

EXHIBIT 9

Capital Reporting Company

1 UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF COLUMBIA

3 -----:
4 LAKEISHA ELLIS, :

5 Plaintiff, :

6 vs. :

:Case No.
:1:09-CV-01174-JDB

7 GEORGETOWN UNIVERSITY HOSPITAL, :

8 Defendant. :
9 -----:

Washington, D.C.

Friday, April 3, 2009

11 Deposition of:

12 MARY JO SCHWEICKHARDT

13 called for oral examination by counsel for
14 Plaintiff, pursuant to notice, at The Law Office of
15 Denise M. Clark, 1250 Connecticut Avenue,
16 Northwest, Suite 200, Washington, D.C., before
17 Joony Lomenzo, RPR, of Capital Reporting Company, a
18 Notary Public in and for the District of Columbia,
19 beginning at 2:14 p.m., when were present on behalf
20 of the respective parties:

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1 objection as to calls for speculation. If you
2 know, you can answer.

3 THE WITNESS: Not every employee who is
4 sick goes back to employee health, so the answer is
5 going to be different depending on the duration of
6 the illness.

7 BY MS. CLARK:

8 Q. For those employees who do go to employee
9 health, are they considered back on the job once
10 they meet with employee health or after they have
11 seen their manager?

12 MS. FAIRLEY: Same objection as to calls
13 for speculation. You can answer if you know or if
14 you understand.

15 THE WITNESS: What I do know is there is
16 an employee health policy that specifically lays
17 out when employees must be cleared by employee
18 health before returning to duty. I don't recall
19 the number of days out that it is specifically --
20 but it is specifically outlined. And in those
21 cases, employee health must clear the employee to
22 return to work before the employee begins --

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1 MS. CLARK: I have no further questions.

2 MS. FAIRLEY: I have a couple.

3 EXAMINATION BY COUNSEL FOR DEFENDANT

4 BY MS. FAIRLEY:

5 Q. Ms. Schweickhardt, where do employees in
6 the patient access department work?

7 A. Patient access is spread over several
8 areas of the hospital. The areas that I am most
9 familiar with are the Gorman registration area,
10 Lombardi Main, and the Registration Department and
11 Emergency Department. There may be others, but
12 those are the four I am most familiar with.

13 Q. Are you aware whether the patient access
14 department is also contained within the emergency
15 department?

16 A. It is.

17 Q. Ms. Schweickhardt, can you tell me whether
18 or not in 2006 a patient financial associate who
19 worked in the patient access department -- whether
20 or not an essential function of that individual's
21 job included the ability to work in the emergency
22 department?

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1 A. Yes. I know, generally, patient access
2 has always required their associates to rotate
3 between the areas to maintain flexibility and the
4 ability to keep patient care moving quickly. So as
5 to my knowledge of the department, that's always
6 been a requirement.

7 Q. And can you tell me whether or not in 2006
8 it was an essential function of a job for a patient
9 financial associate in the patient access
10 department to be able to work seven days a week?

11 A. Yes. And in my understanding of the
12 department, they have always required the employees
13 to work weekends and be available on a rotational
14 basis.

15 Q. Okay. I would like to shift our attention
16 to the preregistration department. Okay?

17 Is the preregistration department
18 different than the patient access department?

19 A. It is.

20 Q. How do patient financial associates who
21 work in the preregistration department preregister
22 patients?

EXHIBIT 10

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

LAKEISHA ELLIS)
)
Plaintiff,)
)
v.)
)
GEORGETOWN UNIVERSITY HOSPITAL)
)
Defendant.)

Case No. 1:08-cv-01174-JDB
Judge John D. Bates

AFFIDAVIT OF CYNTHIA G. HECKER

Cynthia G. Hecker, being duly sworn, deposes and says:

1. I am the current Director of the Patient Access Department at Georgetown University Hospital (“Georgetown” or the “Hospital”). I have held this title since 2005.
2. In my role as Director of the Patient Access Department, I supervise approximately 40 Patient Financial Associates (“PFAs”) that work in the Patient Access Department. PFAs in the Patient Access Department are required to register patients in several departments of the Hospital. The PFAs are located in the particular departments the Patient Access Department services. For example, PFAs regularly register patients in the Lombardi Cancer Center, the Emergency Department (“ED”), the Gorman Building, and in Main Admissions, among others. PFA workstations are physically located in these various departments.
3. As Director of the Patient Access Department, I am knowledgeable about the physical layouts of the various Hospital departments in which Patient Access Department PFAs

register patients. Specifically, I am knowledgeable about the physical layout of the particular locations' workstations within these other departments where PFAs register patients.

4. It is my understanding that Georgetown provided Plaintiff in the above-referenced case schematics of the physical layout of four departments in which PFAs under my supervision register patients. These areas are the Gorman Building, Main Admissions, the ED, and the Lombardi Cancer Center. The documents attached to my affidavit and marked as ELLIS000137-140 are the documents I understand were produced to Plaintiff. I have been asked to review these documents and indicate the areas on these schematics where Patient Access Department PFAs register patients.

5. With respect to the schematic of the ED (ELLIS000137), the workstations used by PFAs are housed within the area in the middle of the diagram titled "Nurses Stn. TG028." From time to time, PFAs in the ED may also be called upon to register patients in the ED treatment rooms if needed. These treatment rooms are marked as "E.R. #1" through "E.R. #14", "E.R. #16", and "Fast Track A/B." PFAs also register patients in the area marked "Triage TG015." PFAs worked in the referenced areas in 2006, and continue to do so in 2009.

