

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 2-7-2000 TAX PAYER ID NO. _____

PLEASE PAY TO: _____
PAYMENT RELATES TO: DIOCESE OF FORT WORTH FOUNDATION

INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
	<u>2-2-2000</u>	<u>360.00</u>	<u>71502</u>	<u>81571</u>		<u>360.00</u>

TOTAL INVOICE 360.00

TOTAL ACCOUNTING 360.00

THESE MUST EQUAL

Description of Order: _____
Payment Instructions: _____
AUTHORIZED BY: [Signature]

Accounting Use Only
ACCOUNTING: _____ 10-04-04 Order #0305

PAYORDER.WJ

5/14/96 - DIOAF

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 COURT REPORTERS ASSOCIATION OF TEXAS

Bill To:
Reverend Bob Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: Feb 2, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$450.00
1/7/2000	Individual Psychotherapy	\$90.00	\$90.00
1/13/2000	Individual Psychotherapy	\$90.00	\$90.00
1/13/2000	Payment - Reverend Bob Wilson		(\$450.00)
1/22/2000	Individual Psychotherapy	\$90.00	\$90.00
1/28/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

This bill reflects the services

10-04-04 Order
0306

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. INVOICE DATE

DATE 3-5-80 TAX PAYER ID NO.

CHECK PAY TO PAYMENT RELATES TO
X DIOCESE FOUNDATION

Table with columns: INVOICES TO BE PAID (INVOICE NO., INVOICE DATE, AMOUNT) and CHARGES TO (ACCOUNT NO., FUND, DEPT., AMOUNT)

DOCUMENT IS NOT TO BE REPRODUCED.

THESE ARE EQUAL

DESCRIPTION OF ORDER
PAYMENT INSTRUCTIONS
AUTHORIZED BY

Accounting Use Only
ACCOUNTING

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0312

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

Bill as of: Feb 25, 2000

Date	Transaction	Amount	Total Owed
	Previous Balance		\$0.00
2/24/2000	Report Writing	\$50.00	\$50.00
		\$50.00	\$50.00

Please Pay this Amount:

DOCUMENT IS NOT TO BE REPRODUCED.

Reverend Wilson,

Enclosed is the report requested. If you have any questions or concerns, please feel free to call.
Sincerely,

If you have any questions or

10-04-04 Order
0313

CATHOLIC DIOCESE OF FORT WORTH

REQUEST FOR REIMBURSEMENT

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE: TCW

PLEASE PAY TO: _____

PAYMENT RELATES TO:
DIOCESE
FOUNDATION

PAID INVOICES (ATTACHED):		ACCOUNT TO:		
DESCRIPTION:	AMOUNT	ACCOUNT NO.	FUND	AMOUNT
<u>Counseling</u>	<u>360</u>	<u>9484</u>	<u>8871</u>	<u>360</u>

DOCUMENT IS NOT TO BE REPRODUCED.

SUB-TOTAL INVOICE
LESS - ADVANCES DUE
NEED REIMBURSEMENT TO USER
360

SUB-TOTAL ACCOUNTING
LESS - ADVANCES DUE
TOTAL ACCOUNTING
THESE MUST EQUAL
360

PAYMENT INSTRUCTIONS:
Send a copy of the bill with the check to the office with charge my name.

REQUESTED BY: _____
AUTHORIZED BY: TCW

Accounting Use Only
ACCOUNTING: _____ 10-04-04 Order
0314

COPY

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

Bill To: *Robert Wilson*
Reverend Bob Wilson
Catholic Diocese
800 West Loop B20 South
Fort Worth, TX 76108

Bill as of: Mar 1, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$360.00
2/2/2000	Individual Psychotherapy	\$90.00	\$90.00
2/10/2000	Individual Psychotherapy	\$90.00	\$90.00
2/17/2000	Individual Psychotherapy	\$90.00	\$90.00
2/17/2000	Payment - Reverend Wilson		(\$360.00)
2/24/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

This bill reflects the services

10-04-04 Order
0315

CONFIDENTIAL

DOCUMENT IS NOT TO BE REPRODUCED.

