

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
GARNAGE CA 92667

DATE 3/06/84

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP DIOCESE OF ORANGE

GROUP NO. 17/ 18

This is an explanation of how we have handled the bills listed below:

BILL FROM
WEDNER

FDR

125.00 DATED 9/13-11/15/83

80.00- NOT COVERED

45.00 PAID AT 75%

33.75 S

CHECK # 14466 PAID TO DOCTOR

33.75

MULVILLE

46.00 DATED 10/25-11/22/83

46.00 PAID AT 80%

36.80 S

CHECK # 14467 PAID DIRECT

36.80

323.00 DATED 9/25-11/16/83

4 VISITS TIMES \$10

40.00 S

CHECK # 14467 PAID DIRECT

40.00

TOTAL PAID ON THIS SUMMARY

110.55

80.00 OCCLUSAL ADJ NOT COVERED.

If you have any questions about this summary, please contact

Paid By Plan This Year

RTHA CASTILLO
HEFFERNAN, KEILER & DOBLE, INC
BOX 7443
SAN FRANCISCO, CALIFORNIA 94120
PHONE 415 546-9300

MEDICAL 1983
DENTAL 1983

959.80
553.50

50600383

Diocese of Orange Medical Fund
 c/o HEFFERNAN, KEILER & DOBLE, INC.
 P.O. BOX 7443
 SAN FRANCISCO, CALIFORNIA 94120

17/18

CHECK #	GROUP NO.	DATE	AMOUNT
CLAIM NUMBER	CLAIMANT/EMPLOYEE NAME	DATE OF SERVICE	
GH09725-1/3	RAMOS, FR. ELVETERIO V.	10/25-11/22/83	36.80
F 9725-1/3	RAMOS, FR. ELVETERIO V.	9/25-11/16/83	40.00
TOTAL			76.80

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
 c/o HEFFERNAN, KEILER & DOBLE, INC.
 P.O. BOX 7443
 SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
 345 East Chapin Avenue
 Orange, California 92666

16.66/1220

VOID AFTER 120 DAYS

GR. NO.
18

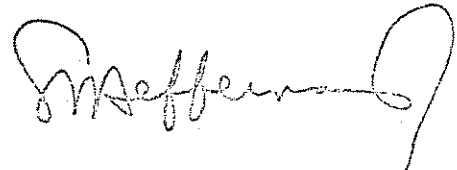
CHECK NO.
14467

DATE
3/06/84

AMOUNT
\$ *****76.80*

EXACTLY SEVENTY SIX AND 80/100 DOLLARS

TER OF
DIOCESE OF ORANGE



⑈014467⑈ ⑆122000661⑆ 02331⑈00041⑈

56

50600384

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 8/23/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP DIOCESE OF ORANGE

GROUP NO. 17/ 18

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2511 E VILLA REAL DR.
ORANGE CA 92667

This is an explanation of how we have handled the bills listed below.

BILL FROM MULVILLE, MD	FDR 89.00 DATED 5/03- 8/02/83 89.00 PAID AT 100% CHECK # 12110 PAID DIRECT	89.00 S 89.00
[REDACTED]	95.00 DATED 6/27/83 14.25- NOT COVERED 1 VISIT TIMES \$10 CHECK # 12115 PAID DIRECT	10.00 S 10.00
TOTAL PAID ON THIS SUMMARY		99.00
\$14.25 COURTESY DISCOUNT		

If you have any questions about this summary, please contact

Paid By Plan This Year

LII MC HILLIAN
HEFFERNAN, KEILER & DOBLE, INC
64 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1982

1,632.30

800 227-4141 MEDICAL 1983

721.00

50600388

Diocese of Orange Medical Fund

c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

17/18

CHECK # CLAIM NUMBER	GROUP NO. CLAIMANT/EMPLOYEE NAME	DATE DATE OF SERVICE	AMOUNT
GH09725-1/3	RAMOS, FR. ELVETERIO V.	5/03- 8/02/83	89.00
F 09725-1/3	RAMOS, FR. ELVETERIO V.	6/27/83	10.00
TOTAL			99.00

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
345 East Chapman Avenue
Orange, California 92666

