

ATTENDING PH

Diocese of Orange
 310 Heffernan, Keiler & Noble, Inc.

Name of Insured: Father Eleuterio Ramos
 Address: 749 S. Malberry, Brea,

Name of Patient Father Eleuterio Ramos

The following professional services were 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
17, Mar. '81	Examination and treated <u>[REDACTED]</u>	23.00
14, Apr. '81	"	23.00
May '81	"	23.00
5, May '81	"	23.00
Ordered: <u>[REDACTED]</u>		
TOTAL		\$ 92.00

*Per our phone conversation I am mailing this statement to you for payment. There should be \$ 43.00 payment for June and July treatment coming from Insurance Company. Would you please forward that when it comes?
 Thank you.*

50600461-A

Benefits Not assigned
\$92.00 sent to Diocese of Orange
We have not received payment as yet on this claim. This is a copy of the claim sent to you on 5-27-81.
 MAURICE F. MULVILLE, M.D.
 100 E. Valencia Mesa Dr.
 Fullerton, California 92635
 Suite 107
 714 526-4669

6/8/81
 # 1729

Name and address of facility where services rendered
M. F. MULVILLE, M.D.
100 E. VALENCIA MESA DR.
FULLERTON, CALIF. 92632
PHONE 526-4669

PAID
 AUG 07 1981
 Per 20806

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

Date 27, May '81

JUL 27 REC'D
 50600461 D

Per our phone conversation I am
mailing this statement to you for payment.
There should be \$ 43⁰⁰ payment for
June and July treatment coming from
Insurance Company. Would you please
forward that when it comes?

Thank you.

50600461-A

ATTENDING PHYSICIAN'S STATEMENT

To: _____ Insurance Company

Name of Insured: _____

Address: _____

Name of Patient FATHER 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: _____

Disability related to: Personal Illness Personal Accident Occupation Pregnancy

Period of Disability: From _____ To _____

Date	Service Rendered	Charge
1-5-82	OFFICE VISIT	90050 20.00
1-5-82	██████████	81000 3.00
1-26-82	OFFICE VISIT	90050 20.00
1-26-82	██████████	81000 3.00
2-16-82	OFFICE VISIT	90050 20.00
2-16-82	██████████	81000 3.00
2-26-82	OFFICE VISIT	90050 20.00
2-26-82	██████████	81000 3.00
3-2-82	OFFICE VISIT	90050 20.00
3-2-82	██████████	81000 3.00
3-23-82	OFFICE VISIT	90050 20.00
3-23-82	██████████	81000 3.00
TOTAL BILLED		\$115.00

APPROVED _____
AMOUNT <u>115.00</u>
CHG. A/c # <u>326</u>
CHECK # _____
DATE PAID _____

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

** Copies
 Carlos & Gladys*

Name and address of facility where services rendered _____

M. Mulville M.D.
 Doctor's Signature

PAID

Maurice F. Mulville, M.D.

APR 08 1982

Doctor's Typed Name

Date 5 April '82

Per 23338

50600462

ATTENDING PHYSICIAN'S STATEMENT

BeEttersan, Keiler and Doble, Inc. to:
 Diocese of Orange
 2811 E. Villa Real, Orange, Ca. 92667

To: _____ Insurance Company

Name of Insured: Father Hueter

Address: 2811 E. Villa Real, Orange, Ca. 92667

Name of Patient Same Relationship Self
 to Insured:

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

Disability related to: Personal Illness Personal Accident Occupation Pregnancy

Period of Disability: From _____ To _____

Date	Service Rendered	Charge
11-03-81	Office visit/examination, 90050	\$90.00
11-03-81	_____, 81000	3.00
11-19-81	Office visit/examination, 90050	20.00
11-19-81	_____ 81000	3.00
12-01-81	Office visit/examination, 90050	20.00
12-01-81	_____ 81000	3.00
12-15-81	Office visit/examination, 90050	20.00
12-15-81	_____ 81000	3.00
TOTAL:		\$92.00

PAID
FEB 22 1982
 Per. 22299

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

APPROVED _____
AMOUNT <u>184.00</u>
CHG. A/c # <u>326</u>
CHECK # _____
DATE PAID _____

Name and address of facility where services rendered _____

Date 12-18-81

PB
To Gladys
Carson

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

50600463

PLEASE NOTE THIS IS A CONTINUING CLAIM. PLEASE REFER TO PREVIOUS CLAIM FORMS SUBMITTED FROM THIS OFFICE. AS DR. MULVILLE ACCEPTS INSURANCE AS PAYMENT IN FULL, PLEASE MAIL INSURANCE PAYMENT DIRECTLY TO THIS OFFICE. THANK YOU.

ATTENDING PHYSICIAN'S STATEMENT

Heffernan, Keiler & Doble, Inc.
6404 Wilshire Blvd. #1111
Los Angeles, Ca. 90048

To: _____ Insurance Company

Name of Insured: Father Eleuterio Ramos - Priests of the Diocese of Orange

Address: 2811 E. Villa Real, Orange, Ca. 92667

Name of Patient Same Relationship to Insured: Self

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 _____

<u>Date</u>	<u>Service Rendered</u>	<u>Charge</u>
08-11-81	Office visit/examination, 90050	\$20.00
08-11-81	[REDACTED] 81000	3.00
09-01-81	Office visit/examination, 90050	20.00
09-0181	[REDACTED] 81000	3.00
	TOTAL CHARGES:	\$46.00

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

Name and address of facility where services rendered

Doctor's Signature

Maurice F. Mulville, M.D.

