

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT-ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. TARRI43

ENTERED BY DATE

DATE: 7-8-03

TAX-PAYER ID NO.

PLEASE PAY TO:

PAYMENT RELATES TO:

XXX DIOCESE FOUNDATION

INVOICES TO BE PAID

CHARGE TO

INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
117	6-30-00	360	7855	CAS	571	360
TOTAL INVOICE		360	TOTAL ACCOUNTING		360	

DOCUMENT IS NOT TO BE REPRODUCED

THESE MUST EQUAL

DESCRIPTION OF ORDER

License

PAYMENT INSTRUCTIONS

99-00 FY if possible

AUTHORIZED BY:

[Signature]

Accounting Use Only

10-04-04 Order 0333

ACCOUNTING:

PAYORDER.W3

5/14/96 - DIO AF

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR THE DISTRICT ATTORNEY.

Bill To:
Reverend Robert Wilson
Catholic Diocese
1800 West Loop East South
Fort Worth, TX 76108

Bill as of: Jun 30, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$360.00
6/6/2000	Individual Psychotherapy	\$90.00	\$90.00
6/8/2000	Payment - Reverend Robert Wil		(\$360.00)
6/13/2000	Individual Psychotherapy	\$90.00	\$90.00
6/20/2000	Individual Psychotherapy	\$90.00	\$90.00
6/27/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

This bill reflects the services

10-04-04 Order
0334

Run Date: 7/25/09 9:59:24 AM

Vendor Detail History Ledger (Payment Default)

Fort Worth Catholic Diocese (001)
Ledger as of: 6/30/00

Description Account Amount Discount Amount Paid Check Date Check No Bank Balance

Invoice: MEDICINE 1300
Date: 1/6/00 Term: NONE Due Date: 1/6/00
7888-01-8571
Purchase Order: \$197.98
\$197.98
\$197.98 1/6/00 BANK \$0.00

Invoice: MEDICINE
Date: 2/9/00 Term: NONE Due Date: 2/9/00
7888-01-8571
Purchase Order: \$197.98
\$197.98
\$197.98 2/9/00 BANK \$0.00

Invoice: MEDICATION 320.00
Date: 3/22/00 Term: NONE Due Date: 3/22/00
7888-00-01-8571
Purchase Order: \$20.00
\$20.00
\$20.00 3/22/00 BANK \$0.00

Invoice: MEDS 320.00
Date: 4/5/00 Term: NONE Due Date: 4/5/00
7888-00-01-8571
Purchase Order: \$20.00
\$20.00
\$20.00 4/5/00 BANK \$0.00

Invoice: APRIL MEDS 425.00
Date: 5/3/00 Term: NONE Due Date: 5/3/00
7888-00-01-8571
Purchase Order: \$20.00
\$20.00
\$20.00 5/3/00 BANK \$0.00

Invoice: PREGGATION
Date: 5/31/00 Term: NONE Due Date: 5/31/00
7888-00-01-8571
Purchase Order: \$15.00
\$15.00
\$15.00 5/31/00 BANK \$0.00

Invoice: PRESCRIPTION 530.00
Date: 5/31/00 Term: NONE Due Date: 5/31/00
7888-00-01-8571
Purchase Order: \$5.00
\$5.00
\$5.00 5/31/00 BANK \$0.00

Invoice: PRESCRIPTIONS 340.00
Date: 5/31/00 Term: NONE Due Date: 5/31/00
7888-00-01-8571
Purchase Order: \$5.00
\$5.00
\$5.00 5/31/00 BANK \$0.00

Vendor: HCPH50 Term: Vendor Total: \$475.98
Purchase Order: \$0.00
\$475.98

Invoice: APRIL MEDS 425.00
Date: 5/3/00 Term: NONE Due Date: 5/3/00
7888-00-01-8571
Purchase Order: \$20.00
\$20.00
\$20.00 5/3/00 BANK \$0.00

10-04-04 Order 0335

DOCUMENT

CONFIDENTIAL

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO.: _____ ENTERED BY/DATE: _____

DATE: _____ TAX PAYER ID NO.: _____

PLEASE PAY TO: _____
PAYMENT RECEIPTS TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
25303	7-25-00	60.00	1000	01	8571	60.00

DOCUMENT IS NOT TO BE REPRODUCED.