16-66/1220

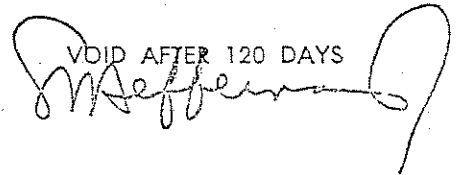
GR. NO. 18	CHECK NO. 12110	DATE 8/23/83	AMOUNT \$ *****99.00*
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PA EXACTLY NINETY NINE AND NO/100 DOLLARS

TO THE
OR
OF

DIocese OF ORANGE

VOID AFTER 120 DAYS



⑈012110⑈ ⑆122000661⑆ 02331⑈00041⑈

50600389

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

17/18

CHECK #	GROUP NO.	DATE	DATE OF SERVICE	AMOUNT
11542	18	7/19/83	6/16/83	10.00
CLAIM NUMBER	CLAIMANT/EMPLOYEE NAME			
P309725-1/3	RAMOS, FR. ELVETERIO V.			

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
345 East Chapman Avenue
Orange, California 92666

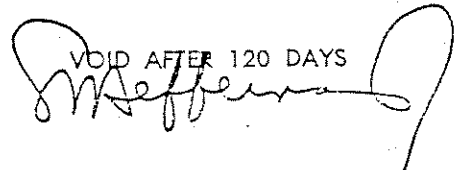
16-66/1220

GR. NO. 18 CHECK NO. 11542 DATE 7/19/83 AMOUNT \$*****10.00*

PAY EXACTLY TEN AND NO/100 DOLLARS

TO THE ORDER OF
DIOCESE OF ORANGE

VOID AFTER 120 DAYS



⑈011542⑈ ⑆122000661⑆ 02331⑈00041⑈

50600393

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 7/19/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP/DIOCESE OF ORANGE

GROUP NO 17/ 18

-REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
ORANGE CA 92667

This is an explanation of how we have handled the bills listed below.

BILL FROM

FOR

75.00 DATED 6/16/83

7.50- NOT COVERED

1 VISIT TIMES \$17

CHECK # 11542 PAID DIRECT

10.00 S
10.00

\$7.50 DISCOUNT NOT COVERED

If you have any questions about this summary, please contact

Paid by Plan This Year

LI A MC MILLIAN
HEFFERNAN, KEILER & DOBLE, INC
64 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4344

MEDICAL 1982

1,632.20

800 227-4141 MEDICAL 1983

622.00

50600394

CLAIMANT

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 5/03/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELEUTERIO V.

CLAIMANT NO. 09725

GROUP/DIOCESE OF ORANGE

GROUP NO. 17/ 12

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
DARWIN CA 92037

This is an explanation of how we have handled the bills listed below.

BILL FROM

FDA
371.0 DATED 5/22-5/27/83
50.0 - NOT COVERED
195.0 PAID AT
1 VISIT TIMES
CHECK # 10635 PAID DIRECT

195.0 \$
50.0 \$
145.0 \$

\$30.00-COURTESY DISCOUNT

If you have any questions about this summary, please contact

Paid By Plan This Year

LINDA MC MILLIAN
HEFFERNAN, KEILER & DOBLE, INC
64 WILSHIRE BLVD. STE 1234
LOS ANGELES, CALIFORNIA 90040
PHONE 213 655-4044

MEDICARE PLAN

1,431.3

800 227-4141 MEDICARE PLAN

50600399

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

17/18

HECK # CLAIM NUMBER	GROUP NO.	CLAIMANT/EMPLOYEE NAME	DATE DATE OF SERVICE	AMOUNT
10635 PS09725-1/3	18	RAMOS, FR. ELVETERIO V.	6/03/83 3/28- 4/25/83	205.00

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
345 East Chapman Avenue
Orange, California 92666

16-66/1220

GR. NO. 18	CHECK NO. 10635	DATE 6/03/83	AMOUNT \$ *****205.00*
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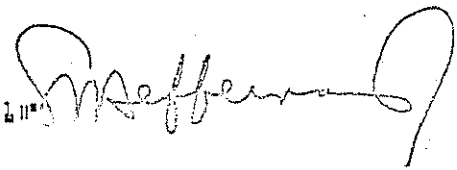
PAY EXACTLY TWO HUNDRED FIVE AND NO/100 DOLLARS

TO THE
C
OF

DIOCESE OF ORANGE

VOID AFTER 120 DAYS

⑈010635⑈ ⑆122000661⑆ 02331⑈00041⑈



50600400

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
ORANGE CA 92667

DATE 6/21/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO 09725

GROUP DIOCESE OF ORANGE

GROUP NO 17/ 18

This is an explanation of how we have handled the bills listed below.

