

95

FAX COVER

RECEIVED

JUN 7 2005

PUBLIC SERVICE
COMMISSION

CASE 2005-00220

No. Of Pages 2

TO: Public Service Commission / *Jeb Penny*

Phone # (502) 564 - 3940

Fax # 502 564 - 7397

RE: Formal Complaint /Dispute Billing of Phone Service (502) 253-9448

FROM: Patricia Conner

Phone # (502) 807 - 9744

April 29, 2005

RECEIVED

JUN 7 2005

PUBLIC SERVICE
COMMISSION

CASE 2005-00220

Public Service Commission
211 Sower Blvd.
Frankfort, Kentucky 40601

**FORMAL COMPLAINT
DISPUTE BILLING (502) 253- 9448**

Please consider this as a formal complaint and dispute against bellsouth.

Bell South Bankruptcy Supervisor Mrs. Archie advised me on 4/28,/05 that I am the responsible party for a debt accumulated at my residence by Anna K. Chenault -Story.


Per the advisement of this matter, I stated to Mrs. Archie that I included this debt in my chapter 7 bankruptcy. I was told by Mrs. Porter that I would than be relieved of this debt.

Per a call from Tracy Register who advised me that she received a call from the Public Service Commission; I was asked to submit verification of my social security number and my personal identification along with the same information regarding Ms. Annie K. Chenault - Story's identification and social security information. Ms. Register stated that the Bankruptcy department wanted it on an attorney's letterhead. Per Attorney Brown : She placed a call to BellSouth to make sure she Was giving them everything they needed. Per her secretary making one typing mistake on the address of my mother and I, I was advised that the information was Not sufficient.

I do not owe the debt and Ms. Chenault Story acknowledges the debt and the error of her social security number. I am disputing this debt and feel as though Bell South is unfairly denying me service accordingly.

Page 2
Formal Complaint

I am looking for a resolve in this matter and dispute owing this bill of estimated \$ 2200.00 I appreciate your assistance in resolving this matter. As this situation impacts my children's education and required schooling for the summer.



Sincerely
Patricia Conner
610 Oak Branch Road
Louisville, Ky. 40245
(502) 807 - 9744

**U. S. Bankruptcy Court
For The
Western District of Kentucky (Louisville)**

IN THE MATTER OF:

PATRICIA CONNER YOUNG

DEBTOR (s)

)
)
)
) CASE NO. 03-35075
) Chapter 7
)

AMENDMENT OF SCHEDULE OF CREDITORS

04 DEC 30 PM 4:22
U.S. BANKRUPTCY COURT
WESTERN DISTRICT OF KENTUCKY
LOUISVILLE

Comes the Debtor, Patricia M. Conner-Young, and hereby amends her schedules to include the following creditors:

Bell South \$ 2646.76
P.O. Box 33009
Charlotte NC 28243 ACCT # Ph. # 502 253-9448

Eastern Heating & Air Conditioning, LLC \$ 81.70
P.O. Box 43714
Louisville, KY. 40253-0714

Community Bank
4510 Shelbyville Rd
Louisville, Ky. 40207

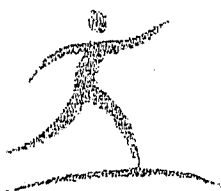
US Bank Acct. #
3706 Dianne Marie Rd.
Louisville, Ky 40241

Check Care
4102 Cadillac Court
Louisville, Ky. 40213 473-4000

Best Collection
P.O. Box 7472
Louisville Ky 40257

Bill Yesowitch
Attorney @ Law
600 So. 6th Street
Louisville, Ky. 40202

Pat,
your driver's
license had
"Ranch" instead
of Branch.
DENISE



Legal Direction
Providing Balanced Counsel

Denise Brown Attorney at Law
502 259-3413 telephone • 502 259-3431 fax
9801 Sorbino Drive • Suite B • Louisville, KY 40291
419@direction.com

May 30, 2005

Ms. Tracy Register
BellSouth

Re: Anna K. Chenault-Story

Ms. Register:

Per your request, my office has been contacted by Ms. Anna K. Chenault - Story for the purposes of verifying that she has given Power Of Attorney to Ms. Pat Conner. Here is a copy of the Power Of Attorney, Social Security Cards and Driver's Licenses for Ms. Chenault- Story and Ms. Conner.

