

MIDWEST SERVICE BUREAU, LLC  
625 W MAPLE  
PO BOX 3888  
WICHITA, KANSAS 67201  
(316) 263-1051

APR 25, 2024

KONZA PRAIRIE COMM HEALTH AND  
DENTAL  
361 GRANT  
JUNCTION CITY KS 66441

Our File Number: 939409

REQUEST FOR SUIT

We have concluded through every feasible means of collection the accounts shown here will not pay without further steps.

ACCOUNT NAME	ACCT#	REASON
TASHEBA L ALEXANDER	124895	DEBTOR REFUSES TO PAY
TASHEBA L ALEXANDER	114994	DEBTOR REFUSES TO PAY

Please complete the enclosed affidavit and provide a current itemization of the balance due.

\*Note\* If a contract, lease or note exists...please provide a copy of that document also.

I understand it may be necessary to provide a witness at the time of a trial and I agree to provide one. Court costs and / or surcharges will be billed to me and paid back from the first monies paid by the debtor. As agreed, the commission fee on these accounts increase to cover Midwest Service Bureau fees and attorney costs. As always all communications should be directed to Midwest Service Bureau.

LEGAL NAME OF YOUR COMPANY/FIRM:

Konza Prairie Community Health Center  
Corporation/Partnership/Sole Ownership

(CIRCLE ONE OF THE ABOVE)

PLEASE SIGN:

[Signature]

TITLE:

Patient Access Manager

DATE:

4-26-2024

We have set our file ahead 30 days awaiting your response.

Legal Clerk

VERIFICATION AND AFFIDAVIT  
FOR BALANCE OF DEBT

STATE: Kansas  
(your state)

COUNTY OF: Gray  
(your county)

COMES NOW Julissa Maldonado being duly sworn upon his/her  
(your representative)

oath, and states as follows:

1. That he/she is authorized by Konza Prairie Community Health Center  
(your business or company name)

to verify the current balance due and owing by TASHEBA L ALEXANDER  
and whose account(s) are under his/her direct control and  
supervision.

2. That the account on the above referenced debtor was prepared in  
the ordinary course of business, is under his/her supervision and  
control, has been checked for accuracy and the entries are true and  
correct.

3. That the balance due and owing as of the date of the Affidavit  
is as follows:

PRINCIPAL: \$568.13

INTEREST: \_\_\_\_\_

TOTAL DUE: \_\_\_\_\_

At the rate of \_\_\_\_\_ % annually and/or \_\_\_\_\_ per diem; that said  
amount being composed of purchase made or service rendered and finance  
charge agreed to by the defendant(s) named in the Petition filed in this  
manner.

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME OF REPRESENTATIVE: Julissa Maldonado

TITLE OF REPRESENTATIVE: Patient Access Manager

NOTARY:

Subscribed and sworn before me on this 20<sup>th</sup> day of April 2024

MY COMMISSION EXPIRES: October 28<sup>th</sup> 2026

NOTARY PUBLIC SIGN/CTY/STATE: Paula Pedersen Junction City KS