TOTAL INVOICE 60.00 TOTAL ACCOUNTING 60.00

THESE MUST EQUAL

DESCRIPTION OF ORDER: _____

PAYMENT INSTRUCTIONS: _____

AUTHORIZED BY: MB

10-04-04 Order 0336

Accounting Use Only
ACCOUNTING: _____

PAY ORDER WK3 514% - DIO AF

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE

Statement of Account

PAGE 1

Account Number

Date
07/25/00

Date	Patient	Procedure	Trans. Detail	Total Insur. Payment	Total Patient Payment	Patient Balance
02/03/00		PAYMENT ON ACCOUNT	-55.00			
03/30/00		PAYMENT ON ACCOUNT	60.00			
07/18/00		WRITEOFF-UNCOLLECTABLE	-45.00			
07/25/00		OP-MEDICATION SERVICE 29621 MAJOR DEPRESSIVE DIS	60.00	0.00	0.00	60.00

DOCUMENT IS NOT TO BE REPRODUCED

COINTEGRATED HEALTH

Insurance was last billed on 03/02/00

10-04-04 Order
0337

Total Balance							60.00
Total Due From Insurance	-						0.00
Total Patient Balance	=						60.00
CURRENT BAL	30 DAY BAL	60 DAY BAL	90 DAY BAL	120 DAY BAL		Please Pay	
PT 60.00	0.00	0.00	0.00	0.00	0.00		60.00
IN 0.00	0.00	0.00	0.00	0.00	0.00		

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTSPAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO.: _____ ENTERED BY/DATE: _____

DATE: 7-25-00 TAX PAYER ID NO.: _____

PLEASE PAY TO: _____
PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGE TO			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>7-25-00</u>	<u>7-18-00</u>	<u>40.00</u>	<u>381000</u>	<u>571</u>		<u>40.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

TOTAL INVOICE: 40.00 TOTAL ACCOUNTING: 40.00
THESE MUST EQUAL

DESCRIPTION OF ORDER: medical

PAYMENT INSTRUCTIONS: _____
AUTHORIZED BY: Chris Wallin

Accounting Use Only
ACCOUNTING: _____

10-04-04 Order
0338

FWAYORDEX WE3

514PK - DIOCAF

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT COMMISSIONER'S OFFICE.

July 22, 2000

Please find enclosed the receipts for my most recent medications. I realize this is sooner than expected, however, I have opted to go with the company's Merck-Medco's mail order service. They are providing me with a 6 month supply of medications, instead of the usual 1 month, (w/ ~~at a~~ substantial savings (\$60.00 for three months w/ ~~vs.~~ \$40.00 for three months w/ Merck-Medco). Additionally, you will not receive any additional invoices for another three months. I trust you will find this to your satisfaction. As usual, consider this as an invoice for them.

Remeron, 180 tabs, \$30.00

Clonazepam, 180 tabs, \$10.00

Total: \$40.00

Thank you,

DOCUMENT IS NOT TO BE REPRODUCED.

10-04-04 Order
0339

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO.: _____ ENTERED BY/DATE: _____

DATE: 7-27-00 TAXPAYER ID NO.: _____

PLEASE PAY TO: _____
PAYMENT REQUEST TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGE			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>7-31-00</u>	<u>7-31-00</u>	<u>270.00</u>	<u>100</u>	<u>21</u>	<u>571</u>	<u>270.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

TOTAL INVOICE: 270.00 TOTAL ACCOUNTING: 270.00
THESE MUST EQUAL

DESCRIPTION OF ORDER: _____

PAYMENT INSTRUCTIONS: _____

AUTHORIZED BY: MS

Accounting Use Only
ACOUNTING: _____ 10-04-04 Order 0340

FORMER W-37 51396 - DIO AP

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:

Reverend Robert Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: Jul 31, 2000

DOCUMENT IS NOT TO BE REPRODUCED

Date	Transaction	Session Charge	Total Owed
	Previous balance		\$360.00
7/7/2000	Individual Psychotherapy	\$90.00	\$90.00
7/13/2000	Payment - Reverend Robert Wil		(\$360.00)
7/18/2000	Individual Psychotherapy	\$90.00	\$90.00
7/25/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00

Please Pay this Amount:

This bill reflects dates of service for

10-04-04 Order
0341

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 8-31-00 TAX PAYER ID NO. _____

PLEASE PAY TO: _____
PAYMENT INSTRUCTIONS TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			ACCOUNTS RECEIVED			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>8-31-00</u>	<u>8-31-00</u>	<u>360.00</u>	<u>488700</u>	<u>01</u>	<u>1571</u>	<u>360.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

360.00

360.00

THESE MUST EQUAL

DESCRIPTION OF ORDER: 2 glass of wine for

PAYMENT INSTRUCTIONS: _____

AUTHORIZED BY: [Signature]

10-04-04 Order 0342

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE. ANY VIOLATION WILL BE TREATED AS CONTEMPT OF COURT.

