


7.9.13 #25

TO: The Honorable Chairman and Members of the
Board of County Commissioners

FROM: James L. Bennett, County Attorney 

SUBJECT: Authority for County Attorney to File a County Civil Action
on Behalf of Sunstar Against Lee A. Bauld, as Personal
Representative of the Estate of Patricia A. Merz

DATE: July 9, 2013

RECOMMENDATION: I RECOMMEND THAT THE BOARD OF COUNTY COMMISSIONERS AUTHORIZE THE COUNTY ATTORNEY'S OFFICE TO FILE A COUNTY CIVIL ACTION AGAINST LEE A. BAULD, AS PERSONAL REPRESENTATIVE OF THE ESTATE OF PATRICIA A. MERZ IN THE AMOUNT OF \$588.97 FOR AN UNPAID AMBULANCE BILL.

DISCUSSION: This claim is for an unpaid ambulance bill and other services rendered by Sunstar, which have not been paid by any other source. The total amount outstanding is \$588.97 and this claim has been objected to by the Personal Representative of the decedent's estate. A copy of the claim as well as additional documents are attached

JLB:DSC

Attachments

H:\USERS\ATYKB41\WPDOCS\Public Safety Services\EMS\EMS Billing\Estates\Est of Merz, Patricia A\BdMemCoCt.doc

COUNTY COURT, PINELLAS COUNTY, FLORIDA

SMALL CLAIMS DIVISION

CASE NO. _____
UCN _____

PINELLAS COUNTY

PLAINTIFF

ADDRESS: c/o Donald S. Crowell, Managing Assistant County Attorney
315 Court Street, Sixth Floor
Clearwater, FL 33756

VS.

LEE A. BAULD, as Personal Representative
of the Estate of Patricia A. Merz, Deceased,

DEFENDANT(S)

ADDRESS: c/o Dennis R. DeLoach, III, Esq.
Attorney for Objector
DeLoach & Hofstra, P.A.
8640 Seminole Blvd.
Seminole, FL 33772

STATEMENT OF CLAIM

Plaintiff sues the Defendant(s) for damages which do not exceed \$5,000.00 exclusive of costs, interest and attorney's fee for (as checked (x) below):

- () Goods, wares and merchandise sold by Plaintiff(s) to Defendant(s);
- (X) Work done and materials furnished by Plaintiff(s) to Defendant(s);
- () Money loaned by Plaintiff(s) to Defendant(s);
- () On a written instrument, copy of which is attached hereto;
- () Rent/Security Deposit for certain premises in Pinellas County, Florida, located at:

() Other: _____

Explain below the details of your claim (what happened, dates, times, place, etc.):

Ambulance medical transport service was provided to Patricia A. Merz, deceased by Pinellas County EMS on June 4, 2012 (invoice attached hereto), and there is an outstanding balance for these dates of service of \$588.97. The Plaintiff timely filed a Statement of Claim against the estate on February 25, 2013 and an Objection to Claim was filed on or about June 11, 2013, both attached hereto.

WHEREFORE, Plaintiff demands judgment in the sum of \$588.97 together with costs, (pre and post judgment) interest and attorney's fees.

/s/ DONALD S. CROWELL

Donald S. Crowell, Managing Assistant County Attorney
Attorney for Plaintiff
315 Court Street, Sixth Floor
Clearwater, Florida 33756
727-464-3354
dcrowell@pinellascounty.org
secondary email: eservice@pinellascounty.org
SPN No. 02069515/FL Bar 0176230

ELECTRONICALLY FILED 06/19/2013 5:33:24 PM: KEN BURKE, CLERK OF THE CIRCUIT COURT, PINELLAS COUNTY

From: PINELLAS COUNTY EMS

727 582 2021

06/13/2013 10:02

#097 P.001/001

sunstar

EMERGENCY MEDICAL SERVICES
of Pinellas County, Florida

P.O. BOX 31074

TAMPA, FL 33631

(727) 582-2008

Patient name: MERZ, PATRICIA A

Run Number: 12-2315489

Date of call: 6/4/2012

Time of call: 13:00

PATRICIA A MERZ
9035 BRYAN DAIRY RD 111
SEMINOLE, FL 33777-1104

From: LARGO MEDICAL CTR HOSPITAL
To: CLEARWATER CTR GENESIS ELDER CR

Primary payer: Bill Patient

Secondary payer:

Description	Payer	Check #	Quantity	Unit Price	Payment Date	Amount
ALS Veh BLS Svc Non-Emer			1.0	\$539.03		\$539.03
Mileage per Loaded Mile			4.1	\$12.18		\$49.94

MEDICARE PART B denied this claim on 08/08/12 for this reason:

These are non-covered services because this is not deemed a 'medical necessity' by the payer.