6. On the schematic of the Gorman Building (ELLIS000138), Patient Access Department PFAs register patients in the areas marked "Registr. GG017" and "Registr. TG084." The area marked as "Registr. GG017" is the primary area in which patients are registered. "Registr. TG084" is only used when there is an overflow of patients at a particular time and the Gorman registration area is getting backed up with patients awaiting registration. The Gorman layout with respect to where PFA register patients remains unchanged between 2006 and 2009.

7. On ELLIS000139 (the Lombardi Cancer Center), PFAs register patients in the area marked as "Registr. T1068." The PFAs sit within that space and the patients sit in the area

to the right of the rounded walls of "Registr. T1068." This area also remains unchanged since 2006.

8. On ELLIS000140 (Main Admissions), PFAs register patients at the seven booths that are marked in the room titled "Outpat. Registr. M1244." The PFAs sit on the left side of the booths in the diagram, and the patients sit on the right side during the registration process. Additionally, a PFA mans the area marked "Recep. T1028" and is capable of registering patients at that desk. The layout of this area remains unchanged between 2006 and 2009.

The foregoing statements are true and correct to the best of my knowledge, information and belief.

Cynthia G. Hecker
Cynthia G. Hecker

Sworn to before me this 11 day of May, 2009.

Caroline Chinn
Notary Public

Caroline Chinn
Notary Public, District of Columbia
My Commission Expires 8/31/2013



CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury that on this 12 day of May 2009, I caused a copy of the foregoing AFFIDAVIT OF CYNTHIA G. HECKER to be delivered via electronic mail and U.S. mail, postage pre-paid, in accordance with the U.S. District Court for the District of Columbia's Rules of Civil Procedure to the following individual:

Denise Clark
The Law Offices of Denise M. Clark
1250 Connecticut Ave., Suite 200
Washington, DC 20036
(202) 293-0015
dmclark@benefitcounsel.com

Counsel for Plaintiff

/s/ Trina L. Fairley
Trina L. Fairley

EXHIBIT 11

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

COPY

----- :

LAKEISHA ELLIS, :

:

Plaintiff, :

:

v. : Case No.: 1:08-cv-

: 01174 JDB

GEORGETOWN UNIVERSITY HOSPITAL, :

:

Defendant. :

----- :

Washington, DC

February 12, 2009

Deposition of:

FANNICE BECKETT,

called for oral examination by counsel for
the Plaintiff, pursuant to notice, held at the
Law Offices of Denise M. Clark, 1250 Connecticut
Avenue, NW, Suite 200, Washington, DC, before
Lohna Esteb of Capital Reporting, a Notary Public in
and for the District of Columbia, beginning at
2:28 p.m., when were present on behalf of the
respective parties:

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1 used at Alexandria.

2 Q So if someone were to start as a PFA
3 today, would their training encompass outpatient?
4 Would it be broad -- would it include outpatient and
5 inpatient?

6 A Yes.

7 Q What are the main duties of patient
8 financial assistants?

9 A To collect demographic information, verify
10 insurances.

11 Q Is there anything that makes that
12 responsibility different if someone is working in
13 the ER department versus working in Gorman or
14 anywhere else in the hospital?

15 MS. FAIRLEY: I'll object to the form of
16 the question, but you can answer if you can.

17 THE WITNESS: Repeat the question.

18 BY MS. CLARK:

19 Q Okay. You were describing to me in
20 response to my first question or earlier question
21 what the job responsibilities are of PFAs.

22 A Uh-huh.

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1 Q And your focus on the time, why is the
2 time important?

3 A Well, because we need you there. We need
4 you there on time because, first of all, we are a
5 hospital and we are there to service patients.

6 And locations change due to staffing or
7 patient needs. And an employee may be assigned one
8 area on the schedule but may need to go to another
9 area due to patient flow or staffing.

10 Q So when you create a schedule, does an
11 employee have one consistent time that they will
12 always start their shift?

13 A On that particular schedule, unless
14 something else arises and we inform the employee.

15 Q A schedule is for what time period?

16 A For one month. Well, four weeks, which is
17 one month.

18 Q So each PFA knows that they will start at
19 a particular time for that calendar month?

20 A It's not a calendar month. It's four
21 weeks.

22 Q It's updated how often?

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1 A During the course of the four-week period,
2 it may be revised due to conditions that develop.

3 Q What kind of conditions would result in a
4 revision?

5 A The hospital may be doing something or a
6 system may be going down. A number of things.
7 Someone getting sick and having to be off could come
8 up. And we would go back and look at the schedule
9 to see if revisions would need to be done to support
10 the need of the department.

11 Q Who would change the schedule?

12 A The supervisor who initially did the
13 schedule. That was their assigned task if they were
14 doing that rotation. If you were responsible for
15 the schedule, then you would be the one to actually
16 make the changes.

17 Q So as between you and Ms. Felton, in your
18 collaborative effort to put together the schedule,
19 who is the one that did the schedule?

20 MS. FAIRLEY: Objection. Asked and
21 answered. You can try to answer again.

22 THE WITNESS: In 2006?

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1 about the business needs?