Bill To:
Reverend Robert Wilson
Catholic Diocese
1800 West Loop 1820 South
Fort Worth, TX 76108

Bill as of: Aug 31, 2000

Date	Transaction	Charge	Total Owed
8/4/2000	Individual Psychotherapy	\$90.00	\$90.00
8/14/2000	Individual Psychotherapy	\$90.00	\$90.00
8/22/2000	Individual Psychotherapy	\$90.00	\$90.00
8/29/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

DOCUMENT IS NOT TO BE REPRODUCED.

This bill reflects dates of service.

10-04-04 Order
0343

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO.: _____ ENTERED BY/DATE: _____

DATE: 9-27-2000 TAXPAYER ID NO.: _____

PLEASE PAY TO: _____

PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGE TO			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>9-7-00</u>	<u>9-25-00</u>	<u>360.00</u>	<u>7865-00</u>	<u>01</u>	<u>0574</u>	<u>360.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

360.00

360.00

THESE MUST EQUAL

DESCRIPTION OF ORDER:
Project Safety

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: [Signature]

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0344

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:

Reverend Robert Wilson
Catholic Diocese
800 West Loop South
Fort Worth, TX 76108

Bills of: Sep 30, 2000

Date	Transaction		Total Owed
9/7/2000	Individual Psychotherapy	\$90.00	\$90.00
9/14/2000	Individual Psychotherapy	\$90.00	\$90.00
9/22/2000	Individual Psychotherapy	\$90.00	\$90.00
9/25/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

\$360.00

THIS BILL REFLECTS DATES of SERVICE For

CONFIDENTIAL

10-04-04 Order
0345

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO.: _____ ENTERED BY/DATE: _____

DATE: 9-27-00 TAX PAYER ID NO.: _____

PLEASE PAY TO: _____

PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGE TO:		
INVOICE NO.	INVOICE DATE	AMOUNT	FUND	DEPT.	AMOUNT
<u>F-27-00</u>	<u>9-23-00</u>	<u>11.19</u>	<u>4580-00</u>	<u>01</u>	<u>11.19</u>

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER:
subscriptions for

PAYMENT INSTRUCTIONS:

AUTHORIZED BY: [Signature]

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0346

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

September 23, 2000

has withdrawn, at least temporarily, from practicing psychiatry due to illness. I will
be seeing a beginning this Monday. I trust the billing agreement with [redacted] will
continue with [redacted]. Additionally, [redacted] has prescribed an additional medication, the
receipt for which is enclosed. Consider this an invoice for same.

Total: \$1119

Thank you,

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0347

860 04132 03
019 SEN
TOTAL 11.57
*****151
CHECK IN CHANGE
ANY YOU
FOR FASTER SERVICE, CALL IN YOUR
PRESCRIPTION 24 HOURS IN ADVANCE
SEPTEMBER 23, 2000 12:45 PM

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0348

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.


October 5, 2000

Dear _____

Pursuant to our telephone conversation of October 2nd I would like to commit our understanding in writing. The Diocese of Fort Worth has provided counseling to _____ for fifteen months. That is three months beyond the normal time that we provide counseling to victims of sexual misconduct. However, I do not wish to discontinue payment for _____ counseling without his having adequate time to terminate therapeutic issues. Therefore, as we discussed on the phone, the Diocese of Fort Worth will continue to pay for his counseling through March 31, 2001. We will also pay for co-payment charges for medication and co-payment charges for psychiatrist bills for prescribing that medication.

I appreciate your agreeing to communicate this information to _____. Please tell him to feel free to give me a call if he wishes to discuss the matter further. Thank you for all of your help to him.

