

NC

FILE

17



Public Utilities Commission

TJ OH 0523137
Case Number

Public Utilities Commission of Ohio
Attn: Docketing
180 E. Broad St.
Columbus, OH 43215

13-1878-EL-CSS

Formal Complaint Form

Tonja Johnson
Customer Name (Please Print)

449 Fountain Avenue
Customer Address

Dayton OH 45405
City State Zip

Against

07374070025
Account Number

Dayton Power & Light
Utility Company Name

Dayton OH 45405
City State Zip

Customer Service Address (if different from above)

Please describe your complaint. (Attach additional sheets if necessary)

please see attached

[Signature]
Signature

(937) 270-3507
Customer Telephone Number

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.
Technician SM Date Processed AUG 27 2013

8/7/13

To: Ohio Public Utilities Commission (PUCO)
180 East Broad Street
Columbus, Ohio 43215-3793

From: Tonja Johnson
449 Fountain Avenue
Dayton, Ohio 45405
(937)270-3507

Re: Case ID: TJOH05231377 Complaint Against : DP&L

To Whom It May Concern,

I am writing this letter in reference to a Dayton Power & Light account that is in the name of Anthony Peagler, acct. # 07374070025 at property address 449 Fountain Avenue, Dayton, Ohio 45405. The purpose of this letter is to dispute the bill and the service disconnection date of 5/16/13. In March of 2013, I got a knock at the door, a gentleman identifying himself as a contractor, not a DP&L employee, had a shut off notice for my home at 449 Fountain Avenue, Dayton, Ohio. I expressed to him that I was not aware of the bill because a deposit to establish an account in my name had been received and that the person Anthony Peagler did not live there. He stated, "I see this kind of thing with DP&L all the time. You might want to pay the \$388.00 to keep your service on and resolve the account with DP&L after. Otherwise, I have to shut your service off." I paid the service to maintain it for my family and I to have service. At that time, it was the only option. However, I never acknowledged that it was my bill or my responsibility. Again, I would like to state that I hadn't received a statement at that time, so I was not aware of any potential shut off, and as I stated I made several attempts to call DP&L to express my concern, and was told that I did not have access to the account.

Since that time, I have attempted to resolve the account to no avail. A DP&L Representative by the name of Jason Dorsey has blocked any and all resolve to the above account. My family and I have been put through unnecessary distress and as a result of the service disconnect and refusal to restore service by DP&L, I, and other family members, have made several trips to the hospital, in addition to accruing large medical bills. My son is a chronic asthmatic as well as my granddaughter. I have exhausted every avenue attempting to resolve this matter, including going to charities, PIPP (Percentage of Payment Plans) which I remain eligible for, doctor medical certifications, etc. However, Mr. Jason Dorsey would not allow my PIPP account to be activated on 5/23/13 when I went to the PIPP office for assistance, because he advised the PIPP representative that I would need to pay \$1613.54 a total different amount from a previous date, they would not restore the service. Another time the bill was \$2088.91 because now, in addition to the \$1613.54, Mr. Dorsey wanted to further insult me by adding the additional \$400+ amount. It became personal. The representative from PIPP stated that if this is a fraudulent account, and it was so much confusion as to whose responsibility it is for the account, that "this should not be your responsibility". And then she went on to apologize for the dilemma because at this point I was in tears. Every time I contacted DP&L, I kept a log of who I spoke to and balances they stated needed to be paid. And every time the amount was different. Mr. Dorsey continued to deny every attempt of service restoral of any kind even after a three way conversation where Ms. Sandra Peagler, on phone records, admitted she created, authorized and accessed the account without my permission or knowledge. In addition, Ms. Sandra Peagler, due to unpaid balances with DP&L used several different names to acquire service and then when those accounts became delinquent, others in Anthony Peagler's name, they were attached to Anthony Peagler's account at 449 Fountain Avenue, Dayton, Ohio. Mr. Dorsey made it clear that he had a "personal issue with me". After that conversation, I refused to communicate with Mr. Jason Dorsey. I did have a few conversations with a colleague of his, Ms. Colleen Matthews, but her attempts at helping me were again denied by Mr. Jason Dorsey. On 5/23/13, after exhausting all options of assistance, I contacted the Ohio Public Utility Commission (PUCO) in the hopes of resolving this matter. I have been attempting to resolve this matter since for some time even before the service was interrupted in May 2013.

