

JOHN L. BONHAM, D.D.S.
3931 GRAND AVENUE
OAKLAND, CALIFORNIA 94610
655-0445

June 5, 1978

Peoples Temple Church
1859 Geary Blvd.
San Francisco, Ca.

Office of the Secretary

Gentlemen:

In February of last year I delivered a full upper and lower denture to Mrs. Selika Bordenave of 275 Herman, San Francisco Ca. The enclosed material is self-explanatory though somewhat lengthy and I will attempt a brief summary.

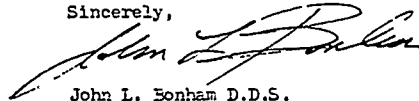
It was my understanding at the time the denture service was performed that Mrs. Bordenave was soon to depart to South America for mission work on behalf of your church. Partly for this reason and also for the fact that she was in extreme discomfort and unable to eat, the usual channels of prior authorization were not fully pursued.

We do know that Dr. Stanley Hellman of 2725 Mission in San Francisco has given medical authorization for the prosthetic work and that a San Francisco dentist has received full authorization for Dental to proceed with the work.

For purposes of expediency as well as an acquaintanceship with me Mrs. Bordenave elected to have the work performed by me and Dental has subsequently ruled against payment for this service.

Any assistance you may offer in this regard will be appreciated.

Sincerely,



John L. Bonham D.D.S.

JLB/kcc

x-3-f-10a

JOHN L. BONHAM, D.D.S.
3931 GRAND AVENUE
OAKLAND, CALIFORNIA 94610
655-0445

March 28, 1977

California Dental Service
Denti-Cal Consultant Review
P. O. Box 7736
San Francisco, Ca. 94120

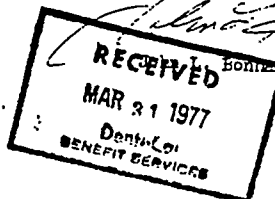
Gentlemen:

Your letter of March 1977 requested that no denture work be done for Mrs. Bordenave until such time as the review board could determine the need for new dentures. This will inform you that I have completed and delivered her new dentures to her several weeks ago.

Fryor to receiving her new teeth Mrs. Bordenave was simply unable to eat and I felt it to be not only unreasonable but inhumane to refuse service to her until such time as a review board might meet to discuss her case. If you have any further questions regarding this case I shall be happy to answer them.

Sincerely,

John L. Bonham
Bonham, D.D.S.



JLB/ab

X-3-f-106

JOHN L. BONHAM, D.D.S.
3531 GRAND AVENUE
OAKLAND, CALIFORNIA 94610
655-0445

June 10, 1977

Medical Division
California Dental Service
P. O. Box 7736
San Francisco, Ca. 94120
Attention Ann Gray

Dear Ms. Gray:

My bookkeeper telephoned you on May 17th. and again on June first regarding dental case Selika Fordenave, PO# 3884-0863009-001, payment long overdue. Each time we have been told that even though the denture work was completed in February, we will not be paid at this time because you have paid another dentist in error. You have further stated that when and if the dentist paid in error sends you a refund then you will reissue a check to me.

Your mistakes are not mine and I cannot be responsible for your internal logistics. I therefore demand payment in full immediately. It is inexcusable incidents such as this that make handling of welfare dentistry onerous and distasteful to many in the profession.

Sincerely,



John L. Bonham, D.D.S.

CCY Dr. Gordon Marx
Chairman Dental Care Com.
Ca. Dental Society
CCY Dr. Votrak
President Alameda Co. Dental Society

JLB/at

X-3-f-10c

JOHN L. BONHAM, D.D.S.
2931 GRAND AVENUE
OAKLAND, CALIFORNIA 94610
655-0445

September 13, 1977

Dentist

Now that it has been established
that Dr. Campbell did not, nor will, make
dentures for Selika Bodinave. I do
hope this can all be solved very soon
and that the payment can be sent to
Dr. John L. Bonham, license 11874.

It was urgent that these dentures be
made and now that Selika has gone
to South America on missionary work
for her church, it seemed, from time
was important in this case and
Dr. Bonham had enough faith in
your department to understand his case
and was willing to honor me, but
also desires to be paid.

Sincerely,

Walter, recipient

x-3-f-10d



California Dental Service

The Delta Dental Plan

P.O. Box 7736
San Francisco, California 94120
1235 Mission Street
Phone: (415) 864-9800

P.O. Box 57186
Los Angeles, California 90057
620 So. Lafayette Park Place
Phone: (213) 390-1630

April 5, 1978

John L. Bonham, D.D.S.
3931 Grand Avenue
Oakland, Ca. 94601

Re: Salika Bordenave
 BID# 3884-0863009-001

Dental Number

Dear Dr. Bonham:

We are in receipt of an inquiry regarding the above-named patient.

After review, it is the decision that no allowance may be made for the upper and lower dentures as authorization was not granted. Per contractual agreement with the State of California, prior authorization is required for procedure No. 700 and 701.

We regret we cannot be of further assistance in this matter.

Sincerely,

CALIFORNIA DENTAL SERVICE

Charla Buerkle

By
Charla Buerkle
DENTI-CAL Benefit Services Department
Government Programs

/mw

x-3-f-10e

Imprisoned for dentures
Calmed Dentures

*SELIKA BORENAV
3884-0863009-001
*0277*PCEON*18F6
N

*SELIKA BORENAV
3884-0863009-001
*0277*PCEON*18F6
N

\$ 750 ee total charge

RECEIVED

APR 5 1977

Denti-Cal
BENEFIT SERVICES

Dentist number

DENTI-CAL INFORMATION REQUEST

4/5/77

Initials: *CE JS*

To process the attached treatment form, the following information is needed; please return this form with all attached forms and x-rays.

- _____ Space # _____
- _____ Fees / Procedure Number _____
- _____ Date of service for completed procedure(s) _____
- _____ Please sign treatment form and return for payment _____
- _____ Birth year on claim and POE label differ - please verify _____
- _____ Name on claim and POE label differ - please verify _____
- _____ Please attach appropriate Proof of Eligibility label(s) POE for month(s) in which service(s) were performed _____
- _____ Please submit x-rays re: _____
- _____ Please complete the attached form # _____

OTHER: *Please indicate Patients SOCIAL SECURITY#*
And BID# - 14 digit - from POE LABEL x-3-f-10f

CALIFORNIA DENTAL SERVICE
P.O. BOX 7736
SAN FRANCISCO, CALIFORNIA 94120

7:10:18

35814 088300

JOHN L. BUSHAR, D.D.S. 11871
2701 GRAND AVENUE 655-0411
OAKLAND, CALIF. 94612

593-27-1714 11874 655-0445

TOOTH	DESCRIPTION OF SERVICE	DATE	AMOUNT	REMARKS
1-16	Complete maxillary	12/70	400	400
1-17	Complete mandibular	12/70	700	700
<p>patient is very anxious and upper denture, lower denture to be repaired</p>				

IMPORTANT: WE HEREBY REQUEST YOU TO SIGN THIS STATEMENT AND AUTHORITY TO RELEASE OF INFORMATION...

DATE: 12/1/77

2

x-3-f-14g