2 A Management.

3 Q And for patient access, who would that be?

4 A Supervisor and the director.

5 Q So would you make a determination of what
6 the business needs are that would change the
7 schedule?

8 MS. FAIRLEY: I am going to object to the
9 question as to form, but you may answer.

10 THE WITNESS: You are asking if I would
11 change schedule to business needs?

12 BY MS. CLARK:

13 Q Yes.

14 A Yes.

15 Q Now, is there anything in this job
16 description that indicates that an employee must
17 work in various departments?

18 MS. FAIRLEY: I am going to object. The
19 document speaks for itself. You can answer if
20 you can.

21 THE WITNESS: It says the Patient Access
22 Department. And the PFA would work under the

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1 patient access department, wherever those areas
2 of patient access would be located throughout
3 the hospital.

4 Q Where do you see that in this document?

5 A Well, in No. G, it says:

6 "Collaborate with and coordinates the
7 expertise of clinical departments," meaning other
8 departments.

9 MS. FAIRLEY: Were you finished?

10 THE WITNESS: Yes, I was. I'm sorry.

11 BY MS. CLARK:

12 Q Could you go to Page 3 of the document?

13 A Uh-huh.

14 Q Now, under this section it says,

15 "Additional Requirements for the Position."

16 A Uh-huh.

17 Q Could you read for me, it's the very last
18 paragraph, just above "Performance Level"?

19 MS. FAIRLEY: I'll object to the extent
20 the document speaks for itself. But you can
21 read a little bit of it.

22 THE WITNESS: The paragraph just above

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1 sick, and she escorted her from her area to the
2 emergency room.

3 Q So Ms. McKinsey escorted her to the
4 emergency room?

5 A Yes.

6 Q Wasn't she working in the emergency room
7 that day, do you recall?

8 A I don't recall.

9 Q Now, the emergency room where Ms. McKinsey
10 escorted her, was that on the Georgetown Hospital
11 property?

12 A Yes.

13 Q Did you go see Ms. Ellis while she was
14 hospitalized?

15 A Once I received the phone call from Ms.
16 McKinsey, I did go down to the ER.

17 Q Did you meet with Ms. Ellis?

18 A Briefly, yes, I did.

19 Q Can you tell me about your conversation?

20 A I asked her how was she doing. I guess
21 the normal things that you ask someone that's sick.
22 And I wanted to make sure that she didn't have to

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1 has been looked at to determine whether or not she
2 can go back to work?

3 MS. FAIRLEY: I will object on the same
4 basis. She's not a medical expert or employee
5 health service expert.

6 But you can answer as to your
7 understanding.

8 THE WITNESS: Well, this particular
9 section, it states why the employee was being
10 seen in employee health.

11 BY MS. CLARK:

12 Q Now, just below it, where it says, "Based
13 upon the evaluation of this employee"...

14 A Uh-huh.

15 Q You see where it says -- there's an X in
16 this box. It says, "Is able to perform the
17 essential functions of the job with or without
18 accommodation."

19 A Yes.

20 Q What does that mean to you?

21 A Just as it states. Is able to perform the
22 essential functions of the job with or without

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1 accommodations.

2 Q And then just below it, do you see

3 "Accommodation if needed"?

4 A Yes.

5 Q Then there are a couple of dates here

6 about when she wasn't able to work.

7 A Yes.

8 Q Then can you read the sentence that's

9 handwritten in that section?

10 A Both statements that are written in that

11 section?

12 Q I think it's a single sentence. It

13 begins, May."

14 A Oh, okay. "May return to work but may not

15 work in the emergency department."

16 Q Did you see this document before I'm

17 showing it to you now?

18 MS. FAIRLEY: I am going to object and ask

19 her not to discuss whether or not she saw it

20 with counsel.

21 But any times other than when you may have

22 seen it with counsel.

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1 THE WITNESS: Say that one more time.

2 MS. FAIRLEY: That was pretty bad. See, I
3 am even critical of myself.

4 MS. CLARK: Okay, Trina.

5 MS. FAIRLEY: Don't talk about any times
6 you looked at the document with me or with
7 Chris; but, if you looked at it another time
8 when we weren't around, then you can talk about
9 it.

10 THE WITNESS: Okay. I may have seen the
11 document at some point in time around this date
12 but I don't -- I can't definitely say.

13 BY MS. CLARK:

14 Q But you think you may have around this
15 date?

16 A Yes.

17 Q Do you recall when Ms. Ellis returned to
18 work after she was ill?

19 A Vaguely.

20 Q What do you recall about her return to
21 work?

22 A What I vaguely remember is her returning

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1 to work, and her having a doctor's statement that
2 she could not work in the emergency department.

3 Q Okay. And what did you say to her in
4 response to that doctor's note?

5 A That this information would be turned over
6 to the HR department.

7 Q And did you turn the information over to
8 the HR department that day?

9 A I can't recall. I'm sure it went to HR;
10 but that day, when, I can't say.

11 Q Before Ms. Ellis presented this type of
12 request to you, do you recall if there'd been any
13 other PFA who had made a request to not work in a
14 particular department?

15 A I don't recall that.

16 Q Do you recall if you spoke with employee
17 health regarding Ms. Ellis' return to work?

18 A No, not that I recall.

19 Q Did you speak to anyone in HR about that?

20 A I don't recall.

21 Q Did you assign her to work when she came
22 in that day?

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1 A I may have, yes.

