



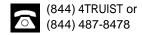
999-99-99-99 80215 0 C 001 30 S 66 002 HAINES CITY REHAB LLC NON GOVERNMENT RECEIVABLES ATTN CITADEL MONICA TERRANO 1000 GATES AVE STE 5 BROOKLYN NY 11221-6296

Your account statement

For 06/28/2024

Contact us





■ ANALYZED CHECKING 1000214869603

Account summary

Your previous balance as of 05/31/2024	\$0.00
Checks	- 0.00
Other withdrawals, debits and service charges	- 630,053.20
Deposits, credits and interest	+ 630,053.20
Your new balance as of 06/28/2024	= \$0.00

Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
06/03	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	22,074.75
06/04	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	48,926.79
06/05	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	46,891.00
06/06	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	15,886.00
06/07	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	57,902.00
06/10	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	143,809.66
06/11	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	35,762.46
06/12	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	13,338.19
06/13	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	11,890.55
06/14	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	40,524.38
06/17	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	46,459.26
06/18	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	29,959.23
06/20	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	4,492.00
06/21	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	17,927.10
06/24	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	28,179.08
06/25	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	3,939.69
06/26	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	8,524.66
06/27	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	29,611.09
06/28	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 1000214869611	23,955.31
Total otl	her withdrawals, debits and service charges	= \$630,053.20

Total other withdrawals, debits and service charges

Deposits, credits and interest

DATE DESCRIPTION AMOUNT(\$) HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*133638778240530*1611103898\ 06/03 537.76 06/03 FAC F398 NDC SWEEP XXXX HAINES CITY REHAB LLC 2,506.05 06/03 Settlement Haines City Reha Haines City Rehabilita CUSTOMER ID 000020977750130 4,810.94 06/03 HCCLAIMPMT SUNSHINE STATE H HAINES CITY REHABILITA TRN*1*1007840023*1208937577\ 6,270.00 REMOTE DEPOSIT 9989 06/03 7,950.00 BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531 06/04 204.00

continued

■ ANALYZED CHECKING 1000214869603 (continued)

