



156 Cherry Street, New Canaan, CT 06840

SKYVIEW SPRINGS SNF OPERATIONS LLC
400 RELLA BLVD STE 200
MONTEBELLO NY 10901-4239

Statement Ending 06/28/2024

SKYVIEW SPRINGS SNF

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Customer Number: XXXXXX0013

Managing Your Accounts



Branch Name Cherry St



Branch Number 203-966-7080



Automated
Telephone Banking 800.963.8919



Online Banking www.mybankwell.com

Summary of Accounts

Account Type	Account Number	Ending Balance
Analyzed Checking	XXXXXX0013	\$0.00

Analyzed Checking-XXXXXX0013

Account Summary

Date	Description	Amount
06/01/2024	Beginning Balance	\$0.00
	29 Credit(s) This Period	\$555,732.56
	18 Debit(s) This Period	\$555,732.56
06/28/2024	Ending Balance	\$0.00

Account Activity

Post Date	Description	Debits	Credits	Balance
06/01/2024	Beginning Balance			\$0.00
06/03/2024	NDC SWEEP FAC 774		\$703.60	\$703.60
06/03/2024	Skyview springs Settlement 000021016160294		\$1,777.00	\$2,480.60
06/03/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$2,480.60		\$0.00
06/04/2024	774 Skyview Spri Settlement 000021053769694		\$3,994.00	\$3,994.00
06/04/2024	Skyview springs Settlement 000021058020954		\$9,180.00	\$13,174.00
06/04/2024	BANKCARD BTOT DEP 518993321315046		\$27,564.31	\$40,738.31
06/04/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$40,738.31		\$0.00
06/05/2024	NDC SWEEP FAC 774		\$42,985.00	\$42,985.00
06/05/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$42,985.00		\$0.00
06/06/2024	BANKCARD BTOT DEP 518993321315046		\$3,794.43	\$3,794.43
06/06/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$3,794.43		\$0.00
06/07/2024	BANKCARD BTOT DEP 518993321315046		\$1,291.00	\$1,291.00
06/07/2024	Skyview springs Settlement 000021094234190		\$3,692.27	\$4,983.27
06/07/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$4,983.27		\$0.00
06/10/2024	BANKCARD BTOT DEP 518993321315046		\$400.01	\$400.01
06/10/2024	BANKCARD BTOT DEP 518993321315046		\$2,204.24	\$2,604.25

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mybankwell.com

Member FDIC | Equal Housing Lender

To expedite your change of address please mail this portion of this statement to:

Bankwell

Attn: Deposit Operations Department

156 Cherry Street

New Canaan, CT 06840

Name: _____		
Soc. Sec. No.: _____	Telephone No.: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Date: _____	Authorized Signature _____	

For Personal/Consumer Accounts Only

This statement is made in compliance with all applicable State and Federal Law.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address provided on the front side of this statement as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

PRIVACY NOTICE—Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at mybankwell.com or we will mail you a free copy upon request if you call your local branch.

HOW BANKWELL FIGURES THE FINANCE CHARGE

Bankwell figures the Finance Charge on your account by applying the Daily Periodic Rate to the Daily Balances of your Cash Reserve account (including current transactions) for each day included in the calculation period (billing cycle). To get the Daily Balance for each day, we take the beginning principal balance of your Cash Reserve account (which does not include any unpaid or accrued finance charges) as of that day, plus any new loan advances, plus any fees that are added to the principal balance and subtract any payments or credits applied as of such day. Each Daily balance is multiplied by the applicable Daily Periodic Rate(s) for the balance of that day. This gives you the Finance Charge for that day. The total Finance Charge is the sum of Finance Charges for all days in the billing cycle. The **Daily Periodic Rate** used to figure the **Finance Charge** is .04931506%, which corresponds to an **Annual Percentage Rate of 18.00%**.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at: 800-963-8919 OR

Write us at: Bankwell, Deposit Operations, 156 Cherry Street, New Canaan, CT 06840

Contact us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (or 20 business days if the transaction occurred within 30 business days of the first deposit to your account), we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at the above telephone number to find out whether or not the deposit has been made.