It is necessary for me to state for the record that the purpose of the Power of Attorney on behalf of Anthony Peagler was for his personal finances as it relates to his banking accounts and finances as a result of his conservator being ill. I have never opened, authorized or acknowledged any utility accounts with or without Mr. Peagler's knowledge or permission. On 5/20/13, I again contacted DP&L and spoke with a representative who identified herself as Tammy. As Tammy was on the phone verifying information to confirm who I was, she gave the phone numbers listed on the account, (916)613-8057, (916)676-5923. It was then that I realized that Ms. Sandra Peagler had to have accessed the account for Anthony Peagler because the phone number (916)676-5923 was in fact her number and I had never given that number to DP&L as a reference. In addition, another representative on 5/16/13 asked me if I was "Irma" and I told him I did not know who that person was, he said well they had called in with the account information on a previous date. On another date, another representative told me that I, Tonja Johnson, with social security number ending in 5510 had called in that same day. I had not called in that day, and the social security number she recited was incorrect.

On 5/23/13, I contacted the Ohio Public Utility Commission (PUCO) with the intention of seeking resolve to this matter. At this point, I would like to formally request assistance from the Commission regarding the filing of this complaint against Dayton Power & Light, specifically against the representative Jason Dorsey. I am basing this complaint on the premise of discrimination and the fact that the company and its representative failed to provide me with service, even after I made payments at the advise of DP&L, submitted medical certifications from a licensed physician, went to PIPP where I was eligible for assistance, and submitted identity/theft fraud documentation. Mr. Dorsey stated, "this happens all the time. People just go to charities to get it paid, you need to go to some charities and get this paid." On an earlier date, he advised my children's father to utilize an affidavit to DP&L, submit a lease agreement, submit a deposit for start of service, in addition to submitting a medical certification. Later, in an effort to access information for the account, Mr. Dorsey advised me to submit the Power of Attorney for Anthony Peagler. It is necessary for me to state for the record that the purpose of the Power of Attorney on behalf of Anthony Peagler was for his personal finances as it relates to his banking accounts and finances. I have never opened, authorized or acknowledged any utility accounts with or without Mr. Peagler's knowledge or permission. When I complied, he then used these things against me and stated that by submitting those things, I accepted responsibility for the bill. The submission of a Power of Attorney in no way, acknowledges any knowledge of the setting up and accessing of this account by me. A DP&L representative on 5/16/13, the date of the disconnect actually advised me to take care of a closed account with a balance due of \$630.55 to restore the service, but advised me not to pay any part of the bill for Anthony Peagler's account even to restore the service because then I would, in fact, be acknowledging the astronomical bill for Anthony Peagler.

My family and I were displaced during a very difficult time, we were dealing with the chronic, life threatening illness of a family member, and the conditions we were forced to live with were unhealthy as it relates to my children's chronic medical conditions. In addition, the physical and emotional well-being of my family and I were not taken into consideration. Mr. Dorsey showed no concern for my ill children, and actually laughed during one of the conversation and told me "I should pay my bills". As of August 16, 2013, no service has been restored and the disconnect date was 5/16/13. As a consumer, it is my opinion that the matter as stated above falls under the definition of a Bona fide dispute.

In essence the company DP&L knew this account was fraudulent, but continued to force payments on me as a customer on an account that was in another person's name, a person who is a disabled, deaf-mute and who in fact did not reside at the address 449 Fountain Avenue, Dayton, 45405 and had never resided at that address. On 5/20/13, I again contacted DP&L and spoke with a representative who identified herself as Tammy. As Tammy was on the phone verifying information about who I was, she gave the phone numbers listed on the account, (916)613-8057, (916)676-5923. It was then that I realized that Ms. Sandra Peagler had to have accessed the account for Anthony Peagler because the phone number (916)676-5923 was in fact her number and I had never given that number to DP&L as a reference. In addition, another representative on 5/16/13 asked me if I was "Irma" and I told him I did not know who that person was, he said well they had called in with the account information on a previous date. In addition, another representative told me that I, Tonja Johnson with social security number ending in 5510 had called in that same day. I had not called, and the social security number was incorrect.