2.475	a Francisco	4.4.0.11.1.7.(\$)
DATE	DESCRIPTION	AMOUNT(\$)
06/04	HCCLAIMPMT UHC Community PI Haines City Rehab LLC	305.06
00/04	TRN*1*24153B1000072170*1591293865*000004567\	0.000.00
06/04	Settlement Haines City Reha Haines City Rehabilita CUSTOMER ID 000020993036734	2,900.00
06/04	FAC F398 NDC SWEEP XXXX HAINES CITY REHAB LLC	4,986.00
06/04	HCCLAIMPMT HUMANA INS CO HAINES CITY REHABILITA TRN*1*133702679240531*1391263473\	5,160.00
06/04	HCCLAIMPMT UnitedHealthcare Haines City Rehab LLC	7,169.98
	TRN*1*24152B1000176810*1362739571*000004567\	
06/04	REMOTE DEPOSIT 9989	28,201.75
06/05	HCCLAIMPMT Sunshine State H HAINES CITY REHABILITA TRN*1*0910816789*1208937577\	623.56
06/05	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	1,016.00
06/05	HCCLAIMPMT Simply FL5C HAINES CITY REHABILITA TRN*1*3242876169*1650318864\	2,131.70
06/05	FAC F398 NDC SWEEP XXXX HAINES CITY REHAB LLC	15,696.38
06/05	HCCLAIMPMT UnitedHealthcare Haines City Rehab LLC TRN*1*R1057665*1411289245*000087726\	27,423.36
06/06	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	392.00
06/06	REMOTE DEPOSIT 9989	1,854.00
06/06	HCCLAIMPMT FH Medicare HAX HAINES CITY REHAB LLC TRN*1*700267138*1412128275\	13,640.00
06/07	Settlement Haines City Reha Haines City Rehabilita CUSTOMER ID 000021057159086	537.00
06/07	HCCLAIMPMT UnitedHealthcare Haines City Rehab LLC TRN*1*R1155796*1411289245*000087726\	630.00
06/07	HCCLAIMPMT Simply FL5C HAINES CITY REHABILITA TRN*1*3243108794*1650318864\	3,865.00
06/07	HCCLAIMPMT HUMANA INC US LE HAINES CITY REHAB LLC TRN*1*2280010*1592598550\	52,870.00
06/10	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	6,350.00
06/10	HCCLAIMPMT UHC Community PI Haines City Rehab LLC	12,363.84
06/10	TRN*1*24158B1000093382*1591293865*000004567\	12,303.04
06/40		10 740 22
06/10	HCCLAIMPMT HNB - ECHO HAINES CITY REHABILITA TRN*1*1139923334*1341858379\	18,740.32
06/10	HCCLAIMPMT FLORIDA COMMUNI HAINES CITY REHABILITA	22,675.69
	TRN*1*01-00000001503687*1820973242*FCCP~	
06/10	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*134079609240606*1611103898\	40,921.24
06/10	HCCLAIMPMT Sunshine State H HAINES CITY REHABILITA TRN*1*0910838013*1208937577\	42,758.57
06/11	REMOTE DEPOSIT 9989	4,389.00
06/11	HCCLAIMPMT UHC Community PI Haines City Rehab LLC	6,546.42
	TRN*1*24160B1000078263*1591293865*000004567\	
06/11	HCCLAIMPMT UHC Community PI Haines City Rehab LLC	24,827.04
	TRN*1*24159B1000036213*1591293865*000004567\	
06/12	HCCLAIMPMT AARP Supplementa Haines City Rehab LLC	48.69
	TRN*1*91082675185*1362739571*000036273\	
06/12	HCCLAIMPMT HNB - ECHO HAINES CITY REHABILITA TRN*1*1140332181*1341858379\	3,580.38
06/12	HCCLAIMPMT Simply FL5C HAINES CITY REHABILITA TRN*1*3243482962*1650318864\	4,121.28
06/12	REMOTE DEPOSIT 9989	5,587.84
06/13	HCCLAIMPMT FLORIDA COMMUNI HAINES CITY REHABILITA	2,059.82
	TRN*1*01-00000001505172*1820973242*FCCP~	,
06/13	Settlement Haines City Reha Haines City Rehabilita CUSTOMER ID 000021104414694	4,566.73
06/13	FAC F398 NDC SWEEP XXXX HAINES CITY REHAB LLC	5,264.00
06/14	Settlement Haines City Reha Haines City Rehabilita CUSTOMER ID 000021120636098	828.00
06/14	HCCLAIMPMT HUMANA INC US LE HAINES CITY REHABILLC TRN*1*2286228*1592598550\	995.19
06/14	HCCLAIMPMT Simply FL5C HAINES CITY REHABILITA TRN*1*3243711189*1650318864\	6,228.47
06/14	HCCLAIMPMT SUNSHINE STATE H HAINES CITY REHABILITA TRN*1*1007856578*1208937577\	6,916.83
	HCCLAIMPMT SUNSHINE STATE H HAINES CITY REHABILITA TRIV 1 1007836376 1206937577\ HCCLAIMPMT DEVOTED HEALTH P HAINES CITY REHABILITA TRN*1*1157659*1823758085\	
06/14		8,042.91
06/14	REMOTE DEPOSIT 9989	17,512.98
06/17	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	850.00
06/17	HCCLAIMPMT Simply FL5C HAINES CITY REHABILITA TRN*1*3243788545*1650318864\	894.06
06/17	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	1,325.00
06/17	HCCLAIMPMT HUMANA INS CO HAINES CITY REHABILITA TRN*1*134594331240613*1391263473\	8,400.00
06/17	HCCLAIMPMT DEVOTED HEALTH P HAINES CITY REHABILITA TRN*1*1158980*1823758085\	9,072.88
06/17	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*134594330240613*1611103898\	25,917.32
06/18	HCCLAIMPMT HUMANA INS CO HAINES CITY REHABILITA TRN*1*134670286240614*1391263473\	350.00
06/18	HCCLAIMPMT HUMANA INS CO HAINES CITY REHABILITA TRN*1*134762063240615*1391263473\	939.74
06/18	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*134851149240616*1611103898\	947.80
06/18	REMOTE DEPOSIT 9989	1,510.87
06/18	HCCLAIMPMT Simply FL5C HAINES CITY REHABILITA TRN*1*3243921316*1650318864\	3,115.34
06/18	HCCLAIMPMT AARP Supplementa Haines City Rehab LLC	9,420.00
: · -	TRN*1*91085247939*1362739571*000036273\	2, =3.00
06/18	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*134670285240614*1611103898\	13,675.48
33,10		continued
		Soriaraea



