

CAPTION SHEET

CASE MANAGEMENT SYSTEM

1. REPORT DATE: 00/00/00	:	
2. BUREAU: ALJ	:	
3. SECTION(S):	:	
5. APPROVED BY:	:	4. PUBLIC MEETING DATE:
DIRECTOR:	:	00/00/00
SUPERVISOR:	:	
6. PERSON IN CHARGE:	:	7. DATE FILED: 08/23/06
8. DOCKET NO: C-20066839	:	9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT: WILLIAMS, NESSA

RESPONDENT/APPLICANT: PHILADELPHIA GAS WORKS

COMP/APP COUNTY: PHILADELPHIA

UTILITY CODE: 125042

ALLEGATION OR SUBJECT

COMPLAINANT STATES THEY WOULD LIKE A PAYMENT AGREEMENT. SHE WOULD LIKE TO BE PLACED BACK ON THE CRP PROGRAM OR ON A PAYMENT PLAN WITH AN EXTRA AMOUNT ADDED TO BE PAID MONTHLY.

DOCUMENT  
FOLDER

DOCKETED  
SEP 27 2006

# ORIGINAL

## PENNSYLVANIA PUBLIC UTILITY COMMISSION

### Formal Complaint Form

Please print or type.

C-20066839

#### 1. CUSTOMER NAME (COMPLAINANT)

Your name, mailing address, county, telephone number, utility account number and service address:

Name Nessa Williams RE: STACY WILLIAMS (mother)

Street/P.O. Box 6054 Roosevelt Blvd Apt # —

City Phila. State Pa Zip 19149

County Philadelphia

Area Code/HOME Phone (215) 533-4329

Area Code/WORK Phone (267) 228-8420 (cell)

Utility Account Number 7116743928  
(from your bill)

If your complaint involves utility service provided to a different address than your mailing address, please list this information below.

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### 2. UTILITY NAME (RESPONDENT)

Name of utility company your complaint concerns: PGW (Phila. Gas Works)

#### 3. TYPE OF UTILITY (check one)

ELECTRIC

STEAM HEAT

GAS

WASTE WATER

WATER

MOTOR CARRIER  
(taxi, moving company, limousine)

TELEPHONE  
(local, long distance)

**RECEIVED**

AUG 23 2006

548

4. COMPLAINT (check one)

A. In general, what is your complaint?

- I want to oppose the company's proposed rate increase.
- There are incorrect charges on my bill.
- There is a reliability, safety or quality problem with my utility service.
- I received a notice that my utility service is being terminated.
- I would like a payment agreement.
- Other.  
(explain)

B. State the facts of your complaint.

Include any specific dates, times or places that are important. If the complaint is about a bill, tell us about any charges that you believe are not correct. Use additional paper if you need more space. Provide copies of all relevant documents you believe will support your complaint.

During the month of Sept. 2005 (recertification month), My mother Stacy Williams was sick with cancer and was heavily medicated for pain. She was on meds. such as Oxycodone, Percocet, and morphine. Her mail was basically not answered <sup>(and bills not paid on time)</sup> because of her condition. She went in and out of the hospital even until today, as she is in hospice - Aug 2006. Our household was determined ineligible for the CRP program in June 06. Now, we need \$1200+, to be put back on the program. As a single parent of three, RELIEF (all under 6) I find it hard to find the money.

What do you want the Public Utility Commission to do about your complaint? Use additional paper if you need more space.

I would like to be placed back on the CRP program or on a payment plan with an extra amount added to be paid monthly.

6. PROTECTION FROM ABUSE

Answer the following question if your complaint is against a natural gas distribution company, an electric distribution company or a water company **AND** your complaint is about a billing problem, an application for service problem, a termination of service problem or a request for a payment agreement.

Has a court granted a "Protection from Abuse" order for your personal safety?

YES

NO

7. PRIOR UTILITY CONTACT

Answer the following question only if you are a residential customer and your complaint is against an electric distribution utility, natural gas distribution utility or a water distribution utility.

Have you spoken to a utility company representative about this complaint?

YES

(includes appeals of BCS determinations)

NO

If you tried to, but could not speak to a utility company representative about your complaint, please explain why.

8. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

**Verification:** I Nessa Williams, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).



(Signature)

8/15/06

(Date)

9: LEGAL REPRESENTATION (IF ANY) *N/A*

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

Lawyer's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_

10. FILING

Please return the completed form to one of the addresses listed below:

If using U.S. Postal Service:

If using overnight delivery service:

Secretary Pennsylvania Public Utility Commission P.O. Box 3265 Harrisburg, PA 17105	Secretary Pennsylvania Public Utility Commission 400 North Street Commonwealth Keystone Building, 2 <sup>nd</sup> Floor Harrisburg, Pennsylvania 17120
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Facsimiles and/or electronic filings of the complaint form will not be accepted.

If you have any questions about filling out this form, please contact the Secretary's Bureau at 717-772-7777.

**Keep a copy of your complaint for your records.**

# Discharge Document

Hospital of the University of Pennsylvania.

WILLIAMS, STACY L

45753811/31919194

Admit Date: 6/26/2006 6:44:00PM

Birthdate: 10-Aug-1959

## Discharge Medications

- ✓ Bactrim DS tablet 800 mg-160 mg; 1 tab(s) orally Monday, Wednesday, and Friday ; Active; 0; 0
  - ✓ Colace sodium 100 mg capsule oral; 1 tab(s) orally 2 times a day x 1 days ; Active; 120; 4
  - ✓ Dilaudid 4 mg tablet oral; 2 tab(s) orally every 3 to 6 hours x 1 days ; Active; 100; 0
  - ✓ dronabinol capsule 5 mg; 1 cap(s) orally 1 to 4 times a day x 30 days as needed for nausea and vomiting ; Active; 120; 0
  - ✓ escitalopram tablet 10 mg; 1 tab(s) orally once a day x 30 days ; Active; 30; 0
  - ✓ fentanyl 75 mcg/hr film, extended release transdermal; 1 1X transdermal every 72 hours x 1 days ; Active; 9; 9 *change ON Thursday <sup>5:00 PM</sup> Friday 7/7/06 AM.*
  - ✓ Senokot 8.6 mg tablet oral; 1 tab(s) orally once a day x 1 days ; Active; 60; 0
- Megestrol 625mg/5ml T dose by mouth daily*

## Discharge Disposition

DISCHARGE DATE: 07/04/2006

The attending physician was Dr. Tebas

The patient was discharged home

## Principal Diagnosis

The principal diagnosis is Pancreatic cancer

Secondary Diagnosis: other conditions diagnosed during the hospitalization and/or other major comorbidities. Please do not use abbreviations: type myocardial infarctions rather than MI. yes

Secondary Diagnosis #1 HIV

Secondary Diagnosis #2 C.diffe colitis

Secondary Diagnosis #3 Chronic pain

Secondary Diagnosis #4 Ascites

Procedures performed during this admission yes

Procedure #1 Pericentesis

## Follow-up Information

FOLLOW-UP CARE Follow up at home with Wissahickenhospice Care as planned on 7/5/06.

## Discharge Instructions

Discharge Diet regular

**Discharge Document**  
**Hospital of the University of Pennsylvania.**

**WILLIAMS, STACY L**

45753811/ 31919194

Admit Date: 6/26/2006 6:44:00PM

Birthdate: 10-Aug-1959

The patient's activity level will be return to normal activity

May return to work at any time

Driving: may drive

If these symptoms occur, please notify your doctor or return to the emergency department:

chest pain, constipation, diarrhea, nausea/vomiting, pain unrelieved with prescribed medicine, redness, swelling or pus-like drainage from incision/wound, return of original symptoms, shortness of breath.

unable to urinate, unusual bleeding.

Please notify your doctor or return to the emergency room for fever greater than 101.5 degrees F

**Discharge Services**

**RN Completion & Review**

Nurse responsible for document completeness and review Robyn Logan

This RN has reviewed the discharge instructions listed above with the patient and/or patient's caregiver on the day of discharge. yes

The patient/caregiver verbalized understanding of the instructions and was given the opportunity to ask questions. verbalized

The patient was given a copy of this form and instructed to bring the form to his/her primary care provider at the next office visit. yes

# VITAS®

INNOVATIVE HOSPICE CARE®

VITAS HEALTHCARE CORPORATION  
OF PENNSYLVANIA  
1740 Walton Road  
Suite 100  
Blue Bell, Pennsylvania 19422  
Telephone 610 260-6020  
Fax 610 238-4980  
Website www.VITAS.com

