



COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION  
400 NORTH ST, HARRISBURG, PA 17120

IN REPLY PLEASE  
REFER TO OUR FILE

November 22, 2019

Docket No. A-2019-3014494

SENIOR CARE CENTERS OF PENNSYLVANIA INC  
6 NESHAMINY INTERPLEX SUITE 401  
TREVOSSE PA 19053

RECEIVED

NOV 25 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

RE: A-2019-3014494 – APPLICATION OF SENIOR CARE CENTERS OF PENNSYLVANIA, INC.

To Whom It May Concern:

On November 21, 2019, the applicant of SENIOR CARE CENTERS OF PENNSYLVANIA, INC., was accepted by the Pennsylvania public Utility Commission; however, issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission at the following address **within ten (10) working days** from the date of this letter.

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
400 North St.  
Harrisburg, PA 17120

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, Joseph Caglia, hereby state that the facts above set forth 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).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Docket No. A-2019-3014494  
SENIOR CARE CENTERS OF PENNSYLVANIA, INC.  
Data Request

1. In order for this Commission to accept your proposed service area for publishing to the Pennsylvania Bulletin we require that the area be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers or streams, etc. YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE. These places must be specifically listed.

Example:

- Between points in Allegheny County.
- Between points in the counties of Allegheny, Westmoreland, and Washington
- From points in Allegheny County, to points in PA, and return
- From points in the counties of Allegheny, Westmoreland, and Washington, , to points in PA, and return

Please revise your service area utilizing the guidance provided above.

*See Attached*

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SECRETARY'S BUREAU

10. **Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).
- 

Revision

**Senior Care Centers of Pennsylvania, Inc. will provide non-emergency medical transport for passengers between points in the counties of Bucks, Montgomery, Philadelphia, Delaware, and Chester.**

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*Examples:*

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

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PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

ORIGIN ID:NXXA (215) 642-6600  
ACTIVE DAY

6 NESHAMINY INTERPLEX  
SUITE 401  
TREVOSÉ, PA 19053  
UNITED STATES US

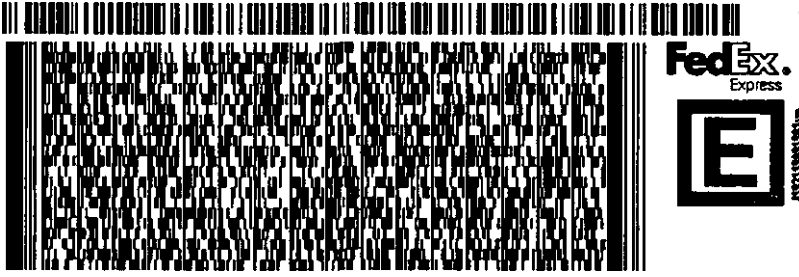
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ACTWGT: 0.50 LB  
CAD: 100715660/INET4160

BILL SENDER

TO **ROSEMARY CHIAVETTA, SECRETARY**  
**DOCKET NO. A-2019-3014494**  
**PA PUBLIC UTILITY COMMISSION**  
**400 NORTH ST.**  
**HARRISBURG PA 17120**

(000) 000-0000 REF:  
INV. DEPT:  
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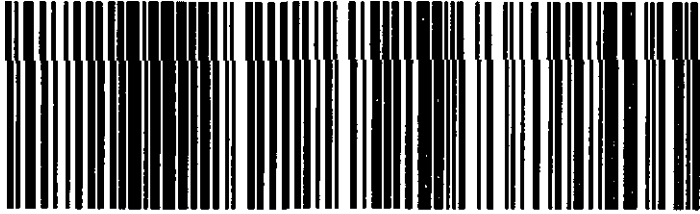


TUE - 26 NOV 10:30A  
PRIORITY OVERNIGHT

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**EN MDTA**

17120  
PA-US MDT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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