Sincerely,



PART 2 TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.) OR DOCTOR OF OSTEOPATHY (D.O.)

I certify that the medical condition and needs of my patient (please print):

Hill
Last Name

DeMarco
First Name

1. Requires use of a life-support device* (check one) ☒ Yes ☐ No

The following life-support device(s) is/are used in the above named patient's home:

Device: nebulizer ☒ Electricity ☐ Gas

Device: _____ ☐ Electricity ☐ Gas

Device: _____ ☐ Electricity ☐ Gas

*A qualifying life-support device is any medical device used to sustain life or is relied upon for mobility. This device must run on gas or electricity supplied by PG&E. It includes, but is not limited to, respirators (oxygen concentrators), iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, kidney dialysis machines, and motorized wheelchairs. **Devices used for therapy rather than life-support do not qualify.**

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, Hemiplegic, has Multiple Sclerosis or Scleroderma. Standard Medical Baseline Allowances are also available if patient has a compromised immune system, life threatening illness, or any other condition for which **additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.**

Requires Standard Medical Baseline Allowance for **heating**: (check one) ☐ Yes ☒ No

Requires Standard Medical Baseline Allowance for **cooling**: (check one) ☐ Yes ☒ No

3. I certify that the life support device(s) and/or additional heating or cooling will be required for approximately:

(complete one) ☐ No. of Years _____ or ☒ Permanently

Doctor's Name: _____

Office Address: _____

MD/DO California State License or Military License Number: _____

Signature of Doctor: [Signature] Date: SEP 05 2012

FOR PG&E USE ONLY Date Received: _____ Medical Baseline Allocation: _____ Electric unit(s) _____ Gas unit(s)

Recertification: ☐ Self-certify every 2 years ☐ Self-certify annually; Doctor's certification every 2 years

Mail application to: Pacific Gas and Electric Company, P.O. Box 8329, Credit & Records Center - Medical Baseline, Stockton, CA 95208

Fraud/Theft Dept. (DPL)

449 Fountain Avenue, Dayton, OH 45405 5/16/13

To Whom It May Concern,

I have been attempting to resolve this matter since 12/26/12. I have a child that requires a nebulizer, and the above address 449 Fountain Avenue, Dayton, Ohio 45405. Cannot be w/o service. I pulled up my credit report to investigate the fraud and found the DPL. Several weeks ago a contractor showed up and intended to disconnect the service. I advised him that I was not Anthony Peagles and that I have on several occasions attempted to resolve this issue. I never set up or authorized an account for Anthony Peagles, a deaf white handicapped person. I submitted a p.o.a. for Anthony because I could not get information re: the account.

He resides in another state. I am not responsible for this account. I have identity theft as a result of someone authorizing persons known and not known to me on this and other accounts. I do not know an Irma as asked by representative Nick of DPL. I have filed a formal complaint and spoke several times to supervisors, including Jason regarding this issue. I have no service at this time, and I am not Anthony Peagler and should not be responsible or obligated to this account. I have a child that is ill. This is jeopardizing his health and has caused medical issues for him.

I would appreciate your immediate attention to this matter. I have only been @ the property address since 2012. I have resided in another state before this time.

449 FOUNTAIN AVE
DAYTON OH 45405

ACCOUNT NUMBER
0737407002 5

DP&L

Amount Past Due Amount Paid
\$1,611.97 _____

Due Date

08/05/2013

ANTHONY PEAGLER
449 FOUNTAIN AVE
DAYTON OH 45405

0000007374070025601611970161197

PLEASE RETURN THIS PORTION WHEN MAILING PAYMENT SO ADDRESS SHOWS THROUGH WINDOW.

The Dayton Power and Light Company

DP&L

FINAL BILL REMINDER

07/26/2013

ACCOUNT: 0737407002 5
SERVICE ADDRESS: 449 FOUNTAIN AVE
DAYTON OH 45405

Dear Customer:

Our records indicate that your final bill is past due.

Previous Balance \$1,588.15

Transactions since final bill was issued:

07/25/2013 Late Payment Charge \$23.82

Total Past Due Balance \$1,611.97

This bill is now past due. Please use the enclosed payment stub and envelope to ensure proper posting. As a convenience to you, unless notified otherwise, if payment is not received by 08/05/2013, we may transfer any remaining DP&L charges to an existing account in your name. Otherwise, the remaining DP&L charges may be transferred to a collection agency.