2 Q Do you recall where you would have
3 assigned her to work?

4 A Back to her assigned area that she was
5 scheduled to, which was Gorman.

6 Q And did she go to Gorman?

7 A I -- I don't remember.

8 (Beckett Deposition Exhibit No.
9 3 marked for identification)

10 MS. CLARK: You can note the same as to
11 Bates numbers.

12 MS. FAIRLEY: As to Bates numbers.

13 BY MS. CLARK:

14 Q If you could take a moment to briefly
15 review those. Just let me know when you are done.

16 A It's 13 pages. All right.

17 (Pause)

18 Q Have you ever seen this in hard copy
19 before now, before today?

20 A No.

21 Q Have you ever seen this policy online
22 before today?

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1 A I probably did, yes.

2 Q Do you recall speaking with her about this
3 specifically?

4 A Vaguely, yes.

5 Q Do you recall whether you told her if a
6 decision had been made about her request?

7 A There would not have been a decision made
8 because I knew that my generalist was not available.

9 Q Did you indicate to Ms. Ellis that she
10 would have to wait to get a decision?

11 A Upon the return of the generalist, yes.

12 Q Did you indicate to Ms. Ellis that she
13 could wait in a particular area of the hospital to
14 get a decision?

15 A Not the way that you have phrased the
16 question, no. It didn't transpire like that, no.

17 Q Can you tell me exactly what you said to
18 Ms. Ellis?

19 A I can't tell you exactly what I said; but,
20 she had -- she wanted to have a decision on the
21 matter of her working the emergency department. I
22 could not provide her that decision. I had

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1 explained to her that the generalist, our generalist
2 for the patient access department, was out and that
3 we needed to wait for her to come back to address
4 this issue.

5 That didn't seem to appease Ms. Ellis.

6 And at that point, I guess I started with
7 the other option that maybe she could speak to
8 someone in HR that could fully explain it better as
9 to, I guess, the process and what would happen in HR
10 about this request, medical request.

11 And I referred her to the generalist that
12 was replacing Ms. McFarlane while she was out, which
13 was Ms. Angela Freeman.

14 Q Did you tell Ms. Ellis that in the
15 meantime she would not have to work in the emergency
16 room?

17 A I don't recall but that's what the
18 statement states here on this, what is it, Exhibit
19 2.

20 Q Did you confirm with her, though, did you
21 assure her she would not be assigned to the
22 emergency department while awaiting the decision

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1 A Yes.

2 Q What did Ms. Freeman advise you?

3 A On the first conversation, she said that
4 she would speak to Ms. Ellis about her concerns.
5 And I directed Ms. Ellis up to the HR department to
6 speak with Ms. Freeman.

7 Q And then your second conversation?

8 A My second conversation took place after
9 Ms. Ellis had spoken to Ms. Freeman because I needed
10 clarification of the conversation that they had
11 because Ms. Ellis wasn't clear as to what was told
12 to her by Ms. Freeman.

13 Q What did Ms. Freeman tell you?

14 A When I spoke to her, Ms. Freeman stated
15 that she instructed Ms. Ellis that she should report
16 back to her assigned area as instructed by her
17 supervisor.

18 Q At any point in time during this day, did
19 you advise Ms. Ellis that she had a choice to leave,
20 go home and return the next day, or stay at Gorman?

21 A No.

22 Q Did you ever direct her to go to the

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1 (Beckett Deposition Exhibit Nos.
2 4 & 5 marked for identification)

3 BY MS. CLARK:

4 Q Now, you called Ms. Ellis after you
5 finished your conversation with Ms. Freeman, and
6 what did she advise you?

7 A Ms. Ellis or --

8 Q Yes, Ms. Ellis.

9 A I called her several times. I couldn't
10 get in touch with her right away. Eventually, she
11 answered the cell phone.

12 I stated to her that I had been trying to
13 get in touch with her, you know, what happened? And
14 she said that it was probably because she was on the
15 subway.

16 And I said, "On the subway?"

17 And I was, I guess, surprised because to
18 my knowledge, she was supposed to be in the Leavey
19 Center. And I informed her that she needed to
20 return back to duty.

21 Q Now, while she was in the Leavey Center,
22 was she on duty or off duty?

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1 MS. FAIRLEY: I am going to object because
2 it assumes facts not in evidence. We haven't
3 established she was in the Leavey Center.

4 THE WITNESS: As far as I know, what we
5 had agreed upon, Ms. Ellis and I, because of
6 her concerns of waiting for me to speak with
7 Angela Freeman, waiting in the hospital, we
8 agreed she could wait in the Leavey Center
9 until I was able to speak with Angela and then
10 I would call her and inform her of the
11 conversation.

12 BY MS. CLARK:

13 Q Okay. Had she been returned to work at
14 that moment in time?

15 A She had been asked to report back to her
16 scheduled area by myself.

17 Q When you were speaking with Ms. Freeman?

18 A No, this was prior to my first
19 conversation with Ms. Freeman. And Ms. Ellis had
20 concerns with reporting back to Gorman.

21 Q Okay. So when you said that she could
22 wait in the Leavey Center, had she returned to work

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1 at that point in time?

