesday of each month and I cannot change the distribution date
  
  - c) I have had three surgeries this year (2005) left shoulder, spine, and right breast. As of today, 11/07/05, I have a prescription at CVS that I am unable to pick up due to the co-pay cost. These are monthly prescriptions. I am one month behind on my mortgage.

I am genuinely pleased that you have given me this opportunity and I am willing to sign this agreement; however, please consider the above. I do not want to fall in the DEFAULT category.

Sincerely,

Florence M Walker  
Enclosures

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932

**Washington Mutual**  
HOME LOANS

**Home Loan Statement**  
**January 2006**

Customer Service: Toll free 1.866.926.8937. Se habla español  
TDD: Dial 7-1-1 for relay assistance  
For a refinance or purchase loan, call 1.866.888.5935  
www.wamu.com

Statement Date: January 20, 2006  
Activity Since: December 27, 2005  
Your Loan Number: 8002616368

HOME LOAN STATEMENT JANUARY 2006

#BWNLNN  
#1980029614936895#  
2044769 01 AT C 308 \*AUTO 18 0 6012 19139 3522 2 MA1  
FLORENCE M WALKER  
4950 SANSOM ST  
PHILADELPHIA PA 19139 3522

**Your Property and Loan Information**

Property Address: 4950 SANSOM ST  
PHILADELPHIA PA 19139  
Principal Balance: \$ 60,772.40  
Interest Rate: 8.000000%  
Escrow Balance: \$ 743.64

**Your Next Payment**

Next Payment Due:	February 01, 2006
Principal and Interest:	\$ 465.93
Escrow:	\$ 133.87
Optional Products:	\$ 46.27
Current Payment:	\$ 646.07
Plus	
Past Due Payment(s):	\$ 646.07
Unpaid Late Charges:	\$ 481.18
Other Fees:	\$ 8.90
<b>Total Amount Due:*</b>	<b>\$ 1,782.22</b>

**Did You Know?**

For details about your home loan, visit us at www.wamu.com. Check recent transactions, order copies of your loan documents, view your current principal balance, or use one of the many helpful loan calculators. If you're a first-time user, simply click on "My Home Loan" and follow the prompts to register by selecting a UserID and Password.

**Important Messages**

\* To avoid a late charge of \$23.99, we must receive your payment of principal, interest, and any escrow deposits and/or past-due payments by 02/16/06 during our business hours. If this date falls on a weekend or holiday, your payment must be received by the next business day.

**Year to Date Account Activity**

Principal Paid:	\$	0.00
Interest Paid:	\$	0.00
Property Taxes Paid:	\$	0.00
Insurance Paid:	\$	0.00
PMU/MIP Paid:	\$	24.95

Please see the reverse side for Recent Account Activity  
We know your financial information is important to you. Ensuring the privacy of your information is important to us. Please take a moment to look at the enclosed brochure about Washington Mutual's policy on privacy.

Washington Mutual Bank 150-B **FDIC**

**Washington Mutual** 150-B  
HOME LOANS

FLORENCE M WALKER  
Loan Number: 8002616368  
Statement Date: January 20, 2006

Please allow 7-10 days for postal delivery.

Payment Due Date: February 01, 2006  
Current Payment: \$ 646.07  
Total Amount Due: \$ 1,782.22  
If Received After: February 16, 2006  
Total Amount Plus Late Charges: \$ 1,806.21

- Please write your loan number on your check. Make check payable to Washington Mutual.
- Please check here if change of address or telephone number is indicated on the reverse side of this form.

**Making Your Payment**  
Please write in any additional funds that you may be including with your payment. If you include additional funds and do not indicate how to apply them, we will apply them first to applicable advances, then to any fees due and then to principal.

WASHINGTON MUTUAL  
PO BOX 830021  
BALTIMORE MD 21283-0021

Late Charges	+	_____
Additional Principal	+	_____
Additional Escrow	+	_____
Future Payments	+	_____
<b>Total Amount Enclosed</b>	=	_____

0000000 0000000 0000000 8002616368 0178222 0002399 0064607 6

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932





FOR RECORDS REQUESTED  
BY UPMC

UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER  
Penn Care E.S. Cooper Internal Medicine  
3701 Market Street 12th Fl.  
3400 Spruce Street  
Philadelphia, PA 19104

CONSENT FOR RELEASE OF MEDICAL RECORDS  
AND CONFIDENTIAL INFORMATION

NAME:  FLORENCE M. WALKER D.O.B.:  10/23/42 MRN: \_\_\_\_\_

Florence M. Walker (patient name) authorizes  DR. PATRICIA MIN-PENN CARE (prior treating facility/ clinician)

to disclose to the University of Pennsylvania Medical Group  DR. PATRICIA MIN (physician or practice name)

the following medical records and/or information (specify exact information):  
ALL MEDICAL RECORDS PERTAINING TO MY DISABILITY

\*\*\*\*\*

NOTICE TO PATIENT

Federal and State regulations do not allow the Medical Group to give any information from your records about certain kinds of treatment unless written permission is obtained from either:

1. You, the patient, or
2. A person acting for you as permitted by law.

If your medical records contain a record of treatment for drug abuse, alcohol abuse or psychiatric (mental) illness, HIV (Human Immunodeficiency Virus or AIDS) or information related to this such information is protected by special federal and/or state confidentiality rules.