The Dayton Power and Light Company
(937)331-3900



Good Samaritan Hospital

Premier Health Partners

Thank you for choosing the Emergency Department here at Premier Health Partners. Our staff works together to make your stay as pleasant as possible. Please let us know if you need anything.

After your stay, you may receive a patient satisfaction survey in the mail. Please take a moment to complete the survey and return it. Your feedback is important to us and those surveys are used to improve our service.

Hodges, Casidee
MRN: 313-98-04-10

Department: **GSH ED**
Date of Visit: **6/27/13**

Your diagnoses were SINUSITIS and ALLERGIC RHINITIS.

Your Provider for this Visit

1. Brown, Erica R, MD

You Are Allergic To

(No Known Allergies) Date Reviewed: 06/27/13

Your New Medications

AMOXICILLIN (AMOXIL) 250 MG/5 ML ORAL
SUSPENSION
Quantity: 182 mL

Take 13 mL by mouth every 12 hours for 7 days.
Duration: 7 days

LORATADINE (CLARITIN) 5 MG/5 ML ORAL
SOLUTION
Quantity: 120 mL

Take 5 mL by mouth daily.

Continue Taking As Directed By Prescribing Provider

No Medications Reported

These Medications Have Changed

No Medications Reported

We Performed The Following During Your Stay

No orders found for display

ED Disposition

Discharged

Follow-up Information

Follow up with Your Pediatrician in 4 days.

Discharge Instructions

Allergic Rhinitis

Allergic rhinitis is when the mucous membranes in the nose respond to allergens. Allergens are particles in the air that cause your body to have an allergic reaction. This causes you to release allergic antibodies. Through a chain of events, these eventually cause you to release histamine into the blood stream (hence the use of antihistamines). Although meant to be protective to the body, it is this release that causes your discomfort, such as frequent sneezing, congestion and an itchy runny nose.

CAUSES

The pollen allergens may come from grasses, trees, and weeds. This is seasonal allergic rhinitis, or "hay fever." Other allergens cause year-round allergic rhinitis (perennial allergic rhinitis) such as house dust mite allergen, pet dander and mold spores.

SYMPTOMS

- Nasal stuffiness (*congestion*).
- Runny, itchy nose with sneezing and tearing of the eyes.
- There is often an itching of the mouth, eyes and ears.

It cannot be cured, but it can be controlled with medications.

DIAGNOSIS

If you are unable to determine the offending allergen, skin or blood testing may find it.

TREATMENT

- Avoid the allergen.
- Medications and allergy shots (*immunotherapy*) can help.
- Hay fever may often be treated with antihistamines in pill or nasal spray forms. Antihistamines block the effects of histamine. There are over-the-counter medicines that may help with nasal congestion and swelling around the eyes. Check with your caregiver before taking or giving this medicine.

If the treatment above does not work, there are many new medications your caregiver can prescribe. Stronger medications may be used if initial measures are ineffective. Desensitizing injections can be used if medications and avoidance fails. Desensitization is when a patient is given ongoing shots until the body becomes less sensitive to the allergen. Make sure you follow up with your caregiver if problems continue.

SEEK MEDICAL CARE IF:

- You develop fever (more than 100.5° F (38.1° C).
- You develop a cough that does not stop easily (*persistent*).
- You have shortness of breath.
- You start wheezing.
- Symptoms interfere with normal daily activities.

Document Released: 09/12/2002 Document Revised: 12/06/2012 Document Reviewed: 03/24/2010

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Sinusitis, Child

Sinusitis commonly results from a blockage of the openings that drain your child's sinuses. Sinuses are air pockets within the bones of the face. This blockage prevents the pockets from draining. The multiplication of bacteria within a sinus leads to infection.

SYMPTOMS

Pain depends on what area is infected. Infection below your child's eyes causes pain below your child's eyes.

Other symptoms:

- Toothaches.
- Colored, thick discharge from the nose.
- Swelling.
- Warmth.
- Tenderness.