2 A No, she had come back down from speaking
3 with Angela Freeman.

4 Q So she still had not yet reported to work?

5 MS. FAIRLEY: I will object as to the form
6 of that question, and the vagueness.

7 BY MS. CLARK:

8 Q What I'm trying to understand, just to
9 clarify, is whether at the point in time you had the
10 first conversation with Ms. Freeman, as I understand
11 your testimony, just before that first conversation,
12 you had requested Ms. Ellis to return to work, is
13 that correct?

14 A Yes.

15 Q Then Ms. Ellis, she wasn't clear about
16 what Ms. Freeman had transpired to you. And she
17 wanted to have a conversation with Ms. Freeman, is
18 that ...

19 A No. The first time I spoke to Ms. Ellis,
20 I instructed her that she could report to her area.
21 Okay.

22 Ms. Ellis had concerns with reporting back

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1 to Gorman. I remember her saying that she was
2 reluctant, she didn't feel comfortable with being
3 there because people would be, I guess, in her
4 business or talking about her or something to that
5 effect.

6 And she really wanted to receive an answer
7 pertaining to her situation as far as working in the
8 emergency room.

9 Q Okay.

10 A And she seemed to be extremely concerned
11 with not wanting to go to her area to work.

12 So in order to alleviate her concerns, and
13 knowing that my generalist was not available, I
14 tried to, I guess, speak with the other generalist
15 who was replacing Lorna McFarlane.

16 And so she could speak to her to, I don't
17 know, calm her concerns with, I guess, the decision
18 that HR and the department was going to make so that
19 that could be clarified and she could report back to
20 her area.

21 So that was why I informed Angela, could
22 she speak with her?

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1 And she went up, she spoke with Angela.

2 And when she returned, she still had the same
3 concerns.

4 And at that point, it was like -- she
5 seemed like she wasn't clear with the conversation,
6 or nothing was resolved with the conversation that
7 she had with Angela.

8 And I guess I was kind of perplexed. "I
9 sent you upstairs, you come back and you still, you
10 know, have the same concerns."

11 And I told her, I said, "Well, give me an
12 opportunity to speak with Angela, and you can wait
13 out in the lobby."

14 And she was very adamant about, "Oh, I
15 can't wait out in the lobby."

16 And, you know, I remember her saying
17 "Because, you know, the employees and everybody is
18 going to be looking at me and everybody is going to
19 be wondering about my business."

20 So to, I guess, appease her concerns, I
21 asked her, I said, "Well, why don't you go to the
22 Leavey Center? Give me your phone number, your cell

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1 number, I'll call once I go upstairs."

2 I was trying to appease her concerns. And
3 to my knowledge, that's where she was supposed to
4 wait until I gave her a call.

5 I went upstairs. I spoke with Angela.
6 And upon my speaking with Angela, Angela had
7 informed me of part of the conversation that she had
8 that Ms. Ellis had not spoken to me about, was the
9 fact that she said that you needed to return back to
10 your area as instructed by your supervisor.

11 And so -- and she said -- and she told me,
12 "And that's what I told her."

13 So when I came back downstairs, because I
14 ended up going upstairs to talk to Angela, I tried
15 to call Ms. Ellis. And I made several attempts.

16 And eventually she answered the phone and
17 she informed me that she was getting off of the
18 subway, that was the reason why she couldn't answer
19 the phone.

20 Q So when you went to talk with Ms. Freeman,
21 was Ms. Ellis on the clock, had she clocked in?

22 A I want to say I believe so. I -- I would

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1 Q As you were preparing this letter, did you
2 discuss this letter with Cindy Hecker?

3 A Cindy Hecker? No, I did not.

4 Q Did you discuss this letter with HR?

5 A Yes, I did.

6 Q Who in HR did you discuss this letter
7 with?

8 A Angela Freeman.

9 Q Do you recall if your conversation with
10 Ms. Freeman was on the 1st or the 2nd?

11 A I'm not really specific. I want to say it
12 was on the 1st.

13 Q If you were discussing this with Ms.
14 Freeman on the 1st, was it before or after you asked
15 Ms. Ellis to return to work?

16 MS. FAIRLEY: I am going to object. That
17 calls for speculation and assumes facts not in
18 evidence. But you can answer to the best of
19 your ability.

20 THE WITNESS: After Ms. Ellis returned
21 back to duty.

22 BY MS. CLARK:

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1 Q Why didn't you present this letter to Ms.
2 Ellis on the 1st?

3 A It was drafted on the 1st. There's a
4 process that a termination letter must go through
5 before it is presented to an employee. And that is
6 once the letter is drafted, HR -- when I say they,
7 HR would have to discuss it with the legal slash
8 labor relations area of the HR department.

9 Q Who in legal slash labor relations would
10 have discussed this?

11 MS. FAIRLEY: I'm going to object.

12 THE WITNESS: I don't know.

13 BY MS. CLARK:

14 Q Did you personally have any conversations
15 with legal?

16 MS. FAIRLEY: Objection.

17 THE WITNESS: No, no.

18 BY MS. CLARK:

19 Q When you presented this letter to Ms.
20 Ellis, who else was in the room?

21 A Ms. Deborah Felton.

22 Q Did Ms. Felton say anything during that

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1 (Pause)

2 THE WITNESS: Okay. Ask your question
3 again.

4 BY MS. CLARK:

5 Q Did you speak to Ms. McFarlane about this
6 memo?

7 A Yes.

8 Q And when -- I'm sorry.

9 A Yes, I did. Go ahead.

10 Q When did you speak with Ms. McFarlane
11 about this memo?

12 A After I'd spoke to Ms. Ellis on a
13 Wednesday evening prior to her return on the 31st.

14 Q So this memo was written before Ms.
15 McFarlane went on vacation?

16 A It was probably written after, or -- after
17 I had spoken to Ms. McFarlane because it says, "I
18 have spoken to Ms. McFarlane."

