

A-6425961

A-2026-3060008

DATE OF DEPOSIT

MAR - 4 2026

PA Public Utility Commission
Secretary's Bureau

VERIFICATION STATEMENT

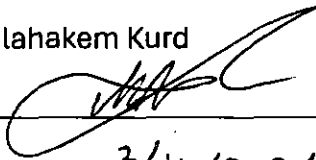
I, Abdalahakem Kurdi, hereby state that the facts above set forth are true and correct to the best of my knowledge, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). Abdalahakem Kurdi I am not now engaged in intrastate transportation of property or passengers for compensation in this Commonwealth except as authorized by the Pennsylvania Public Utility Commission certificate or permit and will not engage in the transportation for which approval is herein sought, unless and until the transportation is authorized by your Honorable Commission.)

Alhakem Health Service

Abdalahakem Kurd

Sign

Date



3/4/2026

A-6425961,

A-2026-3060008

Petition for Reconsideration

ALHAKEM HEALTH SERVICE INC is requesting reconsideration due to hardship.

I Abdalahakem Kurdi, was detained overseas due to a family emergency. I was unable to respond in a timely manner; I am now requesting that you allow me to provide the necessary information.


- Family Emergency overseas.
- Loss internet connection, overseas.
- Secure business email is only for my use no one has access to it.
- PUC requested information through email no access.

ALHAKEM HEALTH SERVICE INC has contracts needing the PUC license to operate.

- We have current contracts that require the PUC license, since our PUC license is not active, we are losing revenue.
- Our business depends on the PUC license to operate to full capacity.

Sincerely,

Abdalahakem Kurdi

 3/4/2026

Ambulance Service Agreement

This Contract is made and entered into this date of 10/13/23, by and **Centennial Healthcare & Rehab Center, 4400 W Girard Ave, Philadelphia, PA 19104** (hereinafter referred to as the "Facility"), and **Alhakem Health Service, 4101 Whitaker Ave, Philadelphia, Pa. 19124** (hereinafter referred to as the "Provider").

WHEREAS the Facility operates a Skilled Nursing Home

WHEREAS Provider is licensed in the Commonwealth of Pennsylvania and is willing to provide the required services to support the patient care activities of the Facility.

NOW THEREFORE, in consideration of the mutual covenants stated herein and other good and valuable consideration, the parties hereto, intending to be legally bound, hereby agree as follows:

1. OBLIGATIONS OF PROVIDER

The services to be rendered by the Provider include, but are not limited to, the following:

- Complete all documentation of care rendered to patients of the Facility as may be required by Facility guidelines. Documentation will be completed in a timely manner.
- Request pre-authorization and receipt of purchase order prior to providing services. The approval which the Provider must obtain from the Facility to confirm coverage for certain Covered Services as specified in this Agreement. Such Pre-authorization must be obtained prior to providing patients of the Facility with Covered Services or Referrals in order to receive payment for such services. Pre-authorization will be given by the appropriate staff, under the supervision of the Medical Director. Pre-authorization is not a guarantee of payment if the patient is subsequently found to be ineligible. Pre-authorization is not required in an Emergency. Notwithstanding the foregoing, in an emergency, the Provider should render Covered Services to the patient. The Facility or appropriate payor shall compensate Provider for such services if Provider notifies The Facility within twenty-four (24) hours of the provision of the emergency service or by the next business day. Provider agrees to notify the Facility of patients who request services without pre-authorization.
- Communicate all patient care needs and information to the medical staff of the Facility to assure proper continuity of care.
- Provider will comply with all applicable rules and regulations including but not limited to Federal, State and Local regulations and Facility policies.
- Provide the Facility with evidence of qualifications, including licensure certifications and registrations where applicable.

- Provider shall not make referrals to the patients of the Facility except in an emergency or when authorized by the interdisciplinary care team. In the event of a referral, the Provider will furnish any such referred physician and/or referred provider complete information on treatment procedures and diagnostic tests performed prior to such referral.
- Provider shall cooperate with The Facility in complying with applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations.
 - HIPAA Compliance, in accordance with the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 (“HIPAA”) and the rules and regulations implemented there under the parties are acting as “Covered Entities” contracting for the provision of patient care services. Accordingly, the parties agree to comply with federal, state and local laws and regulations, including without limitation HIPAA, regarding the confidentiality of patient or protected health information.
- Provider must meet Federal, Commonwealth of PA, Medicare and Medicaid and The Facility requirements and comply with service delivery, participant rights and Quality Assessment and Performance Improvement (QAPI) activities. Provider must be accessible to The Facility patients of the Facility and must designate an official liaison to coordinate activities between the Provider and The Facility including active representation, as deemed necessary by The Facility, in Interdisciplinary Team activity.
- Provider shall submit reports to The Facility, as requested by The Facility.
- Provider shall be agreeable and accountable to The Facility and participate in, support, and cooperate with The Facility utilization management and quality improvement the programs defined by:

2. MATERIALS TO BE PROVIDED BY THE FACILITY

The Facility agrees to provide the following items to support the activities of Provider:

- Access to the records of Facility Patients as needed.