CREDIT LINE PAYMENT

You may make a direct payment to reduce your Credit Line Loan balance using the top portion of this statement.

If you pay less than the minimum payment, we may automatically charge your account for the difference between what you paid and what we require as a minimum monthly payment.

If your payments are not automatically deducted you are required to forward the minimum monthly payment by the due date.

Note the amount of the payment on the front side. Detach and forward this section along with your check to 156 Cherry Street, New Canaan, CT 06840. You may also make your payment at a branch office before 4:00 PM to be credited on the same day. Failure to follow these instructions may cause up to a five (5) day delay in crediting your payment after it is received.



156 Cherry Street, New Canaan, CT 06840

Statement Ending 06/28/2024

SKYVIEW SPRINGS SNF

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Customer Number: XXXXXX0013

Analyzed Checking-XXXXXX0013 (continued)

Account Activity (continued)

Post Date	Description	Debits	Credits	Balance
06/10/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$2,604.25		\$0.00
06/11/2024	BANKCARD BTOT DEP 518993321315046		\$2,341.42	\$2,341.42
06/11/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$2,341.42		\$0.00
06/12/2024	BANKCARD BTOT DEP 518993321315046		\$977.00	\$977.00
06/12/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$977.00		\$0.00
06/13/2024	PAYABLES CURO HEALTH SERV		\$2,448.00	\$2,448.00
06/13/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$2,448.00		\$0.00
06/14/2024	HCCLAIMPMT OPTIMA HEALTH PL TRN* 1* 1063106* 1541283337\		\$151,389.44	\$151,389.44
06/14/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$151,389.44		\$0.00
06/17/2024	Skyview springs Settlement 000021153428386		\$976.00	\$976.00
06/17/2024	PAYABLES CURO HEALTH SERV		\$17,007.59	\$17,983.59
06/17/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$17,983.59		\$0.00
06/18/2024	HCCLAIMPMT OPTIMA HEALTH PL TRN* 1* 1067357* 1541283337\		\$99,059.39	\$99,059.39
06/18/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$99,059.39		\$0.00
06/20/2024	774 Skyview Spri Settlement 000021181327730		\$3,710.00	\$3,710.00
06/20/2024	774 Skyview Spri Settlement 000021181313950		\$46,927.92	\$50,637.92
06/20/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$50,637.92		\$0.00
06/21/2024	NDC SWEEP FAC 774		\$264.30	\$264.30
06/21/2024	HCCLAIMPMT OPTIMA HEALTH PL TRN* 1* 1071092* 1541283337\		\$16,335.86	\$16,600.16
06/21/2024	BANKCARD BTOT DEP 518993321315046		\$93,239.61	\$109,839.77
06/21/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$109,839.77		\$0.00
06/25/2024	HCCLAIMPMT OPTIMA HEALTH PL TRN* 1* 1075105* 1541283337\		\$83.87	\$83.87
06/25/2024	PAYABLES CURO HEALTH SERV		\$6,732.00	\$6,815.87
06/25/2024	774 Skyview Spri Settlement 000021215750782		\$7,904.00	\$14,719.87
06/25/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$14,719.87		\$0.00
06/26/2024	BANKCARD BTOT DEP 518993321315046		\$6,476.04	\$6,476.04
06/26/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$6,476.04		\$0.00
06/27/2024	Skyview springs Settlement 000021229423142		\$758.46	\$758.46
06/27/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$758.46		\$0.00
06/28/2024	HCCLAIMPMT OPTIMA HEALTH PL TRN* 1* 1079271* 1541283337\		\$1,515.80	\$1,515.80
06/28/2024	TRANSFER TO Analyzed Checking ACCOUNT XXXXXXXXXXXX9999	\$1,515.80		\$0.00
06/28/2024	Ending Balance			\$0.00

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