19 And I placed all that in this note to the
20 file. So I probably spoke to her after Wednesday
21 evening, it may have been the next day, which was a
22 Thursday, after speaking to the Lakeisha Ellis.

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1 called her and she told you she was getting off the
2 Metro, you recall that testimony, right?

3 A Yes.

4 Q How long did it take Ms. Ellis to return
5 to work from the time that you told her she should
6 report back to duty until the time she got back to
7 the hospital?

8 A An extremely long period of time.

9 Q What do you mean by an extremely long
10 period of time?

11 A It was several hours.

12 Q Can you tell us whether or not the fact it
13 took Ms. Ellis several hours to return to the
14 hospital gave you any concern?

15 A Yes, it did.

16 Q Why?

17 A Because she said that she was getting off
18 of the subway. So -- and I instructed her she
19 needed to return back to duty. I thought she was
20 going to get back on the subway and come back to
21 work.

22 Q As a supervisor, as her supervisor, did

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1 you consider it unreasonable for it to take an
2 employee three hours to get back to work after she
3 was instructed to report back to duty?

4 A Yes, I did.

5 MS. FAIRLEY: That's it.

6 MS. CLARK: All done.

7 MS. FAIRLEY: We will read and sign.

8
9 (Whereupon, at 4:57 p.m., the
10 Deposition of FANNICE BECKETT
11 was concluded.)
12
13
14
15
16
17
18
19
20
21
22

EXHIBIT 12

PATIENT FINANCIAL ASSOCIATE		
DEPT: Patient Access		DEPT #: 45310/45315
JOB CODE: 702476	GRADE: 07	EFFECTIVE: 10/98 REVISED: 6/99, 7/01, 3/04, 6/05
FILE: 453102476.D01		STATUS: NON-EXEMPT

- A. Obtains pre-authorization, insurance verification, basic benefits information and approved length of stays on all patients utilizing Medical Center clinical services and performs duties pertaining to registration to include the use of SMS, IDX, Care-medic, HDX and on-line managed care programs.
1. For unscheduled urgent/emergent patients, the activities will be on the day of service prior to the initiation of service, concurrently with the delivery of service or ASAP after the delivery of service within the payor dictated time frames (an example of concurrently or after delivery of services would be an ER trauma patient).
 2. Obtains pre-certification and insurance authorization or referral prior to a patient being registered to receive services @ GUMC if required.
 3. Provides benefit coordination for patients in order to properly instruct when services will not be covered by insurance or when services will be covered by insurance or when any co-payments or deductibles will be due at the point of service.
- B. Facilitates and/or obtains continuing authorizations and where required, pre-authorization for consults and procedures on patients utilizing Medical Center Clinical Services.
1. Continuing authorizations and updated referrals confirmed according to payor dictates in coordination with departments. If unable to obtain continuing authorizations due to payor dictates or denial of continued stay, then communication by PFA to appropriate department or outpatient supervisor will occur.
- C. Assesses, processes, and refers patients for financial assistance and coordinates pre-treatment financial obligations.
1. For scheduled patients, all referrals for financial assistance will be completed prior to receiving care.
 2. For unscheduled urgent/emergent patients, referrals for financial assistance will be on the day of service during Patient Financial Services' business hours or next PFS business day after the delivery of service.
 3. Coordination of financial obligations for other Medical Center Clinical services as necessary.
- D. Obtains all insurance demographic and financial information pre-admission and enters/update the information in the hospital and physician registration systems.
1. Urgent/emergent patients: on the day of the service, prior to the initiation of service, concurrently with the delivery of service, or ASAP after the delivery of service.
 2. Maintains Department and staff standard of registration data at established accuracy rate.
 3. All information collected is standardized and usable by all areas: Care Management, UR, Patient Financial Services, etc.
 4. Information collected upon per-registration or registration is asked once per hospital encounter, Information is completes an accurate.
 5. Place armbands on patients when appropriate