A correction has been made to Ms. Chenault's correct address along with a New identification showing her correct address. Ms. Annie K. Chenault-Story acknowledges the error in submitting her social security number and accepts full responsibility for the bill owed for: (502) 253-9448.

Lastly, please find attached a copy of Ms. Chenault- Story's lease for your review.

If you need additional information, please advise.

Respectfully,

Denise Brown
Attorney at Law

April 29, 2005

**Public Service Commission
211 Sower Blvd.
Frankfort, Kentucky 40601**

**FORMAL COMPLAINT
DISPUTE BILLING (502) 253- 9448**

Bell South Bankruptcy Supervisor Mrs. Archie advised me on 4/28,/05 that I am the responsible party for a debt accumulated at my residence by Anna K. Chenault -Story.

Per the advisement of this matter, I stated to Mrs. Archie that I included this debt in my chapter 7 bankruptcy.

Mrs. Archie has stated that my service would still be denied by Bell South until I paid the bill because the debt was at my location and that it could not be in my bankruptcy -because the debt is not in my name.

I am looking for a resolve in this matter and dispute owing this bill of estimated \$ 2200.00

**Patricia Conner
610 Oak Branch Road
Louisville, Ky. 40245
(502) 807 - 9744**

CMS Medicare Summary Notice

November 4, 2004

1066623KYBDSNI 38564

ANNA K CHENAULT
4314 BISHOP LN APT 101
LOUISVILLE KY 40218-4522

CUSTOMER SERVICE INFORMATION

Your Medicare Number:

If you have questions, write or call:

AdminaStar Federal, Inc.
P.O. Box 50413, Indpls IN 46250
Call: 1-800-MEDICARE (1-800-633-4227)
Ask For Doctor Services
TDD/TTY 1-877-486-2048
SEND APPEALS:
P.O. BOX 32700, Louisville KY 40223-2700
VISIT US AT:
9901 Linn Station Rd, Louisville KY 40223

BE INFORMED:

This is a summary of claims processed from 10/05/2004 through 11/04/2004.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|----------------|-------------------|------------------------|-------------------|-------------------|
| Claim number | | | | | | |
| JEFFERSONTOWN FAMILY PRAC, 10216 TAYLORSV RD STE 400, LOUSVILLE, KY 40299 | | | | | | a |
| DR. ROBERT W COPLEY | | | | | | |
| 10/06/04 | 1 Urinalysis nonauto w/o scope (81002) | \$15.00 | \$3.37 | \$3.37 | \$0.00 | b |
| 10/06/04 | 1 Office/outpatient visit, est (99213) | 65.00 | 48.96 | 39.17 | 9.79 | |
| Claim Total | | \$80.00 | \$52.33 | \$42.54 | \$9.79 | |

Notes Section:

- a A copy of this notice will not be forwarded to your Medigap insurer because the information was incomplete or invalid. Please submit a copy of this notice to your Medigap insurer.
- b This service is paid at 100% of the Medicare approved amount.

Deductible Information:

You have met the Part B deductible for 2004.

General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

(continued)

STATEMENT OF ACCOUNT

BAPTIST HOSPITAL EAST
 4007 KRESGE WAY
 LOUISVILLE, KY 40207-4604



Thank you for choosing Baptist Hospital East.

To ensure proper credit to your account, please return the bottom portion of this bill in the enclosed envelope.

CHENAULT, ANNA
 4314 BISHOP LANE
 LOUISVILLE, KY 40218

An itemized statement is available upon request.