BILL FROM

FOR

75.00 DATED 5/02/83

7.50- NOT COVERED

1 VISIT TIMES \$10

CHECK # 10941 PAID TO GROUP

10.00 S

10.00

\$7.50 COURTESY DISCOUNT

If you have any questions about this summary, please contact

Paid By Plan This Year

INDA MC MILLIAN
HEFFERNAN, KEILER & DOBLE, INC
40 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1982

1,632.30

800 227-4141 MEDICAL 1983

612.00

50600401

CLAIMANT

Diocese of Orange Medical Fund

c/o HEFFERNAN, KEILER & DOBLE, INC.

P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

17/18

CHECK # 10941

GROUP NO. 18

DATE 6/21/83

CLAIM NUMBER	CLAIMANT/EMPLOYEE NAME	DATE OF SERVICE	AMOUNT
PS09725-1/3	RAMOS, FR. ELVETERIO V.	5/02/83	10.00

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
345 East Chapman Avenue
Orange, California 92666

16-66/1220

GR. NO.
18

CHECK NO.
10941

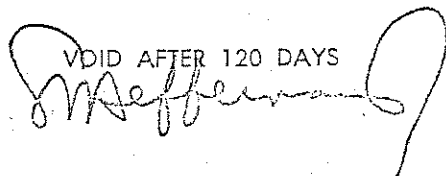
DATE
6/21/83

AMOUNT
\$*****10.00*

PAY EXACTLY TEN AND NO/100 DOLLARS

TO THE
DIocese OF ORANGE

VOID AFTER 120 DAYS



⑈010941⑈ ⑆12200066⑆ 02331⑈00041⑈

50600402

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 4/25/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP DIOCESE OF ORANGE

GROUP NO. 17/ 18

-REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
ORANGE CA 92667

This is an explanation of how we have handled the bills listed below.

BILL FROM

FOR

75.00 DATED 3/21/83

7.50- NOT COVERED

67.50 PAID AT 10%

CHECK # 09992 PAID DIRECT

67.50 S

67.50

DISCOUNT IS NOT COVERED

If you have any questions about this summary, please contact

Paid By Plan This Year

LI MC MILLIAN
HEFFERNAN, KEILER & DOBLE, INC
64 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1982

1,532.30

714 547-3037 MEDICAL 1983

351.00

50600409

HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

GROUP NO. 17/18

NO. 09992

CHECK #	CLAIM NO.	CLAIMANT / EMPLOYEE	PAYEE FID/SS NO.	4/25/83 CURRENT PAYMENT	DATES OF SERVICE TOTAL PAYMENT
8	PS09725-1/3	RAMOS, FR. ELVETERIO V.		67.50	3/21/83

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
345 East Chapman Avenue
Orange, California 92666
16-66/1220

NO. 09992

PAY*****67*DOLLARS AND*50*CENTS*

DATE
4/25/83

AMOUNT
9*****67.50*

TO THE OR

DIOCESE OF ORANGE



GROUP NO. 17/18

Heffernan
AUTHORIZED SIGNATURE

⑈009992⑈ ⑆12200066⑆ 02331⑈00041⑈

50600410

GROUP NO. 17/18

NO. 09529

C/O HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

CHECK #	GROUP	CLAIM NO.	CLAIMANT / EMPLOYEE	PAYEE FID/SS NO.	DATE	CURRENT PAYMENT	DATES OF SERVICE	TOTAL PAYMENT
09529	18	PS09725-1/3	RAMOS, FR. ELVETERIO V.		3/22/83	135.00	2/07-2/25/83	

DETACH AND RETAIN THIS STATEMENT

Diocese of Orange Medical Fund
c/o HEFFERNAN, KEILER & DOBLE, INC.
P.O. BOX 7443
SAN FRANCISCO, CALIFORNIA 94120

BANK OF AMERICA
345 East Chapman Avenue
Orange, California 92666
16.66/1220

NO. 09529

PAY ****135*DOLLARS AND*00*CENTS*

DATE
3/22/83

AMOUNT
\$****135.00*

TO THE
DIocese OF ORANGE

GROUP NO. 17/18

Heffernan
AUTHORIZED SIGNATURE

⑈009529⑈ ⑆12200066⑆ 0233⑆0004⑆⑈

50600414

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
DARNE CA 92607

DATE 3/22/83

EMPLOYEE


CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP DIOCESE OF ORANGE

GROUP NO. 17/ 18

This is an explanation of how we have handled the bills listed below.