ELLIS000046

PATIENT FINANCIAL ASSOCIATE

PAGE: 2

DEPT: ER - Registration
JOB CODE: 702476
EFFECTIVE: 10/98
FILE: 453102476.D01

DEPT#: 45310
GRADE: 07
REVISED: 6/99, 7/01, 3/04, 6/05
STATUS: NON-EXEMPT

- E. Obtains required signatures, confirms patient picture identification cards, gives out mandatory literature and scans all financial documents.
1. All required signatures will be obtained, or if unobtainable, reason documented (patient unable to sign-comatose).
 2. Insurance cards, signed financial responsibility form, picture identification, signed consent for treatment, and any other related financial information will be scanned on all patients and if not, reason documented in registration system.
 3. Follow-up demographic, insurance, financial and other registration information is obtained within 24 hours of initial registration, when initial registration occurred without patients or family member present.
 4. Documentation will support that all mandatory information has been given to the patient.
- F. Communicates all relevant information to the patient and appropriate health care team members.
1. Accurately documents information in Patient Accounting system to be utilized by Patient Financial Services, Case Management and UR.
 2. Accurately applies payments received to appropriate accounts within patient accounting and billing systems.
 3. Discounts and/or other payments plans are offered accurately and according to GUMC guidelines.
 4. Patients receive prompt and accurate information about billing practices and procedures at GUMC.
 5. Patients are given professional and accurate assistance in completing applications for assistance and charity care.
 6. Information conveyed to patient, insurance companies, embassies, and attorney are appropriate to the situation, and preserves confidentiality.
- G. Collaborates with and coordinates the expertise of clinical departments, Case Management and other business departments to ensure that reimbursement criteria have been met.
- H. Exemplifies Commitment to Caring (C2C) standards in all activities. This can include but is not limited to assisting the patient to their final destination.
- I. Assumes other duties and responsibilities that are appropriate to the position and area. The above responsibilities are a general description of the level and nature of the work assigned to this classification and is not to be considered as all-inclusive.

ELLIS000047

PATIENT FINANCIAL ASSOCIATE

PAGE: 3

DEPT: ER - Registration
JOB CODE: 702476
EFFECTIVE: 10/98
FILE: 453102476.D01

DEPT#: 45310
GRADE: 07
REVISED: 6/98, 7/01, 3/04, 6/05
STATUS: NON-EXEMPT

MINIMUM QUALIFICATIONS FOR THE POSITION: CONSIDERATION WILL BE GIVEN TO AN APPROPRIATE COMBINATION OF EDUCATION/TRAINING AND EXPERIENCE; and the passing of the two tests administered in HR (Medical Receptionist and Typing tests).

EDUCATION AND OR TRAINING REQUIRED: Associate's degree.

LICENSURE AND OR CERTIFICATION: Certified Patient Accounting Tech preferred.

EXPERIENCE: 3-5 years experience in patient access, billing, cash collections, insurance and/or pre-certification, or directly related experience in a medical center environment.

SPECIAL KNOWLEDGE/SKILLS/ABILITIES: Fluency in Medical Terminology required; fluency in Spanish preferred; excellent interpersonal & communications skills; high level of competence in customer relations in a professional environment; ability to prioritize, organize work and be self directed; ability to work as a member of a team; ability to work in stressful situations; good problem solving skills.

ADDITIONAL REQUIREMENTS FOR THE POSITION:

WORKING SCHEDULE: Will normally work any of the seven days of the week including holidays and off shifts, as scheduled and/or required.

THE SCHEDULE MAY BE CHANGED AS BUSINESS NEEDS DICTATE

PHYSICAL REQUIREMENTS OF THE POSITION: (REASONABLE ACCOMMODATION WILL BE CONSIDERED WHERE APPROPRIATE: FEDERAL REHABILITATION ACT OF 1973, SEC. 503-504, AND AMERICANS WITH DISABILITIES ACT OF 1990, P.O. 101-336).

PHYSICAL AND EMOTIONAL HELATH SUFFICIENT TO MEET THE CRITERIA FOR THE PHYSICAL EXAMINATION AND SPECIFIC JOB DEMANDS, WHICH ARE INCLUSIVE OF BUT NOT LIMITED TO: normal office conditions.

PERFORMANCE LEVEL AND SCOPE OF SUPERVISION REQUIRED:

SUPERVISION LEVEL: General Supervision

THE INCUMBENT IS ABLE TO FUNCTION INDEPENDENTLY AS DEFINED IN THE JOB DESCRIPTION WITH A TIME FRAME OF: 3 months.

ELLIS000048

EXHIBIT 13

Capital Reporting Company

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

LAKEISHA ELLIS,

Plaintiff,

v.

GEORGETOWN UNIVERSITY HOSPITAL,

Defendant.

COPY

: Case No.: 1:08-cv-
: 01174 JDB

Washington, DC

February 12, 2009

Deposition of:

DEBORAH T. FELTON,

called for oral examination by counsel for
the Plaintiff, pursuant to notice, held at the
Law Offices of Denise M. Clark, 1250 Connecticut Avenue,
NW, Suite 200, Washington, DC, before Lohna Esteb of
Capital Reporting, a Notary Public in and for the
District of Columbia, beginning at 9:17 a.m.,
when were present on behalf of the respective
parties:

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1 particular building at Georgetown?

2 A No.

3 Q Can you tell me how the decision is made
4 for a PFA to be one day at, maybe, the Leavey
5 Building but maybe another day at the emergency
6 room?

7 MS. FAIRLEY: I'm going to object because
8 it's vague as to timeframe.

9 THE WITNESS: It depends on the need of
10 the department at the time.

11 BY MS. CLARK:

12 Q While you were a PFA, were you ever
13 assigned to go to the emergency room on one day and
14 then maybe the Leavey Building another day?

15 A Yes.

16 Q In your recollection, do you recall the
17 reason why you may have been assigned to go to the
18 emergency room or Leavey on any particular day?

19 A Usually it was for staff shortage.

20 Q Did you have a home base, you know, a
21 place where you would expect you would report and
22 then maybe you'd be transferred?

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1 A No.

