

CHECK REQUEST

PAYEE (VENDOR) MAURICE F MULVILLE, M.D.

VENDOR# 1381

AMOUNT \$ 92.00

REASON MEDICAL EXPENSES FOR REV. ELEUTERIA RAMOS FOR

11/16, 12/21, 1/18 + 2/11

DEPARTMENTAL APPROVAL _____

AUTOMOBILE		PRINTING-----	070
FUEL-----	011-	PROM. & PUBL.	080
REPAIRS----	012	SUPPLIES	
BOOKS, MAGS----	021	OFFICE-----	061
DUES & SUBS.--	022	CHAPEL-----	063
EUCATION-----	050	COMPUTER-----	065
PROFESSIONAL		TRAVEL & EXPENSE	100
FEES		WORK SHOP-ATTENDED	111
CONSULTANT -----	092	WORKSHOP-SPONSORED-	112
FACILITATOR	093		
LEGAL-----	094		
POSTAGE-----	062		

DISTRIBUTION

INVOICE DATE _____ F

BANK# 110-101

VENDOR# _____ F

CHECK COMMENTS _____ E

INVOICE# _____ F

INVOICE AMT \$ _____ F

A/C# 355000 AMT \$ 92.00

A/C# _____ AMT \$ _____

A/C# _____ AMT \$ _____

APPROVALS

50600447

Maurice F. Mulville, M.D.

100 EAST VALENCIA MESA DR.
FULLERTON, CALIFORNIA 92635
(714) 526-4669

February 15, 1983

Diocese of Orange
2811 E. Villa Real Drive
Orange, CA 92667

RE: Father Eleuterio Ramos

Professional Services Rendered:

16, Nov. '82	Office Visit #90060	\$20.00
	[REDACTED]	3.00
21, Dec. '82	Office Visit #90060	20.00
	[REDACTED]	3.00
18, Jan. '83	Office Visit #90060	20.00
	[REDACTED]	3.00
16, Feb. '83	Office Visit #90060	20.00
	[REDACTED]	3.00
	Total	<u>\$ 92.00</u>

Diagnosis: [REDACTED]

TO H&D FM D. OF O.
FOR REIMBURSEMENT
2/17/83

50600448

A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

PAYEE NAME	VENDOR NO.
MULVILLE M.D., MAURICE F.	1382

DATE	DESCRIPTION AND/OR INVOICE NO.	AMOUNT	REFERENCE
2/17/83	21683 REV. E. RAMOS	92.00	355000
2/17/83	CHECK NUMBER 503386	92.00	

ROMAN CATHOLIC BISHOP OF ORANGE
 A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

16-66
 1220

BANK OF AMERICA
 ORANGE MAIN OFFICE
 345 EAST CHAPMAN AVENUE
 ORANGE, CA 92668

503386
 CHECK NUMBER
 503386

DATE
 2/17/83

AMOUNT
 92.00

PAY EXACTLY *****92 DOLLARS AND 00 CENTS
 PAY TO THE ORDER OF

MULVILLE, M.D., MAURICE F.
 100 E. VALENCIA MESA DR.
 FULLERTON, CA.

92635

Leong Mays
 AUTHORIZED SIGNATURE

⑈ 503386 ⑆ ⑆ 12200066 ⑆ ⑆ 0233 ⑆ ⑆ 04006 ⑆ ⑆

HEFFERNAN, KEILER & DOBLE, INC.

HEALTH PLAN CLAIM SUMMARY

DATE 3/08/83

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 MULVILLE, MD	FOR 46.00 DATED 11/16-12/21/82 46.00 PAID AT 80% CHECK # 09354 PAID TO GROUP	36.80 S 36.80
MULVILLE, MD	46.00 DATED 1/18- 2/16/83 46.00 PAID AT 100% CHECK # 09354 PAID TO GROUP	46.00 S 46.00
	225.00 DATED 1/03- 1/24/83 22.50- NOT COVERED 100.00- APPLIED TO DEDUCTIBLE 102.50 PAID AT 100% CHECK # 09354 PAID TO GROUP	102.50 S 102.50
TOTAL PAID ON THIS SUMMARY		185.30
ITEM # 3	\$22.25 DISCOUNT NOT COVERED, YOUR 1983 DEDUCTIBLE HAS BEEN MET.	