The general permission at the top part of this form may NOT be enough to release information about treatment for drug, alcohol or mental treatment or information related to HIV (Human Immunodeficiency Virus or AIDS). The regulations do not allow such information to be used to criminally investigate or prosecute any alcohol or drug abuse patient.

Apart from certain limited disclosures allowed or required by law, the patient's specific written consent is required if the information and medical records you have requested contain information about HIV or AIDS or about treatment for alcohol abuse, drug abuse, or mental illness

Even if you do not consent, you should understand that the law permits certain disclosures of medical records and information to those responsible for paying for your medical care and to those providing current and follow-up medical care

For more information about specific federal regulations concerning treatment for drug and alcohol abuse, see 42 CFR Part 2.

HIV or AIDS or about treatment for alcohol abuse, drug abuse, or treatment for mental illness. In giving permission for the release of such information, my purpose is to expedite billing activity to my insurance companies and provide current and follow-up care (or TO PECO ENERGY CO.)

I understand that I may cancel this permission, in writing, at any time, unless my medical records have already been released as permitted by this form. Unless I state another date in writing on this form, this permission is valid beginning today, and remains valid for six (6) months from today.

I release the University of Pennsylvania Medical Center, its Trustees, employees, agents, successors, assignees and attending physicians from legal responsibility or liability for the release of the information and medical records with the conditions that I have stated here.

I give my consent for the release of information voluntarily and with full understanding of the nature of this release.

X FLORENCE M. WALKER  
(Print Patient's name)

X Florence M. Walker  
(Patient's signature)

X 2/6/06  
(Date)

\_\_\_\_\_  
(Witness' signature, if required)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Second witness' signature if patient is physically unable to sign)

\_\_\_\_\_  
(Date)

If the patient is not an emancipated minor, is deceased or is legally incompetent:

\_\_\_\_\_  
(Signature of legal representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Legal relationship to patient, i.e. parent, executor, legal guardian)

\_\_\_\_\_  
Signature of Medical Center Representative

\_\_\_\_\_  
(Date)

\*\*\*\*\*

Information and medical records may be released to:

Insurance Company:

Family Doctor:

Referring Doctor:

\_\_\_\_\_  
(Person/Organization)

X \_\_\_\_\_  
(Person/Organization)

X \_\_\_\_\_  
(Person/Organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

~~Insurance~~ Company:

Other:

X PA Public Utility Com.  
(Person/Organization)

X PECO Energy Co - LISA A. LITZ, Esq.  
(Person/Organization)

P.O. Box 3265  
(Address)

2301 MARKET ST  
(Address)

HARRISBURG, PA 17105  
(City, State, Zip)

PHILA., PA 19101  
(City, State, Zip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

EXCEPTIONS OF  
FLORENCE M WALKER  
C20043932



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

IN REPLY PLEASE  
REFER TO OUR FILE

ISSUED: January 30, 2006

C-20043932

FLORENCE M WALKER  
4950 SANSOM STREET  
PHILADELPHIA PA 19139

Florence Walker  
v.  
PECO Energy Company

TO WHOM IT MAY CONCERN:

Enclosed is a copy of the Initial Decision of Administrative Law Judge Cynthia Williams Fordham. This decision is being issued and mailed to all parties on the above specified date.

If you do not agree with any part of this decision, you may send written comments (called Exceptions) to the Commission. Specifically, an original and nine (9) copies of your signed exceptions **MUST BE FILED WITH THE SECRETARY OF THE COMMISSION 2<sup>ND</sup> FLOOR, KEYSTONE BUILDING, 400 NORTH STREET, HARRISBURG, PA OR MAILED TO P.O. BOX 3265, HARRISBURG, PA 17105-3265**, within **twenty (20) days** of the issuance date of this letter. The signed exceptions will be deemed filed on the date actually received by the Secretary of the Commission or on the date deposited in the mail as shown on U.S. Postal Service Form 3817 certificate of mailing attached to the cover of the original document (52 Pa. Code §1.11(a)) or on the date deposited with an overnight express package delivery service (52 Pa. Code 1.11(a)(2), (b)). If your exceptions are sent by mail, please use the address shown at the top of this letter. A copy of your exceptions must also be served on each party of record. 52 Pa. Code §1.56(b) cannot be used to extend the prescribed period for the filing of exceptions/reply exceptions. A certificate of service shall be attached to the filed exceptions.

If you receive exceptions from other parties, you may submit written replies to those exceptions in the manner described above within **ten (10) days** of the date that the exceptions are due.

Exceptions and reply exceptions shall obey 52 Pa. Code 5.533 and 5.535 particularly the 40-page limit for exceptions and the 25-page limit for replies to exceptions. Exceptions should clearly be labeled as "EXCEPTIONS OF (name of party) - (protestant, complainant, staff, etc)".