Questions? Please call 502.893.4940

8:00 am to 4:30 pm weekdays

Statement Date: 10/23/04

| PATIENT NAME | ACCOUNT NUMBER | DATES OF SERVICE | ACCOUNT BALANCE | AMOUNT DUE |
|---|----------------|----------------------|-----------------|---------------------|
| CHENAULT, ANNA | | 08/10/04 to 08/10/04 | \$138.78 | \$138.78 |
| PAYMENT AND ADJUSTMENT ACTIVITY | | | | PAYMENTS/ADJ |
| MEDICARE AB OP DRG PAYMENTS/ADJUSTMENTS | | | | \$-1,212.22 |
| PATIENT PAYMENTS/ADJUSTMENTS | | | | 0.00 |
| TOTAL CHARGES | | | | \$1,351.00 |

SECOND NOTICE

Your account is now past due. If you cannot pay in full, please call us at the phone number listed above to discuss your payment options.

DETACH AND RETURN WITH YOUR PAYMENT

| AMOUNT DUE | DUE BY | AMOUNT PAID |
|---|----------|-------------|
| \$138.78 | 11/14/04 | |
| PLEASE INCLUDE ACCOUNT NUMBER ON YOUR CHECK Make your check payable to Baptist Hospital East. | | |
| CHENAULT, ANNA | | |

Address or insurance changes?
 Check box, and complete reverse side.

| CREDIT CARD PAYMENT INFORMATION | |
|--|-----------|
| <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover | EXP. DATE |
| ACCOUNT NUMBER | |
| CARD HOLDER SIGNATURE | |



BAPTIST HOSPITAL EAST
 DEPT 52948
 PO BOX 950155
 LOUISVILLE, KY 40295-0155



4079126050120108102004000013878

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENCE, that I, ANNA K. CHENAULT having my legal residence at 4314 Bishop Lane Plaza Apt. 101 in the City of Louisville, County of Jefferson, State of Kentucky 40218, having made, constituted and appointed, and by these presence do make, constitute and appoint PATRICIA M. CONNER, whose address is 610 Oak Branch Road, Louisville, Kentucky 40245, my true and lawful attorney to act in, manage, and conduct all my estate and all my affairs, and for that purpose for me and in my name, place, and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doing or executing of, all or any of the following acts, deeds, and things, that is to say:

1. To buy, receive, lease, accept, or otherwise acquire; to sell, convey, mortgage, hypothecate, pledge, quit claim, or otherwise encumber or dispose of; or to contract or agree for the acquisition, disposal or encumbrance of: any property whatsoever and wheresoever situated, be it real, personal, or mixed, or any custody, possession, interest, or right therein or pertaining thereto, upon such terms as my said attorney shall think proper;

2. To take, hold, possess, invest, lease, or let, or otherwise manage any or all of my real, personal, or mixed property, or any interest therein or pertaining thereto, to eject, remove, or relieve tenants or other persons from, and recover possession of, such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the same or any part thereof;

3. To make, do, and transact all and every kind of business of whatever kind or nature, including the receipt, recovery, collections, payment, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, claims, demands, debts, taxes, and obligations, which may now or hereafter be due, owing or payable by me or to me;

4. To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, hypothecations, checks, notes, bonds, vouchers, receipts, releases, and such other instruments in writing of whatever kind and nature, as may be necessary, convenient, or proper in the premises;

5. To make deposits or investments in, or withdrawals from, any account, holding, or interest which I may now or hereafter have, or be entitled to, in any banking, trust, or investment institution, including credit unions, savings and loan associations, and similar institutions; to exercise any right, option, or privilege pertaining thereto; and to open or establish accounts, holdings or interests of whatever kind or nature, with any such institution, in my name or in my said attorney's name or in both our names jointly;

6. To institute, prosecute, defend, compromise, arbitrate, and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation in connection with the premises;

7. To act as my attorney or proxy in respect to any stocks, shares, bonds, or other investments, rights, or interests, I may now or hereafter hold;

8. To engage and dismiss agents, counsel, and employees, and to appoint and remove at pleasure any substitute for, or agent of, my said attorney, in respect to all or any of the matters or things herein mentioned, and upon such terms as my attorney shall think fit;

9. To execute vouchers in my behalf payable to me, and to receive, endorse, and collect the proceeds of checks payable to the order of the undersigned;