HOME CARE INSTRUCTIONS

Your child's caregiver has prescribed antibiotics. Give your child the medicine as directed. Give your

child the medicine for the entire length of time for which it was prescribed. Continue to give the medicine as prescribed even if your child appears to be doing well.
You may also have been given a decongestant. This medication will aid in draining the sinuses. Administer the medicine as directed by your doctor or pharmacist.
Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. **Should your child develop other problems not relieved by their medications, see your primary doctor or visit the Emergency Department.**

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.
- The fever is not gone 48 hours after your child starts taking the antibiotic.
- Your child develops increasing pain, a severe headache, a stiff neck, or a toothache.
- Your child develops vomiting or drowsiness.
- Your child develops unusual swelling over any area of the face or has trouble seeing.
- The area around either eye becomes red.
- Your child develops double vision, or complains of any problem with vision.

Document Released: 04/28/2008 Document Revised: 12/06/2012 Document Reviewed: 12/02/2008

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If you don't have a doctor, please call CAREFINDERS at (937)208-3463 for a physician referral.

IF YOUR CONDITION SEEMS TO GET WORSE AND YOU CANNOT CONTACT A PHYSICIAN OR CLINIC, RETURN TO THE EMERGENCY CENTER.

All EKG and/or Xray readings made in the Emergency Department on the weekends and holidays, and between 10:00pm and 8:00am on weekdays, will be reviewed by a Cardiologist and/or Radiologist. If the review changes your diagnosis, you or your physician will be contacted.

If you were given prescriptions, please fill them and take the medication according to directions.

Patient or Responsible Party Signature _____

Date _____

Staff Signature _____

Nicole Castor M

Date _____



Thank you for choosing the Emergency Department here at Premier Health Partners. Our staff works together to make your stay as pleasant as possible. Please let us know if you need anything.

After your stay, you may receive a patient satisfaction survey in the mail. Please take a moment to complete the survey and return it. Your feedback is important to us and those surveys are used to improve our service.

Corpuz, Chartonnay

MRN: 312-95-88-17

Department: **GSH ED**

Date of Visit: **6/27/13**

Your diagnoses were UTI (LOWER URINARY TRACT INFECTION) and SINUSITIS.

Your Provider for this Visit

1. Brown, Erica R, MD

You Are Allergic To

(No Known Allergies) Date Reviewed: 06/27/13

Your New Medications

PHENAZOPYRIDINE (PYRIDIUM) 200 MG TABLET

Take 1 Tab by mouth three times a day for 2 days.

Quantity: 6 Tab

**SULFAMETHOXAZOLE-TRIMETHOPRIM
(SEPTA, BACTRIM) 200-40 MG/5 ML ORAL
SUSPENSION**

Take 20 mL by mouth every 12 hours for 7 days.

Quantity: 280 mL

Continue Taking As Directed By Prescribing Provider

**PROMETHAZINE-CODEINE (PHENERGAN WITH
CODEINE) 6.25-10 MG/5 ML ORAL SYRUP**

**Take 5 mL by mouth every 4 hours as needed.
Indications: Cough**

These Medications Have Changed

No Medications Reported

We Performed the Following During Your Stay

**URINALYSIS, REFLEX WITH MICROSCOPIC
MICROSCOPIC, URINE**

Tests and Instructions for when you are home

Future Appointments	Provider	Department	Dept Phone	Center
9/27/2013 1:45 PM	Cheryl J Robinson, MD	CHERYL J ROBINSON MD LLC	937-723-2875	CJR

ED Disposition

Discharged

Follow-up Information

Follow up with Robinson, Cheryl J, MD in 4 days.

Contact information:
1 Elizabeth Place
Suite 115
Dayton Ohio 45408
937-723-2875

Discharge Instructions

Sinusitis

Sinuses are air pockets within the bones of your face. The growth of bacteria within a sinus leads to infection. The infection prevents the sinuses from draining. This infection is called sinusitis.

SYMPTOMS

There will be different areas of pain depending on which sinuses have become infected.

- The maxillary sinuses often produce pain beneath the eyes.
- Frontal sinusitis may cause pain in the middle of the forehead and above the eyes.

Other problems (*symptoms*) include:

- Toothaches.
- Colored, pus-like (*purulent*) drainage from the nose.
- Swelling, warmth, and tenderness over the sinus areas may be signs of infection.