Doctor's Typed Name

Date: 10-23-81

50600464

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

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

GROUP NO. 17/ 18

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

50600469

CLAIMANT

CHECK REQUEST

RECEIVED

PAYEE (VENDOR) Rama Fr Eleuteris

AUG 18 1982

VENDOR# P.O. Box 296

PASTORAL SERV. CNTR.

AMOUNT \$ Brea, 92621

REASON Reimbursement for Medical Expenses

Check to cover this was deposited

8/9/82

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# 918 F

CHECK COMMENTS _____ E

INVOICE# 81882 F

INVOICE AMT \$ 9.00 F

A/C# 130101 AMT \$ 9.00

A/C# _____ AMT \$ _____

A/C# _____ AMT \$ _____

APPROVALS

POSTED

PAID

AUG 20 1982

Per. 500234

50600478



Notes

Patty Bayne

JULY 27, 1982

DEAR FR. RAMOS,

WE ARE SENDING THIS CHECK TO YOU TO ASK IF YOU WILL PLEASE ENDORSE IT AND RETURN IT TO THE DIOCESE ACCOUNTING OFFICE. IT COVERS OUR REIMBURSEMENT FROM THE INSURANCE COMPANY FOR YOUR MEDICAL BILLS WHICH WE HAVE ALREADY PAID.

THANK YOU VERY MUCH

WE LOVE YOU,

PATTY BAYNE
ACCOUNTING OFFICE
DIOCESE OF ORANGE

This \$9.00 was paid by me personally for a blood test at Profess Laboratory Services in Fall on 5 June 1982

50600479-A (over)

Also, my past requests
to the insurance Co. for
reimbursement for my
medicines was never
paid back to me personally.
Perhaps, the same thing
may have occurred?
Would you please look into
this for me - ?

Thank you,
Father Al
529-1821
after Aug 9th

50600479-B

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

PAYEE NAME	VENDOR NO.
RAMOS, FR. ELEUTERIO	53

DATE	DESCRIPTION AND/OR INVOICE NO.	AMOUNT	REFERENCE
8/18/82	81882 REIMBURSEMENT FOR MEDICAL EXPENSES	9.00	130101
8/20/82	CHECK NUMBER 500234	9.00	

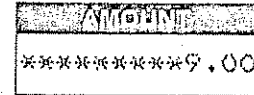
ROMAN CATHOLIC BISHOP OF ORANGE
 A CORPORATION SOLE
 2811 E. VILLA REAL DRIVE
 ORANGE, CA 92667

16-66
 1220

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

500234
 CHECK NUMBER
 500234

DATE
 8/20/82



PAY EXACTLY *****9 DOLLARS AND 00 CENTS
 PAY TO THE ORDER OF

RAMOS, FR. ELEUTERIO
 P.O. BOX 296
 BREA, CA.

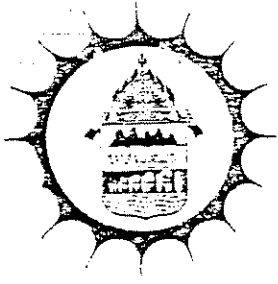
92621

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

⑈ 500234⑈ ⑆ 12⑆ 000000000000⑆ 0233⑆ ⑈ 0⑆ 0000⑈

50600480



PASTORAL SERVICES CENTER

CHECK REQUEST

DATE: / /

PAYEE _____

AMOUNT \$ _____

REASON _____

PURPOSE: i.e. DONATION, OFFICE, WORKSHOP, etc. _____

VERIFICATION OF DATA: WAS MERCHANDISED/SERVICE RECEIVED YES.
PREPAYMENT OF SERVICE (i.e. travel) YES

ACCOUNTING DEPARTMENT

PRIOR BALANCE

AMOUNT WAS PAID _____

AMOUNT WAS NOT PAID-INVOICE ATTACHED _____

TRANSFER OF DATA

FOR ACCOUNT NUMBERS	111	140	250	321	360	1465
DATA TRANSFERRED						

APPROVAL:

BUSINESS MANAGER _____

CONTROLLER _____

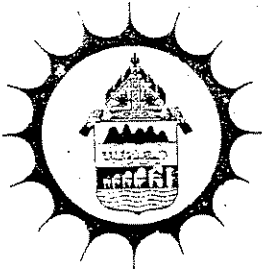
ACCOUNT NO. AMOUNT

326 270⁰⁰

PAID
DEC 21 1981
Per 22236

REFERENCE: _____

50600486C



PASTORAL SERVICES CENTER

CHECK REQUEST

DATE: ___ / ___ / ___

PAYEE _____

AMOUNT \$ _____

REASON _____

PURPOSE: i.e. DONATION, OFFICE, WORKSHOP, etc. _____

VERIFICATION OF DATA: WAS MERCHANDISED/SERVICE RECEIVED YES.
PREPAYMENT OF SERVICE (i.e. travel) YES

ACCOUNTING DEPARTMENT

PRIOR BALANCE

AMOUNT WAS PAID _____

AMOUNT WAS NOT PAID-INVOICE ATTACHED _____

TRANSFER OF DATA

FOR ACCOUNT NUMBERS	111	140	250	321	360	1465
DATA TRANSFERRED						

APPROVAL:

BUSINESS MANAGER _____

CONTROLLER _____

Copy sent (X)

8/18

ACCOUNT NO. AMOUNT

326 *270⁰⁰*

TO HRD?

PAID

AUG 17 1981

REFERENCE: Per *20898* _____

506004938