2 Q So how would you know that you were to
3 report to the emergency room or to Leavey?

4 A We would receive a call.

5 Q So would the phone call be the night
6 before or morning of?

7 A It would be that day.

8 Q While you were working during your shift
9 on a Monday, for example, you would receive a call
10 during that shift about where you should report on
11 Tuesday?

12 A No.

13 Q Okay. Can you explain to me how you would
14 learn --

15 A If I was working in admissions, I could
16 receive a call that same day asking me to go to
17 Lombardi or to the emergency room. Sometimes I
18 would move around three or four times a day.

19 Q By the end of your shift, if you were to
20 work the next business day, how would you know where
21 to report?

22 MS. FAIRLEY: I am going to object. Calls

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1 at 6:00 a.m., will they have that time every day
2 they work during that month?

3 A Yes.

4 Q Are there any fluctuations within the
5 month of that time, that start time?

6 A Only if they want to or we need them to.

7 Q If they want to because there's time
8 available they could work overtime. And if you need
9 them to because there's someone who needs to be
10 replaced for whatever reason?

11 A Yes.

12 MS. FAIRLEY: Objection as to form of the
13 question. But she's already answered. It's
14 fine.

15 BY MS. CLARK:

16 Q What are your responsibilities as a
17 supervisor?

18 A I supervise 45 employees. We obtain
19 demographic insurance information from the patients.
20 We admit patients. We register patients in the
21 emergency room. And we have about, I guess, eight
22 other sites that we register and preregister.

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1 Q Is that a total of nine sites or eight
2 sites?

3 A I'm not sure.

4 Q Now, what you just described sounds like
5 what all the PFAs did. How was your job as a
6 supervisor different from just a PFA?

7 A Well, I monitor their work. We have -- we
8 do staff meetings. We do disciplinary actions. I
9 go to meetings with other departments.

10 Q Now, in monitoring an employee's work, how
11 do you typically do that?

12 A Well, I have a PFA daily log that I give
13 them each morning. And I give them a certain amount
14 of work to do in addition to the registration of the
15 patients that come in.

16 Q Now, they are supposed to check, is it --
17 does the log list what you want them to do and then
18 they check it off?

19 A The log lists some of these that they will
20 be doing during the day. And if they actually
21 complete this, say, for instance, if they work in
22 ER, they receive co-payments from the patients, they

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1 could not work in a particular area of the hospital?

2 A No.

3 Q She never indicated that to you?

4 A No.

5 Q Did you ever hear that she could not work
6 in any particular area of the hospital?

7 A No.

8 Q You never heard that?

9 Now, you have indicated that your
10 department, the patient access -- is it patient
11 access?

12 A Yes.

13 Q Is a 24/7 operation.

14 A Yes.

15 Q Is there something about that 24/7
16 operation that requires people to work in every area
17 of the hospital?

18 A Yes.

19 Q Can you tell me what that is?

20 A We have -- the 24-hour operations are the
21 emergency room and the patient placement desk.

22 Everyone has got to be trained to work in

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1 all the departments so that's why we rotate everyone
2 around just in case we have five or six call-outs a
3 day. We can have that many. And our employees --
4 everyone would be trained to work in every area.

5 Q What's the difference between working in
6 ER versus working in Gorman?

7 MS. FAIRLEY: Objection. Vague.

8 THE WITNESS: There's no difference.

9 BY MS. CLARK:

10 Q How do the duties change when you work in
11 ER versus any other area of the hospital?

12 A They don't change. You do the same type
13 registration. You are doing -- you are obtaining
14 the same information in all the areas.

15 Q You have indicated, though -- I believe
16 your testimony was that you have to be trained in
17 each of the areas of the hospital. So what does
18 that mean? When someone is trained in ER, how is
19 that different from being trained in Gorman, for
20 example?

21 A The only difference as far as training
22 would be is in the ER, you go into the rooms and you

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1 reasons that an employee would need to be trained in
2 all the areas?

3 A Yes, that's one reason.

4 Q Now, you were asked a lot of questions by
5 Ms. Clark about the current schedule for PFAs. Do
6 you recall that?

7 A Yes.

8 Q You described the current schedule as a
9 round robin. Do you remember that testimony?

10 A Yes.

11 Q I want to ask a couple clarifying
12 questions. Now, in the round robin schedule you
13 talked about, would it be fair to say that an
14 employee may be assigned to Gorman in January, but
15 then would change to a new department in February?

16 A Yes.

17 Q Would it also be fair to say that that
18 same employee may work one schedule in January but
19 have a new schedule in February, a new working hours
20 schedule?

21 A Yes.

22 Q And would it also be fair to say that

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1 under the current schedule that even though an
2 employee is assigned to work in Gorman in the month
3 of January, that she may be required to go work in
4 another area of the hospital even though she's
5 assigned to Gorman?

6 A Yes.

7 Q Would it also be fair to say that in the
8 same business day or the same workday, that that
9 same employee may have to go to more than two places
10 to work as a PFA?

11 A Yes.

12 Q And why would a PFA have to go to various
13 places to work on the same day?

14 A It could be because of staff shortage, you
15 know, people calling in sick; it could be because
16 someone is on leave or -- or if someone gets sick
17 and leaves, then we have to replace them.

18 Q Are there any other reasons that you can
19 think of?

20 A Well, sometimes some areas are busier than
21 others so we have to move people over so we can take
22 care of the patients.

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