TRICARE FOR LIFE-WPS denied this claim on 08/31/12 for this reason:

Non-covered charge(s). This change to be effective 4/1/2007: At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.)

PLEASE PAY THIS AMOUNT**\$588.97**

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient name: MERZ, PATRICIA A

Run Number: 12-2315489

Current date: 6/13/2013

AMOUNT
ENCLOSED:

\$

Due on: 06/23/2013

REMIT TO: PINELLAS COUNTY EMS dba SUNSTAR EMS
P.O. BOX 31074
TAMPA, FL 33631

NOTICE

Effective May 14th 2012, All credit card payments for ambulance service will be charged a convenience fee of \$2.50 per each \$100.00 paid. This charge will apply if the payment is made over the phone, in person, by mail or online. Online payments for ambulance service will be available May 14th, 2012.

In The Circuit Court For Pinellas County Florida

PROBATE DIVISION

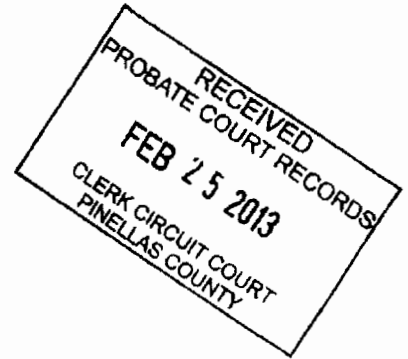
File Number 12005966ES

Division _____

IN RE: ESTATE OF

MERZ, PATRICIA ADELAIDE

Deceased



STATEMENT OF CLAIM

The undersigned hereby presents for filing against the above named estate, this statement of claim and alleges:

1. The basis for the claim is: Ambulance Service Invoice Number or Run Number and Date of Service: 12-2315489 06-04-2012

2. The social security or tax identification number of the claimant is 59-6000800 and the name and address of the claimant is: Pinellas County Emergency Medical Services (d.b.a. Sunstar EMS)
c/o Donald S. Crowell, ESQ., 315 Court St. 6th Floor, Clearwater, FL 33756
For information call 727-464-3354


3. The amount of the claim is: \$ 528.97
which amount is now due and owing or if not due, will become due on _____

4. The claim (is) ~~(is not)~~ contingent or unliquidated. If contingent or unliquidated, the nature of the uncertainty is:
Insurance or Medicare is pending on some or all dates of service. Claim amount will be reduced if payment is received.

5. The claim is not secured.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

Executed this: February 21, 2013



Attorney for Claimant



Signature of Claimant

Florida Bar No. 0176230
SPN: 02069515
Donald S. Crowell, B.C.S.
Senior Assistant County Attorney
315 Court Street, 6th Floor
Clearwater, FL 33756
(727) 464-3354

Copy mailed to attorney for the Personal
Representative on

February 26th, 2013

CLERK OF THE CIRCUIT COURT

by /s/ LYNN LEMONIAS

MUST BE FILED IN DUPLICATE

IN THE CIRCUIT COURT FOR PINELLAS COUNTY,
FLORIDA

IN RE ESTATE OF:

PATRICIA A. MERZ,

Deceased.

PROBATE DIVISION

File No. 12-5966-ES4

COPY

OBJECTION TO CLAIM

The undersigned, LEE A. BAULD, being the personal representative of the above estate hereby objects to the claim of SUNSTAR EMS filed in this proceeding.

The claimant is limited to a period of thirty (30) days from the date of service of this objection within which to bring an action on the claim, as provided by Fla. Prob. R. 5.496 and Section 733.705 of the Florida Probate Code unless an extension of the time is agreed to by the personal representative in writing before the time to file the action expires or unless the time is extended by order of the court.

IF THE CLAIMANT FAILS TO BRING SUCH AN ACTION WITHIN THE TIME STATED, NO ACTION OR PROCEEDING ON THE CLAIM MAY BE BROUGHT AGAINST THE PERSONAL REPRESENTATIVE, AND THE CLAIM IS THEREAFTER FOREVER BARRED WITHOUT ANY COURT ORDER.

Signed on June 10, 2013.

Lee A. Bauld
LEE A. BAULD
Objector

1/6
Dennis R. DeLoach, III
Attorney for Objector
Email: RDeLoach@dhsto.com
Florida Bar No. 0180025
DeLoach & Hofstra, P.A.
8640 Seminole Blvd
Seminole, FL 33772
Telephone: (727) 397-5571

I CERTIFY that on 6/14/13, a copy of this Objection to Claim was furnished by certified mail return receipt requested to:

Pinellas County Emergency Medical Services (d.b.a. Sunstar EMS), c/o Donald S. Crowell, Esq.
315 Court Street, 6th Floor, Clearwater, FL 33756

1/6
Dennis R. DeLoach, III
Attorney for Objector