TREATMENT

Sinusitis is most often determined by an exam. X-rays may be taken. If x-rays have been taken, make sure you obtain your results or find out how you are to obtain them. Your caregiver may give you medications (*antibiotics*). These are medications that will help kill the bacteria causing the infection. You may also be given a medication (*decongestant*) that helps to reduce sinus swelling.

HOME CARE INSTRUCTIONS

- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Drink extra fluids. Fluids help thin the mucus so your sinuses can drain more easily.
- Applying either moist heat or ice packs to the sinus areas may help relieve discomfort.
- Use saline nasal sprays to help moisten your sinuses. The sprays can be found at your local drugstore.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have a fever.
- You have increasing pain, severe headaches, or toothache.
- You have nausea, vomiting, or drowsiness.
- You develop unusual swelling around the face or trouble seeing.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2008 Document Revised: 12/06/2012 Document Reviewed: 07/16/2008

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Urinary Tract Infection

Infections of the urinary tract can start in several places. A bladder infection (*cystitis*), a kidney infection (*pyelonephritis*), and a prostate infection (*prostatitis*) are different types of urinary tract infections (UTIs). They usually get better if treated with medicines (*antibiotics*) that kill germs. Take all the medicine until it is gone. **You or your child may feel better in a few days, but TAKE ALL MEDICINE or the infection may not respond and may become more difficult to treat.**

HOME CARE INSTRUCTIONS

Patient or Responsible Party Signature _____

Date _____

Staff Signature Michael C Rem

Date _____



Community Health Centers of Greater Dayton

07/26/2013

Casidee Hodges

Dayton, OH 45405

To Whom It May Concern:

Casidee Hodges, DOB: 8/11/10, has been diagnosed with hand, foot, and mouth disease, which is a viral illness. She may return to daycare on Monday, July 29th as long as she has been fever free for 24hrs.

Please do not hesitate to contact my office with questions or concerns.

Sincerely,

Provider: Julia Lamb MD 07/26/2013

Document generated by: Julia Lamb 07/26/2013

**Charles Drew Health Center
1323 W Third St
Dayton, OH 45402-6714
(937)461-4336**

Electronically signed by Julia Lamb MD on 07/26/2013 03:24 PM



The Dayton Power and Light Company

0737407002 5



AMOUNT PAID

LATE PAYMENT

AMOUNT DUE

PROMPT PAYMENT

464.83

437.35

MAKE CHECKS PAYABLE TO DAYTON POWER AND LIGHT

000010992 1 AV 0.360 000055 LTR
 ANTHONY PEAGLER
 449 FOUNTAIN AVE
 DAYTON OH 45405



DUE THIS MONTH
 DUE DATE FOR PROMPT PAYMENT

JUN 12 2013



PAST DUE
 598.61

PAGE 1 OF 2

0000007374070025701063440103596

PLEASE RETURN THIS PORTION WHEN MAILING PAYMENT SO ADDRESS SHOWS THROUGH WINDOW

NAME/SERVICE USED AT

ANTHONY PEAGLER
 449 FOUNTAIN AVE
 DAYTON OH 45405

YOUR ACCOUNT
 NUMBER

0737407002 5

EMERGENCY SERVICE

(877) 4OUTAGE
 (877) 468-8243

PRESENT ENTIRE
 BILL WHEN PAYING
 IN PERSON

ACCOUNT INFORMATION

(937) 331-3900

NEXT METER READING DATE	THIS BILL MAILED	DUE DATE FOR PROMPT PAYMENT	LATE PAYMENT	PROMPT PAYMENT
JUN 19 2013	MAY 23 2013	JUN 12 2013	464.83	437.35

SERV	FROM	TO	DAYS	METER READINGS PRESENT PREVIOUS	USAGE	AMOUNT
EL	APR 19	MAY 21	32	28664 27664	1,000	141.02

YOUR ACCOUNT BALANCE LAST MONTH	2,088.91
TRANSFER TO	429.11CR
2115 RUSTIC RD	
LATE PAYMENT CHARGED	31.33
BALANCE FORWARD	1,691.13
TOTAL AMOUNT BILLED FOR THIS MONTH	141.02
YOUR TOTAL ACCOUNT BALANCE	1,832.15
PAYMENT AGREEMENT PAST DUE	598.61
PAYMENT AGREEMENT DUE THIS MONTH	437.35

PRICE-TO-COMPARE: IN ORDER FOR YOU TO SAVE MONEY, A NEW SUPPLIER MUST OFFER YOU A PRICE LOWER THAN DP&L'S PRICE OF \$93.07, OR 9.3 CENTS PER KWH, FOR THE SAME USAGE THAT APPEARS ON THIS BILL. YOU MAY CONTACT DP&L FOR A WRITTEN EXPLANATION OF THE PRICE-TO-COMPARE MESSAGE.