August 16, 2006

Commonwealth of Pennsylvania  
Pennsylvania Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

Re: Stacey Williams, BCS: 2093856

To Whom It May Concern:

Ms. Stacey Williams is on our services for a life-threatening medical condition. She has been on hospice since July 31, 2006 when she came to our inpatient unit. Currently, Ms. Williams is imminently dieing. Her daughter, Nessie Williams is at her bedside. She has taken responsibility for the payment of her mother's bills, including her utility bills. Ms. Williams was a participant in the CRP program. However, as her illness became more severe, her financial condition worsened as well. Her daughter has attempted to make a payment plan to pay the bills. However, the amount required for restitution has increased. The patient's daughter has requested I write this letter because she wants to pay the bills, but has been under great stress over the past year coping with her mother's declining condition.

Please contact me directly if you need any additional information to corroborate the seriousness of Ms. Williams illness and her imminent death.

Sincerely,



Ruth W. Hendry, LCSW  
VITAS Inpatient Social Worker

215 831 2563



**Joint Commission**  
on Accreditation of Healthcare Organizations



# Presbyterian Medical Center

University of Pennsylvania Health System

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August 17, 2006

Re: Stacy Williams  
D.O.B 8/10/59  
6054 Roosevelt Ave  
Phila. PA 19149

To Whom It May Concern:

Stacy Williams is a patient of mine who is being treated for pancreatic cancer and other chronic illnesses. Due to being heavily medicated for pain and having gone through several rounds of chemo and radiation therapy this patient has been unable to keep up with daily activity. The combination of medications, along with chemo and radiation therapy, has made it impossible for her to care for herself, and she is now on hospice. She has been unable to work or go out to pay bills on time do to frequent hospital admissions and emergency room visits. It is medically necessary for this patient to have the use of her gas for cooking, hot water and bathing in order to sustain her health.

If you have any questions or concerns regarding this matter, please feel free to contact this office at any time.

Regards,

A handwritten signature in black ink, appearing to read "Jay Kostman, MD".

Jay Kostman, MD

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE SERVED: SEPTEMBER 28, 2006

NESSA WILLIAMS  
Complainant

v.

PHILADELPHIA GAS WORKS  
Respondent

Complaint Docket  
No: C-20066839

DOCUMENT  
HOLDER

DOCKETED  
SEP 27 2006

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FORMAL COMPLAINT NOTICE TO RESPONDENT TO ANSWER OR SATISFY

---

TO: PHILADELPHIA GAS WORKS

TAKE NOTICE:

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

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

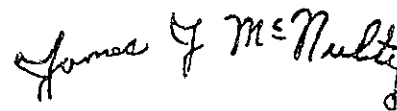
2. If you fail to either satisfy this complaint or to file answer or other responsive pleading within twenty (20) days, you will be deemed to have admitted all the allegations in this complaint in accordance with Section 5.61 of the Commission's Rules of Administrative Practice and Procedure, 52 Pa. Code Section 5.61. In that event, the Commission may, without hearing, enter an order which either revokes or suspends any certificate or permit held by you or which imposes a fine or any other appropriate penalty or remedy authorized by the Public Utility Code, 66 Pa. C.S. Section 101, et seq.; and, if

you are a customer of a utility, an order may be entered which prescribes a payment schedule or which authorizes termination of utility services. The Commission is not limited to the relief sought by the complainant in paragraph 4 of the attached complaint.

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

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

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



James J. McNulty  
Secretary

(SEAL)

Certified Mail  
Return Receipt Requested



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

IN REPLY PLEASE  
REFER TO OUR FILE

DATE SERVED: SEPTEMBER 28, 2006

C-20066839

LAURETO FARINAS ESQUIRE  
PHILADELPHIA GAS WORKS  
800 W MONTGOMERY AVE  
PHILADELPHIA PA 19122-2898

DOCUMENT  
FOLDER

Dear Mr. Farinas:

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

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

**CUSTOMER OF A UTILITY**

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

**COMPANY/UTILITY**

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

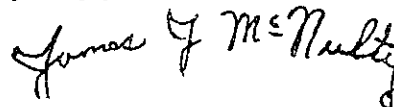
Detailed instructions on how to proceed are contained in the attached pages. You are advised to read them carefully.