If you have any questions about this summary, please contact

Paid By Plan This Year

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

MEDICAL 1982

1,632.30

714 547-3037 MEDICAL 1983

148.50

50600450

Diocese of Orange Medical Fund

GROUP NO. 17/18

NO. 09354

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

CHECK # 09354

3/08/83 DATES OF SERVIC

GROUP	CLAIM NO	CLAIMANT / EMPLOYEE	PAYEE FID/SS NO	CURRENT PAYMENT	DATE TO DATE
18	GH09725-1/2	RAMOS, FR. ELVETERIO V.		36.80	11/16-12/21/8
18	GH09725-1/3	RAMOS, FR. ELVETERIO V.		46.00	1/18- 2/16/8
18	PS09725-1/3	RAMOS, FR. ELVETERIO V.		102.50	1/03- 1/24/8

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. 09354

PAY ****185*DOLLARS AND*30*CENTS*

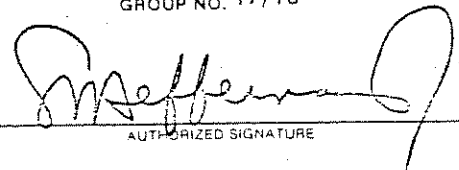
DATE
3/08/83

AMOUNT
\$****185.30*

TO THE
ORDER
OF

DIOCESE OF ORANGE

GROUP NO. 17/18


AUTHORIZED SIGNATURE

⑈009354⑈ ⑆122000661⑆ 02331⑈00041⑈

50600451

CHECK REQUEST

PAYEE (VENDOR) DR. MAURICE F MULVILLE, M.D.

VENDOR# 1382

AMOUNT \$ 46.00

REASON FR. ELEUTERIO RAMOS

DEPARTMENTAL APPROVAL _____

AUTOMOBILE		PRINTING-----	070
FUEL-----	011-	PROM. & PUBL.	080
REPAIRS----	012	SUPPLIES	
BOOKS, MAGS----	021	OFFICE-----	061
DUES & SUBS.--	022	CHAPEL_____	063
EUCATION-----	050	COMPUTER-----	065
PROFESSIONAL		TRAVEL & EXPENSE	100
FEES		WORK SHOP-ATTENDED	111
CONSULTANT -----	092	WORKSHOP-SPONSORED-	112
FACILITATOR	093		
LEGAL-----	094		
POSTAGE-----	062		

DISTRIBUTION

INVOICE DATE _____	F	A/C# <u>355000</u>	AMT \$ <u>46.00</u>
BANK# <u>110-101</u>		A/C# _____	AMT \$ _____
VENDOR# _____	F	A/C# _____	AMT \$ _____

CHECK COMMENTS _____ E

_____ E

_____ E

INVOICE# _____ F

INVOICE AMT \$ 46.00 F

APPROVALS

 _____

PAID

NOV 22 1994

NO. 501994

50600452

A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

PAYEE NAME	VENDOR NO.
MULVILLE, MAURICE F. M.D.	1382

DATE	DESCRIPTION AND/OR INVOICE NO.	AMOUNT	REFERENCE
11/19/82	111782 FR. E. RAMOS	46.00	355000
11/19/82	CHECK NUMBER 501994	46.00	

ROMAN CATHOLIC BISHOP OF ORANGE
 A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

BANK OF AMERICA
ORANGE MAIN OFFICE
 345 EAST CHAPMAN AVENUE
 ORANGE, CA 92668

16-66
 1220

501994
 CHECK NUMBER
 501994

DATE
 11/19/82

AMOUNT
 *****46.00

PAY EXACTLY *****46 DOLLARS AND 00 CENTS
 PAY TO THE ORDER OF

MULVILLE, MAURICE F. M.D.
 100 E. VALENCIA MESA DR.
 FULLERTON, CA.

92635

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈501994⑈ ⑈12200066⑈ ⑈0233⑈04008⑈

50600454

CHECK REQUEST

PAYEE (VENDOR) Maurice F. Melville, M.D.