■ ANALYZED CHECKING 1000214869603 (continued)

DATE	DESCRIPTION	AMOUNT(\$)
06/20	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	1,699.00
06/20	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	2,793.00
06/21	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*135109391240619*1611103898\	136.97
06/21	REMOTE DEPOSIT 9989	5,173.10
06/21	HCCLAIMPMT DEVOTED HEALTH P HAINES CITY REHABILITA TRN*1*1164003*1823758085\	5,401.37
06/21	PAYMENTJNL CHS A P HAINES CITY REHABILITA CUSTOMER ID HAICIT01	7,215.66
06/24	HCCLAIMPMT HUMANA INC US LE HAINES CITY REHAB LLC TRN*1*2293163*1592598550\	1.08
06/24	REMOTE DEPOSIT 9989	1,476.00
06/24	HCCLAIMPMT HNB - ECHO HAINES CITY REHABILITA TRN*1*1141791082*1341858379\	1,674.40
06/24	HCCLAIMPMT UnitedHealthcare Haines City Rehab LLC	25,027.60
	TRN*1*24171B1000227013*1362739571*000004567\	
06/25	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*135445127240623*1611103898\	48.69
06/25	BTOT DEP BANKCARD HAINES CITY REHABILITA CUSTOMER ID 518993321316531	991.00
06/25	HCCLAIMPMT HMP HAINES CITY REHABILITA TRN*1*135371012240622*1611103898\	1,400.00
06/25	REMOTE DEPOSIT 9989	1,500.00
06/26	HCCLAIMPMT UHC Community PI Haines City Rehab LLC	67.01
	TRN*1*24175B1000098433*1591293865*000004567\	
06/26	HCCLAIMPMT Simply FL5C HAINES CITY REHAB LLC TRN*1*3244634924*1650318864\	8,457.65
06/27	HCCLAIMPMT FLORIDA COMMUNI HAINES CITY REHABILITA	401.86
	TRN*1*01-00000001510269*1820973242*FCCP~	
06/27	FAC F398 NDC SWEEP XXXX HAINES CITY REHAB LLC	701.30
06/27	REMOTE DEPOSIT 9989	28,507.93
06/28	HCCLAIMPMT UnitedHealthcare Haines City Rehab LLC	52.00
	TRN*1*24179B1000125594*1362739571*000004567\	
06/28	HCCLAIMPMT UnitedHealthcare Haines City Rehab LLC TRN*1*R2184653*1411289245*000087726\	540.00
06/28	HCCLAIMPMT UHC COMMUNITY PL Haines City Rehab LLC	1,343.37
	TRN*1*24179B1000491492*1061172891*0000NYU01\	
06/28	PAYMENTJNL CHS A P HAINES CITY REHABILITA CUSTOMER ID HAICIT01	22,019.94
Total de	posits, credits and interest	= \$630,053.20

Effective February 12, 2024, Truist discontinued charging the Paper Statement Fee for deposit accounts.

The current version of the Business Deposit Accounts Fee Schedule can be obtained at any Truist branch or online at www.truist.com/business-fee-schedule. If you have any questions, please contact your local Truist branch, your relationship manager, or call 844-4TRUIST (844-487-8478).



Questions, comments or errors?

For general questions/comments or to report errors about your statement or account, please call us at 1-844-4TRUIST (1-844-487-8478) 24 hours a day, 7 days a week. Truist Contact Center teammates are available to assist you from 8am 8pm EST Monday-Friday and 8am 5pm EST on Saturday. You may also contact your local Truist branch. To locate a Truist branch in your area, please visit Truist.com.