Sincerely yours in Christ


Rev. Robert W. Wilson
Chancellor, Moderator of the Curia

10-04-04 Order
0349

The Catholic Center
800 West Loop 820 South • Fort Worth, Texas 76108-2919 • 817/560-3300 • Fax 817/244-8839

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. - PAR10

ENTERED BY/DATE:

DATE: 10-3-00

TAXPAYER ID NO.:

PLEASE PAY TO:

PAYMENT RELATES TO:

XX

DIOCESE

FOUNDATION

INVOICES TO BE PAID

INVOICE NO.	INVOICE DATE	AMOUNT
#77	7-26-99	77.99

CHARGE TO:

ACCOUNT NO.	FUND	DEPT.	AMOUNT
788510	01	571	77.99

DOCUMENT IS NOT TO BE REPRODUCED.

TOTAL INVOICE

77.99

TOTAL ACCOUNTING

77.99

THESE MUST EQUAL

DESCRIPTION OF WORK

Per Copayment Prescription Medication

PAYMENT INSTRUCTIONS:

AUTHORIZED BY:

[Signature]

10-04-04 Order
0350

Accounting Use Only

ACCOUNTING:

PAYOR ORDER NO.

5/10/96 - DIO AP

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

2/3
May 24, 2000

Please find enclosed the receipts for my most recent medications. Consider this an invoice for same.

Remeron, 180 tabs, \$30.00

Clonazepam, 180 tabs, \$10.00

Wellbutrin, 58 tabs, \$15.00

Wellbutrin, 2 tabs, \$7.99

Total: \$62.99

\$15.00

\$47.99

Also find enclosed a copy of the letter I sent to the insurance company about their benefits procedures and inherent problems with same. If I am issued a refund of any kind, I will pass this along to you. Thank you for your understanding.

Thank you.

DOCUMENT IS NOT TO BE REPRODUCED.

10-04-04 Order
0351

September 26, 2000

To Whom It May Concern:

I will strive to make this as simple as I can for you.

First, I am incensed that I have to reveal personal information about myself, as well as my physician, in order to get some sort of resolution to this problem. Even then, resolving this issue with you is questionable at best, judging from the hour-long phone tag conversations me and the pharmacist at [redacted] had when you customer service reps.

Having said that, here is what happened, and again, it resents that I have to reveal personal information about myself (and my physician).

1. On Saturday, the 23rd of September, I had what is termed a crisis, and was nearly hospitalized, if not for the intervention of my therapist and [redacted] was covering for my original physician, [redacted] who is not seeing patients because his bone cancer relapsed. He called in a prescription at [redacted] on Saturday for 5 tablets, which cost me over eleven dollars.

[redacted] on Monday, at which time he recommended increasing the dosage of the medication to two tablets a day. He then had a prescription called in to [redacted] for this same medication, with the instructions "take as directed."

3. I go today, the 26th of September, to get the prescription, and I'm told I have to pay full price.

4. I then get on the phone to [redacted] and after being on hold for 12 minutes, get disconnected.

10-04-04 Order
0352

5. I callback, and was told the "help desk" would need to be spoken with an order to straighten this out.

6. The help desk is called, who then tells me, then the pharmacist that he cannot override the decision made by someone else within the company. Says the override must come from Paid Prescriptions. As it turns out he not even with Paid Prescription, he is a sub-contractor for them.

7. We then call Paid Prescriptions back, who then says I cannot pick up the prescription until tomorrow. This after explaining all over again what I was doing, which was simply following my physician's orders (and the pharmacist telling them the physician wanted me to take two tablets a day).

8. I now have to pay \$7.99 out of my own pocket for just two tablets, and I am told that tomorrow I can receive the balance of my prescription, after paying my deductible. (Are you getting the utter ridiculousness of this situation yet, as well as missing class at work because I had to spend over an hour trying to resolve this difficulty?)

DOCUMENT NOT TO BE REPRODUCED.

I plan to file a complaint with our benefits coordinator about this entirely asinine episode. If I was your employer, and I saw that this is what you call "customer service," I would fire the lot of you. And by the way, in my view, you owe me seven dollars and ninety-nine cents.

Sincerely,

COMMENTED BY COURT ORDER

10-04-04 Order
0353

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: October 11, 2000 TAX PAYER ID NO. _____

PLEASE PAY TO: _____
 PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES TO	
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	AMOUNT
10/11/00	10/11/00	15.00	2048-00-01-8571	15.00
		15.00		15.00

DOCUMENT IS NOT TO BE REPRODUCED.

THESE MUST EQUAL

DESCRIPTION OF ORDER:
medication

AUTHORIZED BY: _____ *[Signature]*

Accounting Use Only
 ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
 0354

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.