SEPTEMBER 28, 2006

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

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

Very truly yours,

A handwritten signature in cursive script that reads "James J. McNulty". The signature is written in black ink and is positioned above the typed name.

James J. McNulty  
Secretary

jih

2. Article Number



7160 3901 9843 1291 2415

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

LAURETO FARINAS, ESQUIRE  
PHILADELPHIA GAS WORKS  
800 WEST MONTGOMERY AVENUE  
PHILADELPHIA PA 19122-2898  
C-20066839 FC

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

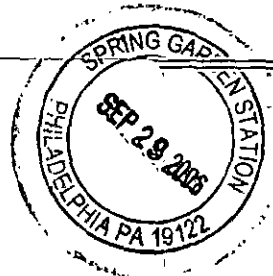
B. Date of Delivery

C. Signature

X *Jim O'Hara*  Agent  Addressee

D. Is delivery address different from Item 1?  
If YES, enter delivery address below:

Yes  No



BTL

**Philadelphia Gas Works**



800 West Montgomery Avenue, Philadelphia, PA 19122

Laureto A. Farinas, Senior Attorney

Legal Department

Direct Dial: 215-684-6982

FAX: 215-684-6798

E-mail: laureto.farinas@pgworks.com

October 12, 2006

James McNulty, Secretary  
Pennsylvania Public Utility Commission  
Room B-20, North Office Building  
Harrisburg, PA 17105-3265

ORIGINAL

RE: Nessa Williams v. PGW, Docket No. E-04961828

C-20066839

Dear Secretary McNulty:

Pursuant to 52 Pa. Code §5.24(b), the Philadelphia Gas Works (PGW) certifies that the above referenced Complaint has been satisfied. PGW and the Complainant have discussed the issues raised in the complaint and reached a settlement. With this discussion and settlement, the Complainant has indicated that she is satisfied with the resolution of this complaint.

By copy of this letter, I am notifying the Complainant of her right to object to any part of this settlement, in writing to the Public Utility Commission within ten (10) days of the date of this letter.

If additional information is needed about this matter, please contact me at my direct-dial number above. Thank you for your assistance.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Laureto Farinas".

Laureto Farinas

DOCUMENT  
FOLDER

RECEIVED

OCT 12 2006

cc: Nessa Williams (Regular Mail)  
Cherie Pyle, Hearing Scheduler (via FAX)  
Linda Pereira (PGW Mail)  
Anne Marie Cromley (PGW Mail)

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

DOCKETED

OCT 18 2006

51

**Philadelphia Gas Works**



**ORIGINAL**

800 West Montgomery Avenue, Philadelphia, PA 19122  
Laureto A. Farinas, Senior Attorney  
Legal Department  
Direct Dial: 215-684-6982  
FAX: 215-684-6798  
E-mail: laureto.farinas@pgworks.com

October 18, 2006

**RECEIVED**

OCT 18 2006

James McNulty, Secretary  
Pennsylvania Public Utility Commission  
Room B-20, North Office Building  
Harrisburg, PA 17105-3265

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

RE: Nessa Williams v. PGW, Docket No. C – 20066839

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Sincerely,

**DOCUMENT  
FOLDER**



Laureto Farinas

**BTL**

cc: Nessa Williams (Regular Mail)  
Cherie Pyle, Hearing Scheduler (via FAX)  
Linda Pereira (PGW Mail)  
Anne Marie Cromley (PGW Mail)

**DOCKETED**  
OCT 20 2006

72

COMMONWEALTH OF PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

**DATE:** October 23, 2006  
**SUBJECT:** C-20066839  
Nessa Williams v. Philadelphia Gas Works  
**TO:** Wanda Zeiders  
Docket Management  
**FROM:** Dawn M. Reitenbach, ALJ Support Staff  
Office of Administrative Law Judge

On October 20, 2006, a Certificate of Satisfaction was filed in the above-captioned proceeding. If no objection is filed to this certificate within 10 days of the filing, this proceeding will be closed.

All parties should be notified that the case is closed and a copy of that notification placed in the document folder.

Attachment

pc: (None Assigned)  
Beth Plantz  
Case File

**DOCUMENT  
FOLDER**

**DOCKETED**  
NOV 08 2006

**BTL**