10. To prepare, execute, and file income and other tax returns, and other governmental reports, declarations, applications, requests and documents;

11. To act as my attorney-in-fact or proxy in respect to any policy of insurance on my life and in that capacity to exercise any right, privilege, or option which I may have thereunder or pertaining thereto, excluding, however, the right to change the beneficiary, the right to change the method of payment of insurance proceeds, and the right to make a cash surrender of the policy as distinguished from a surrender of the policy for loan, conversion, or other purposes and provided therein;

12. To have access to any safe deposit box or boxes that may be now or hereafter rented by me or for me, or standing in my name; to withdraw or remove any of the contents thereof and to make deposits in and otherwise use or surrender such box or boxes; and to rent any safe deposit box or boxes in my name or in my said attorney's name or in both our names jointly.

13. Such attorney-in-fact is further authorized to take charge of my person in case of sickness or disability of any kind; to remove and place me in such hospitals or places as such attorney may deem best for

my personal care, comfort, benefit and safety; and to authorize such medical procedures, care, or attention as I may need; and for said purposes to use and disburse any or all of my monies and other property.

14. I hereby expressly revoke all prior powers of attorney heretofore executed by me.

15. This power of attorney shall be unaffected by the disability of the principal. Disability shall be defined as a substantial impairment of my ability to care for my property by reason of age, illness, infirmity, mental weakness or intemperance. For the purposes of the exercise of this power by my attorney in fact, my disability shall be conclusively determined by a written declaration of my disability either by me to my attorney in fact or by my personal physician, or if none, any other licensed physician, to me and my attorney in fact. I hereby bind myself to indemnify such physician who shall so act against any and all claims, demands, losses, damages, actions, and causes of action, including expenses, costs, and reasonable attorney fees which such physician at any time may sustain or incur in connection with this power of attorney.

GIVING AND GRANTING upon my said attorney full power and authority to do and perform all and every act, deed, matter, and thing whatsoever on and about my estate, property, and affairs as fully and effectual to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

And I hereby declare that any act or thing lawfully done hereunder by my said attorney shall be binding on myself, and my heirs, legal and personal representatives, and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of May, 2005.

Anna K. Chenaault
ANNA K. CHENAULT

COMMONWEALTH OF KENTUCKY

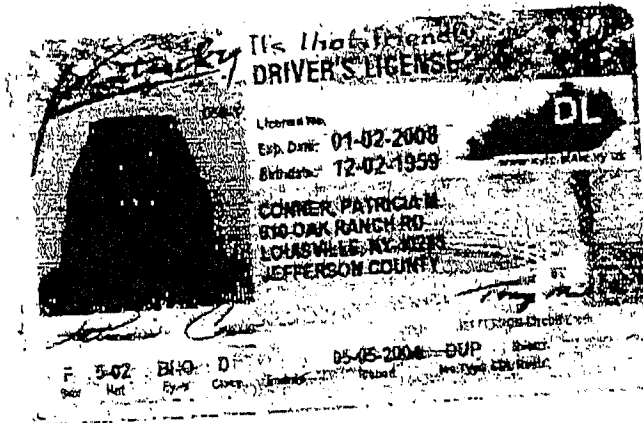
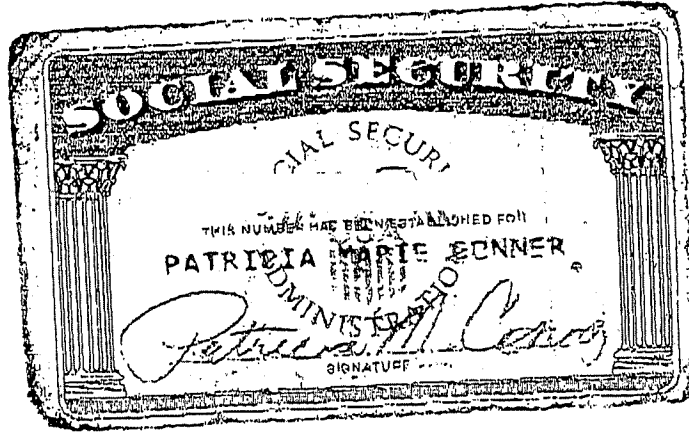
COUNTY OF JEFFERSON