BILL FROM	FOR		
	150.00	DATED 2/07- 2/25/83	
	15.00	NOT COVERED	
	135.00	PAID AT	135.00
		CHECK # 09529 PAID TO GROUP	135.00

315.00 DISCOUNT NOT COVERED.

If you have any questions about this summary, please contact

Paid By Plan This Year

LI A MC WILLIAM
HEFFERNAN, KEILER & DOBLE, INC
64 WILSHIRE BLVD. STE 123
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1982

14632.30

714 547-3037 MEDICAL 1983

253.50

CLAIMANT

50600415

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 2/03/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP DIOCESE OF ORANGE

GROUP NO. 17/ 18

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
ORANGE CA 92667

This is an explanation of how we have handled the bills listed below.

BILL FROM
BIONETICS

FOR
274.10 DATED 4/04/82
274.10- NOT COVERED

150.00 DATED 11/29-12/20/82
15.00- NOT COVERED

2 VISITS TIMES \$10 20.00 S
CHECK # 08834 PAID TO GROUP 20.00

TOTAL PAID ON THIS SUMMARY 20.00

ITEM # 1 \$274.10 WE REQUIRE ITEMIZED BILL.
M # 2 \$15.00 COURTESY DISCOUNT.

If you have any questions about this summary, please contact

Paid By Plan This Year

LEA MC MILLIAN
HEFFERNAN, KEILER & DOBLE, INC
6 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1982

1,595.50

714 547-3037

50600422

CLAIMANT

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 1/11/83

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP ID: CESE OF GRANGE

GROUP NO. 17/ 18

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
GRANGE CA 92667

This is an explanation of how we have handled the bills listed below.

BILL FROM

FOR

300.00 DATED 11/01-11/22/82

30.00- NOT COVERED

4 VISITS TIMES \$10

CHECK # 08400 ENCLOSED

40.00 S

40.00

\$30.00 DISCOUNT N/C.

If you have any questions about this summary, please contact

Paid By Plan This Year

LE SIMPSON
HEFFERNAN, KEILER & DOBLE, INC
64 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1982

1,575.50

714 547-3037

50600426

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 12/07/82

EMPLOYEE

CLAIMANT RAMOS, FR. ELVETERIO V.

CLAIMANT NO. 09725

GROUP DIOCESE OF ORANGE

GROUP NO. 17/ 18

REV. ELEUTERIO RAMOS
C/O AL PESQUEIRA
2811 E VILLA REAL DR.
ORANGE CA 92667

This is an explanation of how we have handled the bills listed below.

BILL FROM	FOR			
[REDACTED]	723.50	DATED 8/03- 8/08/82		
	723.50	PAID AT 100%	723.50	S
		CHECK # 07974 PAID TO GROUP	723.50	
MULVILLE, MD	92.00	DATED 6/22-10/12/82		
	92.00	PAID AT 100%	92.00	S
		CHECK # 07974 PAID TO GROUP	92.00	
[REDACTED]	300.00	DATED 10/04-10/25/82		
	73.80-	NOT COVERED		
	23.70	PAID AT 100%	23.70	S
		3 VISITS TIMES \$10	30.00	S
		CHECK # 07974 PAID TO GROUP	53.70	
TOTAL PAID ON THIS SUMMARY			869.20	
ITEM # 3	\$43.80 EXCEEDS 1ST \$500.00 LIMIT. \$30.00 COURTESY DISCOUNT.			

If you have any questions about this summary, please contact

Paid By Plan This Year

LEE SIMPSON
HEFFERNAN, KEILER & DOBLE, INC
6404 WILSHIRE BLVD. STE 1230
LOS ANGELES, CALIFORNIA 90048
PHONE 213 655-4044

MEDICAL 1981

2,627.15

714 547-3037 MEDICAL 1982

1,535.50

50600430