3. COMPENSATION

Reference Appendix B for Fee Schedule

Provider will address all billing inquiries to: **Centennial Healthcare & Rehab Center, 4400 W Girard Ave, Philadelphia, PA 19104**

Compensation will be paid to the Provider within 30 days of the written request for compensation by the Provider. Invoices must contain which participant was seen and in what capacity. The Facility shall give Provider applicable billing information for all Covered Services at the time the Provider receives authorization from the Facility for such Covered Services.

Provider shall accept payment by the Facility as payment in full for services rendered by provider and shall not solicit or accept any surety or guaranty of payment directly from any participant, authorized representative or any other third party.

The Provider and the Facility understand and agree that the services of the Provider will be on an "as-needed" basis as determined by representatives of the Facility. The Facility does not promise or guarantee the Provider any maximum or minimum number of services.

4. EFFECTIVE DATE AND TERM

This Agreement is effective 10/13/23. This Agreement shall automatically renew at the end of the Initial Term unless either party gives the other party sixty (60) days written notice of intent to terminate prior to the end of the current term.

Either party may terminate this Agreement in the event the other party materially breaches any provision of this Agreement and fails to cure or take substantial steps to cure such breach to the non-breaching party's satisfaction within thirty (30) days of written notice of such breach from the non-breaching party.

Facility can terminate this agreement upon 30 days' notice without penalty, for any reason or no reason at all.

Any termination of this Agreement shall be in accordance with applicable State and federal laws and regulations.

5. INDEPENDENT CONTRACTOR STATUS

The Facility and Provider agree that at all times the Provider is acting as an independent contractor providing contracted services to patients of the Facility on an as-needed basis. The Facility will neither have direction nor control over the professional techniques used by the Provider in providing the services so long as these services are provided in a competent, satisfactory, effective, and timely manner as determined by the Facility and Provider. The Provider will be responsible for the payment of all taxes and assessments such as federal and state income tax, social security taxes, worker's compensation and unemployment taxes, and other similar taxes and assessments.

6. MODIFICATION TO AGREEMENT

This Agreement may only be modified in writing and each modification requires the prior written consent of the Facility and the Provider. This Agreement constitutes the entire Agreement between the Facility and the Provider and supersedes and renders null and void all other oral or written documents whereby the Provider has agreed to provide services for The Facility.

7. MISCELLANEOUS PROVISIONS

Notices. Except as otherwise specified herein, all notices, demands, requests or other communications which may be or are required to be given, served, or sent by any party to any other party pursuant to this AGREEMENT shall be in writing and shall be delivered personally, mailed by first class, registered or certified mail, return receipt requested, postage prepaid, or transmitted by facsimile transmission, addressed as follows- complete Provider contact information is required:

Facility - Centennial Healthcare & Rehab Center, 4400 W Girard Ave, Philadelphia, PA 19104

**Provider - Alhakem Health Service, 4101 Whitaker Ave, Philadelphia, Pa. 19124
Office# 267-787-0549
Fax# 267-392-1208**

Amendment. This AGREEMENT shall not be amended, altered, or modified, except by an instrument in writing duly executed by the Parties hereto.

Assignment. This AGREEMENT, being intended to secure the services of the Provider, The Facility may assign this AGREEMENT to any entity that controls, is controlled by, or that is under common control with it now or in the future, or which succeeds to its business through a sale, merger or other corporate transaction, without the prior consent of Provider. Provider may assign or subcontract any of its obligations pursuant to this Agreement without the prior written approval of The Facility.

Regulatory Compliance. Provider and The Facility agree to comply with all applicable local, State and federal laws, rules and regulations, now or hereinafter in effect, to the extent that they directly or indirectly affect Provider or The Facility and bear upon the subject matter of this AGREEMENT. The parties agree to not knowingly participate in any activity pursuant to this AGREEMENT or in any aspect of their relationship that may constitute or be construed to constitute a violation of federal or state law regulation, including but not limited to improper arrangements or referrals under the Ethics in Patient Referral Act, Title 42 of the United States Code Section 1395nn (a.k.a. the Stark law), the federal anti-kickback statute, Title 42 of the United States Code Section 1320a-7b(b) or the Health Insurance Portability and Accountability Act of 1996, 104 P.L. 191, 110 Stat. 1936 (1996). The parties agree to take all reasonable precautions to avoid same. Should either party become concerned that