10-04-04 Order
0317

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

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY DATE _____

DATE: 3-24-07 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.	FUND	AMOUNT
<u>Bank</u>		<u>60</u>	<u>7555</u>	<u>07</u>	<u>60</u>

DOCUMENT IS NOT TO BE REPRODUCED.

DESCRIPTION OF ORDER:
Commseling
Post _____ in staff
AUTHORIZED BY: [Signature]

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0318

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

Statement of Account

PAGE 1

Account Number

Date
03/22/00

Date	Patient	Procedure	Trans.	Total Insur. Payment	Total Patient Payment	Patient Balance
11/22/99		OP-MEDICATION MANAGE	60.00	0.00	15.00	0.00
02/03/00	29622	MAJOR DEPRESSIVE DIS PAYMENT ON ACCOEN	55.00			
03/22/00	29622	OP-MEDICATION MANAGE MAJOR DEPRESSIVE DIS	60.00	0.00	0.00	60.00

DOCUMENT IS NOT TO BE REPRODUCED.

Insurance was last billed on 03/02/00

Total Balance 105.00
 Total Due From Insurance - 45.00
 Total Patient Balance = 60.00

10-04-04 Order
0319

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	60.00
IN 0.00	0.00	0.00	45.00	0.00	

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 DISTRICT COURT.

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

INVOICE NO. _____ ENTERED BY DATE _____

DATE 3-31-80 TAX VOUCHER ID NO. _____

PLEASE PAY TO _____

PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			DEBIT CHARGES		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.
<u>71</u>	<u>3-31-80</u>	<u>360</u>	<u>7885-00</u>	<u>01</u>	<u>517</u>

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER:
Accounting

PAYMENT INSTRUCTIONS:

AUTHORIZED BY:
[Signature]

Accounting Use Only
ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0320

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

Bill as of: Mar 31, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$410.00
3/2/2000	Individual Psychotherapy	\$90.00	\$90.00
3/9/2000	Individual Psychotherapy	\$90.00	\$90.00
3/13/2000	Payment - Reverend Robert Wil		(\$50.00)
3/21/2000	Individual Psychotherapy	\$90.00	\$90.00
3/21/2000	Payment - Reverend Robert Wil		(\$360.00)
3/28/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

This bill reflects the services for
fees to call

If you have any questions please

10-04-04 Order
0321

March 27, 2000

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

Remeron, 60 tabs, \$15.00

Clonazepam, 60 tabs, \$5.00

Total \$20.00

Thank you.

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0323

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 4-26-07 TAX PAYER ID NO. _____

PLEASE SET UP TO: _____

PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>11/14</u>	<u>4-25-07</u>	<u>20.00</u>	<u>738360</u>	<u>11</u>	<u>311</u>	<u>20.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

DESCRIPTION OF ORDER:
Prescription with medication

PAYMENT INSTRUCTIONS:

APPROVED BY: [Signature]

Accounting Use Only

ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0324

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 THIS CASE.

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____	ENTERED BY/DATE: _____
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DATE: <u>10-04-04</u>	TAX PAYER ID NO.: _____
-----------------------	-------------------------

PLEASE PAY TO: _____	PAYMENT RELATES TO: <input checked="" type="checkbox"/> DIOCESE <input type="checkbox"/> FOUNDATION
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INVOICES TO BE PAID			CHARGES TO	
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	AMOUNT
<u>11/11</u>	<u>4-30-00</u>	<u>2,100.00</u>	<u>780000</u>	<u>2,100.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

DESCRIPTION OF ORDER: <u>Counseling</u>	
AUTHORIZED BY: <u>ZCW</u>	

Accounting Use Only

ACCOUNTING: _____

1 day 40 pages 01 - 11/04 - DIO AP

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0325

COPIED

RECEIVED

Bill To:

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

Bill as of: Apr 30, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$360.00
4/4/2000	Individual Psychotherapy	\$90.00	\$90.00
4/7/2000	Payment - Reverend Robert Wilson		(\$360.00)
4/11/2000	Individual Psychotherapy	\$90.00	\$90.00
4/18/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount: \$270.00