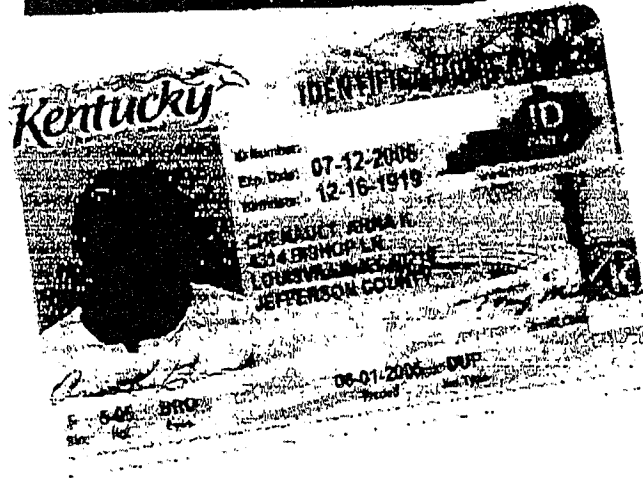
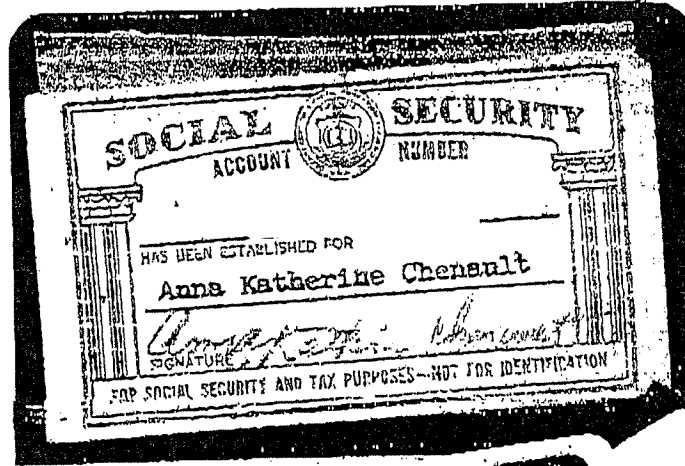
I, Tom Cook, do hereby certify that I am a duly commissioned, qualified, and authorized Notary Public in and for said County and State; and that ANNA K. CHENAULT Grantor of the foregoing Power of Attorney, appeared before me this day within the territorial limits of my authority, and being first duly sworn, executed said instrument by placing his signature in the space above after the contents thereof had been read and duly explained and acknowledged that the execution of said instrument was a free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 4th day of January, 2005.

My Commission Expires: 3/19/2008

[Signature]
NOTARY PUBLIC, STATE OF KENTUCKY AT LARGE





PO Box 1370
Louisville KY 40201-1370

Return Service Requested



**Jewish
Hospital
HealthCare
Services**
Business Office

ACCT #:

PATIENT: ANNA CHENAULT

NOV 09 2004

AmcBro 1-L249 4-1-224 1024
3-DIGIT 402
ANNA CHENAULT
4314 BISHOP LN
LOUISVILLE KY 40218-4521



Patient Accounts Lockbox
P.O. Box 19857
Indianapolis IN 46219-0857



RE: PATIENT NAME : ANNA CHENAULT
ACCOUNT NUMBER :
SERVICE DATE : 06/27/04
ACCOUNT BALANCE : \$112.84

Jewish Hospital is committed to providing you quality service, both in the delivery of medical care and the handling of your bill.

To help us better serve you, we have contracted with Account Management Service (AMS) to offer you assistance in resolving your account balance. Their role is to act on behalf of our patient accounting department and to address questions or concerns you may have about your bill. AMS is also able to handle any insurance billing issues you may have with this account.

