

ACCORDIUS HEALTH AT LEXINGTON LLC
 GOVERNMENT ACCOUNT
 980 SYLVAN AVE
 ENGLEWOOD CLIFFS NJ 07632-3301



IMPORTANT ACCOUNT INFORMATION

There is important information concerning your account included at the end of this statement.

REFER YOUR FRIENDS AND FAMILY

*Offer valid at any Sunflower Bank or First National 1870 location. To participate in the Refer A Friend program, customer must be an owner on a personal checking account at Sunflower Bank, N.A. Referring customer will earn \$50 when referee opens their first personal checking account at Sunflower Bank. All referral payments will be deposited into referring customer's primary personal checking account at time referral payment is earned. Qualifying account must be open and have a positive balance on the date the referee account is opened to receive referral payment. New customer (referee) must present referral card, letter, or email offer at time of account opening. Minimum of \$100 is required to open a personal checking account. Maximum payment per customer for referrals is \$500 per calendar year (January 1 to December 31).

Referrer may receive a Form 1099-MISC for reportable taxable income. Offer subject to change/cancellation at any time without notice. Referee may participate in current personal checking offers at time of account opening and is eligible to participate in the Refer A Friend program. By participating in this program, each party may be aware that the other is a Sunflower Bank, N.A. customer.

CHECKING SUMMARY - *****8941

Previous Balance		0.00
Deposits/Credits	9	461,507.11 +
Checks/Debits	7	461,210.38 -
Service Charge		296.73 -
Interest Paid		0.00 +
Current Statement Balance		0.00
Days in Statement Period:		

Deposits

Posted	Description	Amount
06/03/24	NOVITAS SOLUTION HCCLAIMPM CCD ACCORDIUS HEALTH AT LE	2,447.00
06/05/24	CSRA DHB PAYMENT PAYMENTS CCD ACCORDIUS HEALTH AT LE	142,034.77
06/06/24	NOVITAS SOLUTION HCCLAIMPM CCD ACCORDIUS HEALTH AT LE	3,723.85
06/11/24	TRANSFER FROM CHECKING 89 RF#063102003737 061124	296.73
06/12/24	CSRA DHB PAYMENT PAYMENTS CCD ACCORDIUS HEALTH AT LE	87,906.10
06/17/24	NOVITAS SOLUTION HCCLAIMPM CCD ACCORDIUS HEALTH AT LE	2,447.00
06/20/24	NOVITAS SOLUTION HCCLAIMPM CCD ACCORDIUS HEALTH AT LE	8,201.79
06/20/24	CSRA DHB PAYMENT PAYMENTS CCD ACCORDIUS HEALTH AT LE	204,404.22
06/24/24	NOVITAS SOLUTION HCCLAIMPM CCD ACCORDIUS HEALTH AT LE	10,045.65

THIS FORM IS PROVIDED TO HELP YOU BALANCE AND RECONCILE YOUR ACCOUNT

OUTSTANDING CHECKS	
NUMBER	AMOUNT
TOTAL	
ENTER ON LINE 5	

1. Be Sure That Any Changes Or Automatic Deductions Shown On This Statement Have Been Subtracted From Your Checkbook Balance And That All Deposits, Loan Advances And Credits Shown On This Statement Have Been Added To Your Checkbook Balance.

2. Enter Final Balance Shown On This Statement.	
3. Add The Total Of Deposits Not Credited On This Statement.	+
4. Total of Lines 2 and 3.	
5. Subtract Outstanding Check Total.	—
6. Balance Should Agree With Your Checkbook Balance.	

IF YOUR ACCOUNT DOES NOT BALANCE - CHECK THE FOLLOWING CAREFULLY

- Does The Amount Of Each Check Agree With The Amount Shown On The Statement And The Amount In Your Checkbook?
- Have You Checked All Additions And Subtractions In Your Checkbook?
- Have You Carried The Correct Balance Forward In Your Checkbook?
- Have All Checks Been Entered And Deducted From Your Checkbook Balances?
- Do All The Deposits And Cash Advances Entered In Your Checkbook Agree With Your Statement?
- Have You Entered All Service Charges And Automatic Payments In Your Checkbook?
- Have You Accurately Entered And Totaled All Outstanding Checks?