any activity undertaken pursuant to this AGREEMENT or in any aspect of their relationship may be construed to constitute a violation of law; the parties will promptly participate in good faith discussions concerning same. After such good faith discussions, should either party remain concerned about said activity, the other party agrees to cooperate with the concerned party to promptly resolve same to the concerned party's satisfaction. After good faith efforts, should the concerned party decide that the activity has not been resolved to its satisfaction, the concerned party shall have the right to immediately terminate this AGREEMENT. If and to the extent that any payment made hereunder is determined by a court or governmental agency with jurisdiction to have been illegal, the recipient shall promptly return the payment (or the portion thereof so determined to have been illegal) to the payer. All correspondence exchanged in such matters shall be deemed to be confidential and shall be provided solely for the purposes of renegotiation of the Agreement and settlement of a potential dispute. No such correspondence shall be deemed disclosed as to waive any privileges otherwise applicable to same.

Entire Agreement. This AGREEMENT, including Appendix(s) A and B hereto, constitutes the entire AGREEMENT between the parties hereto with respect to the subject matter hereof, and it supersedes all prior oral or written AGREEMENTS, commitments or understandings with respect to the matters provided for herein.

Headings. Article and Section headings contained in this AGREEMENT are inserted for convenience of reference only, shall not be deemed to be a part of this AGREEMENT for any purpose, and shall not in any way define or affect the meaning, construction or scope of any of the provision hereof.

References. Except as otherwise specified, reference to Articles and Sections contained in this AGREEMENT shall be to the correspondingly numbered Articles and Sections as set forth in this AGREEMENT.

Identification. Each of the parties will have the right to use the name of the other for purposes of informing patients of the Facility, prospective patients of the Facility and providers of the identity of provider and the Facility and otherwise carrying out the terms of this AGREEMENT; provided, however, that any proposed use of the name of the provider and the Facility by the other party will have received the prior approval of such named party.

Insurance and Indemnification. Each party shall maintain in full force and effect the following insurance policies written on an incurred loss basis, with limits as required by law. In this event there are no applicable limits required by law. The given amount shall constitute the minimum required limits.

Comprehensive general liability insurance for property and bodily injury with minimum limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. With respect to the general liability insurance, Ambulance Service shall name Facility as additional insured on a primary and noncontributory basis with a waiver or subrogation.

1. Workers' Compensation insurance, with statutory liability limits.
 2. Professional liability insurance with minimum limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate.
- b. Ambulance Service shall also maintain commercial vehicle liability.

Ambulance Service and Facility. Each shall hold harmless, indemnify and defend the other party's shareholders, directors, officers, agents and employees against any and all claims, causes of action, injuries and damages including , but not limited to , personal injury and property damage, to the extent caused by any act or omission on the part of the indemnifying party or the indemnifying party's agent, contractors or employees and arising out of the performance of this agreement. This provision shall include all costs and disbursements, including without limitation court costs and reasonable attorney's fee.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date set forth above.

Facility

**Centennial Healthcare & Rehab Center,
4400 W Girard Ave, Philadelphia, PA 19104**

Izzy Zimbal

Signature

Izzy Zimbal

Print Name

10/19/2023

Date

Steve Hirsch

Witness

Provider

**Alhakem Health
Service, 4101 Whitaker
Ave, Philadelphia, Pa.
19124**

Abdalahakem Kurdi

Signature

Abdalahakem Kurdi

Print Name

10/19/2023

Date

Margie Bartlett

Witness

Fee Schedule

Ambulance Service Base Rate Charges one way:

Basic Life Support \$ 195.00
Bariatric Ambulance additional \$ 125.00
Ambulette \$135.00
Oxygen additional charge if exceeded usage and not provided.....\$25.00.

Ambulance Service Mileage Charges:

The first 5 loaded miles are free.

Per loaded mile after 5 miles \$ 5.50

BLS Wait Times Ambulance Service \$ 25.00

The first 30 minutes of wait time are included in the base rate. Charges are for 15-minute increments after the initial 30 minutes.

Wheelchair Service Based Rate Charges One Way:

Wheelchair\$30.00

Wheelchair mileage per loaded mile ...\$1.75

Holiday Wheelchair\$50.00

Wheelchair mileage per loaded mile ...\$2.75



UNITED STATES POSTAL SERVICE

Retail **PRIORITY**

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US POSTAGE PAID

\$11.95

Origin: 19124
03/04/26
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FROM:

ALHAKem Health service

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Philadelphia, PA*

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EXPECTED DELIVERY DAY: 03/08/26

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to the

of coverage PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

TO:

*Secretary Pennsylvania
Public Utility Commission*

SHIP TO:

400 NORTH ST
HARRISBURG PA 17120-0211



Free Package Pickup
in the QR code.



S.COM/PICKUP

*400 North Street
HARRISBURG PA 17120*

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