VENDOR# 1382

AMOUNT \$ 46.00

REASON _____

DEPARTMENTAL APPROVAL _____

AUTOMOBILE		PRINTING-----	070
FUEL-----	011-	PROM. & PUBL.	080
REPAIRS----	012	SUPPLIES	
BOOKS, MAGS----	021	OFFICE-----	061
DUES & SUBS.--	022	CHAPEL_____	063
EUCATION-----	050	COMPUTER-----	065
PROFESSIONAL		TRAVEL & EXPENSE	100
FEES		WORK SHOP-ATTENDED	111
CONSULTANT-----	092	WORKSHOP-SPONSORED-	112
FACILITATOR	093		
LEGAL-----	094		
POSTAGE-----	062		

DISTRIBUTION

INVOICE DATE _____ F

BANK# 110-101

VENDOR# 1382 F

CHECK COMMENTS _____ E

Fr E. Roman
81882

INVOICE# 81882 F

INVOICE AMT \$ 46.00 F

A/C# 355000 AMT \$ 46.00

A/C# _____ AMT \$ _____

A/C# _____ AMT \$ _____

APPROVALS

[Signature]

PAID

AUG 27 1982

Per 500359

50600455

ROMAN CATHOLIC BISHOP OF ORANGE
 A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

PAYEE NAME	VENDOR NO.
MULVILLE, MAURICE F. M.D.	1382

DATE	DESCRIPTION AND/OR INVOICE NO.	AMOUNT	REFERENCE
8/27/82	81882 FR. E. RAMOS	46.00	355000
8/27/82	CHECK NUMBER 500359	46.00	

ROMAN CATHOLIC BISHOP OF ORANGE
 A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

16-66
1220

500359
CHECK NUMBER
500359

BANK OF AMERICA™
ORANGE MAIN OFFICE
 345 EAST CHAPMAN AVENUE
 ORANGE, CA 92668

DATE
8/27/82

PAY EXACTLY *****46 DOLLARS AND 00 CENTS
 PAY TO THE ORDER OF

MULVILLE, MAURICE F. M.D.
 100 E. VALENCIA MESA DR.
 FULLERTON, CA. 92635

NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

AMOUNT

*****46.00

⑈500359⑈ ⑆12800088⑆ ⑆02331⑆04006⑈

ATTENDING PHYSICIAN'S STATEMENT

Phone 974-7120

To: Diocese of Orange Insurance Company
2811 E. Villa Real Drive, Orange, CA 92667
Priests of the Diocese of Orange
Name of Insured: Father Eleuterio Ramos
Address: 749 S. Mulberry, Brea, CA 92621

Name of Patient Father Eleuterio Ramos Relationship to Insured: _____

The following professional services were provided the above named patient as itemized, and on the dates listed below, for the diagnosis of: [REDACTED]

Disability related to: Personal Illness Personal Accident Occupation Pregnancy

Period of Disability: From _____ To _____

Date	Service Rendered	Charge
22, June '82	Office visit #81000 #90060	3.00 20.00
20, July '82	Office Visit #81000 #90060	3.00 20.00
Total		\$ 46.00

MAURICE F. MULVILLE, M.D.
100 E. Valencia Mesa Dr.
Fullerton, California 92635
Suite 107
714 526-4669

*TO HRA
FOR REIMBURSEMENT*

*11/24/82
PD. BY HKS CR # 7974 869.20 11/17/82 BK*

M. Mulville M.D.

Doctor's Signature

Maurice F. Mulville, M.D.

Doctor's Typed Name

[REDACTED]

Name and address of facility where services rendered

Date 18, Aug. '82

50600457

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

LF 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

50600458

ATTENDING PHYSICIAN'S STATEMENT

To: Diocese of Orange Phone 974-7120
2811 E. Valla Real Drive, Orange, CA 92667 Insurance Company

Name of Insured: Priests of the Diocese of Orange
Father Eleuterio Ramos
 Address: 749 S. Mulberry, Brea, CA 92621

Name of Patient Father Eleuterio Ramos Relationship to Insured: _____

The following professional services were provided the above named patient as itemized, and on the dates listed below, for the diagnosis of: [REDACTED] continued case

Disability related to: Personal Illness Personal Accident Occupation Pregnancy

Period of Disability: From _____ To _____

Date	Service Rendered	Charge
7, Apr. '82	[REDACTED] #81000	3.00
	Office visit #90050	20.00
27, Apr. '82	Office Visit #90050	20.00
25, May '82	Office Visit #90050	20.00
	[REDACTED] #81000	3.00
TOTAL -		66.00

APPROVED _____

AMOUNT 66.00

CHG. AC # 326

CHECK # _____

DATE PAID _____

PAID
 JUN 01 1982
 Per. 23822

MAURICE F. MULVILLE, M.D.
 100 E. Valencia Mesa Dr.
 Fullerton, California 92635
 Suite 107
 714 526-4669

RB

Name and address of facility where services rendered

M. F. Mulville, M.D.

 Doctor's Signature
 Maurice F. Mulville, M.D.

 Doctor's Typed Name

Date May 25, 1982

50600459