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at 888.827.5564 or Write us at Sunflower Bank, N.A., P.O. Box 800, Salina, KS 67402-0800

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, please telephone us at the phone number, or write us at the address shown above.

Each month an account statement ("Monthly Statement") will be provided to you showing, among other things, all debits made by use of the Card(s). You need to review its Monthly Statement immediately upon receipt. If a receipt or Monthly Statement shows an unauthorized Transaction, or if it shows any other problem or error, you must notify Sunflower Bank, N.A. IMMEDIATELY, but in no event no later than ten (10) calendar days after the date of the Monthly Statement on which the unauthorized transaction, problem or error ("Dispute") FIRST appears or when you first discover the unauthorized transaction, problem or error, whichever is earlier. Disputes regarding any Card debit transactions must be communicated in writing to Sunflower Bank, N.A., at the address indicated above. Dispute documentation must include Customer name, Card number, dollar amount(s) of any Dispute, reference number, and a description of the Dispute. Business accounts do not receive provisional credit. Settlement of business accounts will be determined by the outcome of our investigation. If you do not notify Sunflower Bank, N.A. of a dispute, as noted above, you are absolutely barred from bringing any action against Sunflower Bank, N.A. that is in any way related to the Dispute.

NOTICE FOR OVERDRAFT LINE OF CREDIT

A FINANCE CHARGE on Cash Advances will be imposed from the date of posting the transaction to your account. A FINANCE CHARGE will continue to accrue until the crediting of a payment to your account reducing the principal balance. Payments received before 3:00 p.m. CT will be credited to your account as of the date received providing payment is made in good funds. Payments not in collected funds may be subject to a delay in crediting of up to five (5) business days after the date of receipt. Transactions received after cut-off date will be recorded on the following statement.

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 Sunflower Bank, N.A., P.O. Box 800, Salina, KS 67402-0800 as soon as possible. Please provide us with the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PLEASE EXAMINE STATEMENT AT ONCE AND ADVISE PROMPTLY OF ANY EXCEPTIONS

Electronic Transactions

Posted	Description	Amount
06/03/24	TRANSFER FROM CHECKING 89 RF#093503000259 060324	2,447.00-
06/05/24	TRANSFER FROM CHECKING 89 RF#063158003639 060524	142,034.77-
06/06/24	TRANSFER FROM CHECKING 89 RF#062542006078 060624	3,723.85-
06/10/24	PRIOR MO AA SVC CHRG	296.73-
06/13/24	TRANSFER FROM CHECKING 89 RF#093227008568 061324	87,906.10-
06/17/24	TRANSFER FROM CHECKING 89 RF#115359000404 061724	2,447.00-
06/20/24	TRANSFER FROM CHECKING 89 RF#090012006268 062024	212,606.01-
06/24/24	TRANSFER FROM CHECKING 89 RF#063754000083 062424	10,045.65-

Checks Paid Electronically

Check Number	Date	Description	Amount
---No Checks Paid Electronically in this statement cycle.---			

Checks Paid

Check Number	Date	Amount	Check Number	Date	Amount
---No Checks Paid in this statement cycle.---					

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
05/31/24	0.00	06/10/24	-296.73	06/11/24	0.00
06/12/24	87,906.10	06/13/24	0.00		

IMPORTANT ACCOUNT INFORMATION

Effective July 1, 2024, there will be adjustments made to service charges on Analyzed Commercial Checking accounts. The following will be reflected in your August 2024 statement:

- The Deposit Coverage Fee is replaced by a Deposit Service Assessment calculated at Average Customer Collected Balance divided by 100 multiplied by 0.015.

- The Negative Collected Balance Fee is replaced by a Negative Collected Funds Assessment calculated at Average Negative Customer Collected Balance multiplied by the uncollected funds rate of 9.75%.

Please contact your Treasury Management Officer with any questions.