Future communication regarding your account should be directed to:

AMS
P.O. BOX 19857
INDIANAPOLIS, IN 46219-0857
1-800-968-6686

Thank you for choosing Jewish Hospital. We hope this additional service will be of benefit to you and will help simplify your health care billing.

Sincerely,

Jewish Hospital
Patient Accounting Department



420 South Eighth Street
Louisville, Kentucky 40203

03/01/05

PLEASE PRESENT PAYMENT TO:

BISHOP LANE PLAZA
4014 BISHOP LANE
LOUISVILLE KY 40218

Acct #

Due on the 1st

Late Charges Begin on the 9th Business Day

ACCOUNT: 4001
APR CHENAULT
4314 BISHOP LN 101
LOUISVILLE, KY 40218

003300 400001

LAST DAY TO PAY RENT: 03/08/05
9:00 LATE FEE STARTS 03/09/05

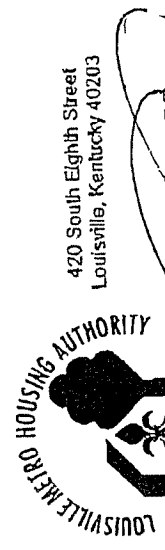
Important Reminder:

Please notify your manager immediately if you have any changes in your income including loss of employment. It may affect your rent.

| DATE | TRANSACTION | REFERENCE # | AMOUNT |
|----------|------------------|-------------|--------|
| 02/07/05 | PREVIOUS BALANCE | | 179.00 |
| 03/01/05 | RENT TELETYPE | | 179.00 |
| 03/01/05 | RENT MAR 2005 | | 179.00 |
| | NO: 5347760250 | 179.00 | |
| | NO: 537793913774 | 179.00 | |
| | 3/14/05 | | |
| | | | 179.00 |

PLEASE PAY THIS AMOUNT

10.00
189.00 PA



420 South Eighth Street
Louisville, Kentucky 40203

06/01/05

PLEASE PRESENT PAYMENT TO:

BISHOP LANE FLATS
4314 BISHOP LANE
LOUISVILLE, KY 40218

Acct #

Due on the 1st

Late Charges Begin on the 9th Business Day

BUILDING: 4001
ANN CHENAULT
4314 BISHOP LN 101
LOUISVILLE, KY 40218

043458 450001

LAST DAY TO PAY RENT: 06/08/05
\$10 LATE FEE STARTS 06/09/05

Important Reminder:

Please notify your manager immediately if you have any changes in your income including loss of employment. It may affect your rent.

| DATE | TRANSACTION | REFERENCE # | AMOUNT |
|-------------------------------|------------------|-------------|---------------|
| 05/10/05 | PREVIOUS BALANCE | | 172.00 |
| 05/22/05 | Late charge | | 10.00 |
| 05/01/05 | Cash receipt | | 252.00CF |
| | RENT JUN 2005 | | 192.00 |
| PLEASE PAY THIS AMOUNT | | | 152.00 |



420 South Eighth Street
Louisville, Kentucky 40203

12/01/04

PLEASE PRESENT PAYMENT TO:

STRONG LANE PLAZA
4014 STRONG LANE
LOUISVILLE, KY 40218

Acct #

Due on the 1st

Late Charges Begin on the 9th Business Day

80016116 4001
ANN CHEMELT
2314 STRONG LN 201
LOUISVILLE, KY 40218
043958 400001

Important Reminder:
Please notify your manager immediately if you have any changes in your income including loss of employment. It may affect your rent.

| DATE | TRANSACTION | REFERENCE # | AMOUNT |
|----------|------------------|-------------|----------|
| 11/08/04 | PREVIOUS BALANCE | | 202.00 |
| 11/15/04 | Late charge | | 10.00 |
| 11/15/04 | Cash receipt | | 202.00CR |
| 12/01/04 | Cash receipt | | 10.00CR |
| 12/01/04 | RENT DEC 2004 | | 202.00 |

PLEASE PAY THIS AMOUNT

LAST DAY TO PAY RENT: 12/08/04
1st LATE FEE STARTS: 12/09/04