If no exceptions are received within **twenty (20) days**, the decision of the Administrative Law Judge may become final without further Commission action. You will receive written notification if this occurs.

Very truly yours,

James J. McNulty  
Secretary

Encls.  
Certified Mail  
Receipt Requested  
SS

RECEIVED

2006 FEB 14 AM 9:14

FAA  
SECRETARY'S BUREAU

Act 294

Case Identification:

C-20043932; Florence Walker v. PECO Energy Company

Initial Decision By:

ALJ Cynthia Williams Fordham

Deadline for Return to OSA:

February 10, 2006

This decision has not been reviewed by OSA.

DOCUMENT  
FOLDER

OFFICE OF SPECIAL  
ASSISTANTS

2006 FEB 13 AM 7:43

RECEIVED

\* \* \* \* \*

I want full Commission review of this decision.

DOCKETED  
FEB 15 2006

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

I do not want full Commission review of this decision.

*Donald J. Holland*  
\_\_\_\_\_

Commissioner

*FEB 10, 2006*  
\_\_\_\_\_

Date

Act 294

Case Identification:

C-20043932; Florence Walker v. PECO Energy Company

Initial Decision By:

ALJ Cynthia Williams Fordham

Deadline for Return to OSA:

February 10, 2006

This decision has not been reviewed by OSA.

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2006 FEB 13 AM 9:58  
OFFICE OF SPECIAL ASSISTANTS

\* \* \* \* \*

I want full Commission review of this decision.

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

I do not want full Commission review of this decision.

*James H. Cawley*  
\_\_\_\_\_  
Commissioner

*2/10/06*  
\_\_\_\_\_  
Date

*Star*

Act 294

Case Identification:

C-20043932; Florence Walker v. PECO Energy Company

Initial Decision By:

ALJ Cynthia Williams Fordham

Deadline for Return to OSA:

February 10, 2006

This decision has not been reviewed by OSA.

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I want full Commission review of this decision.

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

I do not want full Commission review of this decision.

Bill Shane SB  
Commissioner

2/10/06  
Date

Act 294

Case Identification:

C-20043932; Florence Walker v. PECO Energy Company

Initial Decision By:

ALJ Cynthia Williams Fordham

Deadline for Return to OSA:

February 10, 2006

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\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

I do not want full Commission review of this decision.

*Kim Longoria*  
\_\_\_\_\_  
Commissioner

*2-10-06*  
\_\_\_\_\_  
Date

Act 294

Case Identification:

C-20043932; Florence Walker v. PECO Energy Company

Initial Decision By:

ALJ Cynthia Williams Fordham

Deadline for Return to OSA:

February 10, 2006

This decision has not been reviewed by OSA.

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I want full Commission review of this decision.

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

I do not want full Commission review of this decision.

*Terrance J. Fitzpatrick*  
\_\_\_\_\_

Commissioner

*1/30/06*  
\_\_\_\_\_

Date

Legal Department

Telephone 215 841 5544  
www.exeloncorp.com

Business Services  
Company

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

# ORIGINAL

Direct Dial: 215 841 6841

February 16, 2006

**VIA OVERNIGHT MAIL**

James McNulty, Secretary  
Pennsylvania Public Utility Commission  
P. O. Box 3265  
Harrisburg, PA 17105-3265

DOCUMENT  
FOLDER

RECEIVED

FEB 16 2006

Re: Florence Walker v. PECO Energy Company  
Docket No.: C-20043932

DOCKETED

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

MAR 01 2006

Dear Secretary McNulty:

PECO Energy Company ("PECO") hereby replies to the Exceptions filed by the Complainant in the above-referenced matter.

On or about October 27, 2004, Florence Walker ("Complainant") filed a formal Complaint with the Pennsylvania Public Utility Commission ("Commission") requesting a further payment arrangement and alleging an inability to comply with the decision and payment arrangement of the Bureau of Consumer Services. ("BCS").

PECO responded to Complainant's complaint by filing an Answer dated December 7, 2004. PECO denied Complainant's allegations in her complaint; PECO further noted that Complainant was enrolled in the Customer Assistance Program ("CAP") and received a monthly discount on her electric service.

This case was assigned to Administrative Law Judge ("ALJ") Cynthia Williams Fordham. An Interim Payment Order, issued December 9, 2004, by Chief Administrative Law Judge, Veronica A. Smith, directed the Complainant, to pay her monthly utility bill, while awaiting a hearing and further indicating that failure to comply with this Order may result in the termination of service. An initial in-person hearing was scheduled and held on February 1, 2005 before ALJ Fordham.

During the hearing, PECO presented testimony that Complainant had many prior payment agreements that were not kept. (PECO Exhibit 2) PECO also presented testimony that the Complainant is a Customer Assistance Program ("CAP") discounted-rate customer. (Tr. pg. 29-30). PECO presented an account statement of Complainant's electric account in which the balance was \$1,446.58. The balance represents the amount that has accrued while she has been

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