This bill reflects dates of service for

CONFIDENTIAL

10-04-04 order
0326

CATHOLIC DIOCESE OF FORT WORTH

REQUEST FOR REIMBURSEMENT

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE: _____

Pay To The Order Of: _____ DATE: 5-30-00

PAYMENT RELATED TO: DIOCESE FOUNDATION

PAID INVOICES (ATTACHED)		CHARGE TO:			
DESCRIPTION:	AMOUNT	ACCOUNT NO.	FUND	DEPT	AMOUNT
<i>prescriptions</i>	<i>15.00</i>	<i>788100</i>	<i>01</i>	<i>8341</i>	<i>20.00</i>
<i>prescription</i>	<i>5.00</i>				

DOCUMENT IS NOT TO BE REPRODUCED

SUB-TOTAL INVOICES LESS-ADVANCES DUE NET REIMBURSEMENT TO USER 20.00

SUB-TOTAL ACCOUNTING LESS-ADVANCES DUE TOTAL ACCOUNTING 20.00

↑ THESE MUST EQUAL ↑

PAYMENT INSTRUCTIONS: _____

REQUESTED BY: CAW

AUTHORIZED BY: mmf

Accounting Use Only

ACCOUNTING: _____

PREPARED BY: _____ DATE: _____

PLEASE PRINT - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order 0327

CONFIDENTIAL

May 24, 2000

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

Remeron, 60 tabs, \$75.00

Clonazepam, 60 tabs, \$5.00

Total \$20.00

Thank you

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0328

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: May 31, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$270.00
5/2/2000	Individual Psychotherapy	\$90.00	\$90.00
5/8/2000	Payment - Reverend Robert Wilson		(\$270.00)
5/9/2000	Individual Psychotherapy	\$90.00	\$90.00
5/16/2000	Individual Psychotherapy	\$90.00	\$90.00
5/30/2000	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 for

CONFIDENTIAL

10-04-04 Order
0330

July 28, 2000

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

Remeron, 30 tabs, \$15.00

Clonazepam, 60 tabs, \$5.00

Total \$20.00

Thank you,

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0332

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 DISTRICT AT CONCLUSION OF SUCH CAUSE.

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT-ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. TARRCO

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 Defaild)

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 \$197.98
Inv: MEDICINE 1300 Total: \$197.98
Purchase Order: \$0.00
\$197.98 2/8/00
BANK \$0.00

Invoice: MEDICINE
Date: 2/9/00 Term: NONE Due Date: 2/9/00
7888-01-8571 \$197.98
Inv: MEDICINE 1300 Total: \$197.98
Purchase Order: \$0.00
\$197.98 2/8/00
BANK \$0.00

Invoice: MEDICATION 320/00
Date: 3/22/00 Term: NONE Due Date: 3/22/00
7888-00-01-8571 \$20.00
Inv: MEDICATION 320/00 Total: \$20.00
Purchase Order: \$0.00
\$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 \$20.00
Inv: MEDS 320/00 Total: \$20.00
Purchase Order: \$0.00
\$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 \$20.00
Inv: APRIL MEDS 425/00 Total: \$20.00
Purchase Order: \$0.00
\$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 \$15.00
Inv: PREGGATION Total: \$15.00
Purchase Order: \$0.00
\$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 \$5.00
Inv: PRESCRIPTION 530/00 Total: \$5.00
Purchase Order: \$0.00
\$5.00 5/31/00
BANK \$0.00

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

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

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 WKS

5146 - 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

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	60.00
IN 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

5/14/96 - 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>1000</u>	<u>01</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
ACCOUNTING: _____ 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

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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

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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

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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 11.17
*****151
CHANGE
ANY YOU
FOR FASTER SERVICE, CALL IN YOUR
PRESCRIPTIONS 24 HOURS IN ADVANCE
58 FEB 23, 2000 12:45 PM

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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

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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.

CONFIDENTIAL

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