Electronic fund transfers (For Consumer Accounts Only. Commercial Accounts refer to the Commercial Bank Services Agreement.)

Services such as Bill Payments and Zelle® are subject to the terms and conditions governing those services, which may not provide an error resolution process in all cases. Please refer to the terms and conditions for those services.

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, IMMEDIATELY call 1-844-487-8478 or write to:

Fraud Management P.O. Box 1014 Charlotte, NC 28201

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

- Tell us your name and deposit account number (if any)
- Describe the error or transfer you are unsure of, and explain as clearly as you can why you believe it is an error or why you need more information
- · Tell us the dollar amount of the suspected error

If you tell us orally, we may require that you also send us your complaint or question in writing within ten (10) business days. We will tell you the results of our investigation within ten (10) business days after we hear from you, and we will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or questions for ATM transactions made within the United States and up to ninety (90) days for new accounts, foreign initiated transactions and point-of-sale transactions. If we decide to do this, we will re-credit your account within ten (10) business days for the amount you think is in error, minus a maximum of \$50. If we ask you to put your complaint in writing, and we do not receive it within ten (10) business days, we may not re-credit your account and you will not have use of the money during the time it takes us to complete our investigation.

Tell us AT ONCE if you believe your access device has been lost or stolen, or someone may have electronically transferred money from your account without your permission, or someone has used information from a check to conduct an unauthorized electronic fund transfer. If you tell us within two (2) business days after you learn of the loss or theft of your access device or the unauthorized transaction, you can lose no more than \$50 if someone makes electronic transfers without your permission.

If you do NOT tell us within two (2) business days after you learn of the loss or theft of your access device or the unauthorized transaction, and we can prove we could

have stopped someone from making electronic transfers without your permission if you had told us, you could lose as much as \$500. Also, if your periodic statement shows transfers you did not make, tell us at once. If you do not tell us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days if we can prove we could have stopped someone from taking the money if you had told us in time.

Important information about your Truist Ready Now Credit Line Account

Once advances are made from your Truist Ready Now Credit Line Account, an INTEREST CHARGE will automatically be imposed on the account's outstanding "Average daily balance." The INTEREST CHARGE is calculated by applying the "Daily periodic rate" to the "Average daily balance" of your account (including current transactions) and multiplying this figure by the number of days in the billing cycle. To get the "Average daily balance," we take the beginning account balance each day, add any new advances or debits, and subtract any payments or credits and the last unpaid INTEREST CHARGE. This gives us the daily balance. Then we add all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average daily balance."

Billing Rights Summary

In case of errors or questions about your Truist Ready Now Credit Line statement If you think your statement is incorrect, or if you need more information about a Truist Ready Now Credit Line transaction on your statement, please call 1-844-4TRUIST or visit your local Truist branch. To dispute a payment, please write to us on a separate sheet of paper at the following address:

Card and Direct to Consumer Lending PO Box 200 Wilson NC 27894-0200

We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

During our investigation process, you are not responsible for paying any amount in question; you are, however, obligated to pay the items on your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

Mail-in deposits

If you wish to mail a deposit, please send a deposit ticket and check to your local Truist branch. Visit Truist.com to locate the Truist branch closest to you. <u>Please do not send</u> cash.

Change of address

If you need to change your address, please visit your local Truist branch or call Truist Contact Center at 1-844-4TRUIST (1-844-487-8478).

How to Reconcile Your Account		Outstanding Checks and Other Debits (Section A)			
List the new balance of your account from your latest statement here:		Date/Check #	Amount	Date/Check #	Amount
Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount Add up all of the debits, and enter the sum here:	int.				
3. Subtract the amount in Line 2 above from the amount in Line 1 above enter the total here:	nd				
Record any outstanding credits in section B. Record the transaction do credit type and the credit amount. Add up all of the credits and enter sum here:		Outstandir	ng Deposits an	d Other Credits (Section B)
Add the amount in Line 4 to the amount in Line 3 to find your balance. the sum here. This amount should match the balance in your register.	Enter	Date/Type	Amount	Date/Type	Amount