110001000000



05232013-CD058-F15011-BILL-BAR

STATE OF OHIO
DEPARTMENT OF DEVELOPMENT
2013 PERCENTAGE OF INCOME PAYMENT PLAN PLUS
Notice of Determination
CAP of the Greater Dayton Area
719 S Main St
Dayton, OH 45402-2709

Tonja Johnson
449 Fountain Ave
Dayton, OH 45405-3941

Client Number: 03118920
File Number: 00022222
Date: 5/23/2013

Your application for assistance dated 5/23/2013 has the following determination.

Energy Source Provider	Source	Account Number	Status	Maximum Amount*	PIPP Status	PIPP Amount
Vectren One Vectren Square Evansville IN 47702	Main	034017125232132855		\$0.00	Eligible	\$58.00
Dayton Power and Light Company 1065 Woodman Dr Dayton OH 45432-1423	Electric	0733963944		\$0.00	Eligible	\$58.00

pay \$ 64.00 the
drop and call
receipt #

pay \$ 1613.64 to
get delivery
and call where

You have the right to appeal the above determination in writing within 30 days of this notice, if you believe it to be inaccurate. Your appeal must contain your name, address, social security number, telephone number, reason for appeal, and supporting information with your signature. Please forward your appeal to the above address and to the attention of the Chief Executive Officer. For state appeal process, please refer to posting within intake Offices. If you are unhappy with the quality or the quantity of bulk fuel, it is your responsibility to resolve it with the vendor.

*Bulk fuel customers will receive a one-time delivery up to the maximum amount indicated above. The only exception is for clients with small tanks of 100 gallons or less; a 30-day line of credit should be established up to the maximum amount indicated above.

If you have any questions regarding this notice, please contact: CAP of the Greater Dayton Area at (937) 341-5000.

Staff For This Case: Kenya H

After Visit Summary**Derrick Hill (MRN 512-50-24-96)****Derrick Hill****6/17/2013 1:15 PM Office Visit**Description: **46 year old male**Provider: **Robinson, Cheryl J, MD**Department: **Cheryl J Robinson Md**

CHERYL J ROBINSON MD LLC
ONE ELIZABETH PLACE
SUITE 115
DAYTON OH 45417-3445
Phone: 937-723-2875
Fax: 937-723-2878

Your To Do List

Follow-up

Return in about 4 weeks (around 7/15/2013).**Reason for Visit****Back Pain****Problem List**Reviewed: **10/4/2012 7:22 PM by Robinson, Cheryl J, MD**

Hosp From

Hosp To

Sleep apnea**Morbid obesity****Plantar fasciitis****Pes planus****You Were Diagnosed With****Lumbar sprain - Primary****Allergies as of 6/17/2013****No Known Allergies****Vitals - Last Recorded**

BP	Pulse	Temp	Resp	Ht	Wt
138/90	76	98.7 °F (37.1 °C) (Oral)	16	1.702 m (5' 7")	123.832 kg (273 lb)

BMI

42.76 kg/m2

Immunization History

Reviewed on 10/4/2012

No immunizations on file.

We Performed the Following**CONSULT TO SNHC PHYSICAL THERAPY & SPORTS M [CON30156 CPT(R)]****Outpatient Current Medications 6/17/2013**

Dosage

methocarbamol (ROBAXIN) 500 mg tablet
(Taking)

Take 1 Tab by mouth four times a day.

HYDROcodone-acetaminophen (VICODIN)
5-500 mg tablet (Taking)

Take 1 Tab by mouth every 6 hours as needed.

ibuprofen (MOTRIN) 600 mg tablet (Taking)

Take 1 Tab by mouth three times a day as needed.