P.O. BOX 680 DUMAS, TX 79029-0680 806-935-4184 FAX: 806-935-2221

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1 6 - 50 PAGE 1 STRATFORD HOSPITAL DISTRICT ACCOUNT 0117536 DBA PLAINVIEW HEALTHCARE CTR NG/PP PO BOX 1189 STATEMENT PERIOD STRATFORD TX 79084-1189 02/28/2025 TO 03/31/2025
SERVICE CHARGE FEE 40.00 TOTAL FEES IMPOSED 40.00 (LISTED BELOW)
TOTAL FOR TOTAL THIS PERIOD YEAR-TO-DATE TOTAL OVERDRAFT FEES \$0.00 \$0.00 TOTAL RETURNED ITEM FEES \$0.00 \$0.00
DATEAMOUNTDESCRIPTION 03/04 7,720.15 NDC SWEEP FAC N358 9680013061 03/04 7,754.50 CENTENE CORP HCCLAIMPMT 1124123458 03/04 13,489.65 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 4425024 03/06 793.00 NDC SWEEP FAC N358 9680010641
03/07 17,439.46 DEPOSIT 03/07 556.89 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 5166989 03/10 794.00 DEPOSIT 03/10 2,778.00 DEPOSIT 03/10 8,992.27 DEPOSIT 03/11 3,264.00 AARP Supplementa 756215456 HCCLAIMPMT 4878970812 03/11 8,165.54 CENTENE CORP HCCLAIMPMT 1125994302 03/11 18,023.04 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 9251369 03/12 1,339.00 DEPOSIT 03/14 26,331.82 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 3649522 03/17 300.00 CENTENE CORP HCCLAIMPMT 1128607197

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STRATFORD HOSPITAL DISTRICT DBA PLAINVIEW HEALTHCARE CTR NG/PP	PAGE 2 ACCOUNT 0117536
PO BOX 1189	STATEMENT PERIOD
STRATFORD TX 79084-1189	02/28/2025 TO 03/31/2025

AMOUNT	DESCRIPTION			
15,368.01	HNB - ECHO 75	6215456	HCCLAIMPMT	0028257695
16,310.80	INTERNET TRANSFER F	ROM CHK 0892	TO CHK 7536	1157093
2,009.32	NDC SWEEP F.	AC N358		9680008201
13,781.92	HNB - ECHO 75	6215456	HCCLAIMPMT	0029129079
6,860.00	UnitedHealthcare 75	6215456	HCCLAIMPMT	4874951389
11,002.73			TO CHK 7536	3012784
9,193.20	CENTENE CORP		HCCLAIMPMT	1129064065
5,655.00	UnitedHealthcare 75	6215456	HCCLAIMPMT	4874138467
7,830.00	UnitedHealthcare 75	6215456	HCCLAIMPMT	4874082991
41,630.71	DEPOSIT			
2,746.42	INTERNET TRANSFER F	ROM CHK 0892	TO CHK 7536	4988711
0	THER DEBIT	TRANSA	CTIONS	
71401111	DECCRIPTON			
			DDG	0.620104066
				8630194966
			PPS	8630195117
		E WR+ FEE	DDG	0.6001.05770
			PPS	8630195772
			PPS	8630196010
			PPS	8630196224
		AGEMEN'I'	DDG	0.620106201
			PPS	8630196391
40.00	SERVICE CHARGE FEE			
D	7 T T 57 D 7 T 7 N			N
D	AILIBALAN	CE INFO	KMATIO	IN
DATAMO	Z DATE	D N T N NI C E	DATE	DAIANCE
	15,368.01 9,193.20 16,310.80 2,009.32 13,781.92 1,935.00 6,860.00 11,002.73 9,193.20 18,206.75 2,834.19 92,715.11 257.00 5,655.00 7,830.00 41,630.71 217.65 2,746.42	9,193.20 CENTENE CORP 16,310.80 INTERNET TRANSFER F 2,009.32 NDC SWEEP F 13,781.92 HNB - ECHO 75 1,935.00 NDC SWEEP F 6,860.00 UnitedHealthcare 75 11,002.73 INTERNET TRANSFER F 9,193.20 CENTENE CORP 18,206.75 INTERNET TRANSFER F 2,834.19 HNB - ECHO 75 92,715.11 INTERNET TRANSFER F 257.00 INTERNET TRANSFER F 5,655.00 UnitedHealthcare 75 7,830.00 UnitedHealthcare 75 41,630.71 DEPOSIT 217.65 UnitedHealthcare 75 2,746.42 INTERNET TRANSFER F	15,368.01 HNB - ECHO 756215456 9,193.20 CENTENE CORP 16,310.80 INTERNET TRANSFER FROM CHK 0892 2,009.32 NDC SWEEP FAC N358 13,781.92 HNB - ECHO 756215456 1,935.00 NDC SWEEP FAC N358 6,860.00 UnitedHealthcare 756215456 11,002.73 INTERNET TRANSFER FROM CHK 0892 9,193.20 CENTENE CORP 18,206.75 INTERNET TRANSFER FROM CHK 0892 2,834.19 HNB - ECHO 756215456 92,715.11 INTERNET TRANSFER FROM CHK 0892 5,655.00 UnitedHealthcare 756215456 7,830.00 UnitedHealthcare 756215456 41,630.71 DEPOSIT 217.65 UnitedHealthcare 756215456 2,746.42 INTERNET TRANSFER FROM CHK 0892	15,368.01 HNB - ECHO 756215456 HCCLAIMPMT 9,193.20 CENTENE CORP HCCLAIMPMT 16,310.80 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 2,009.32 NDC SWEEP FAC N358 13,781.92 HNB - ECHO 756215456 HCCLAIMPMT 1,935.00 NDC SWEEP FAC N358 6,860.00 UnitedHealthcare 756215456 HCCLAIMPMT 11,002.73 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 9,193.20 CENTENE CORP HCCLAIMPMT 18,206.75 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 2,834.19 HNB - ECHO 756215456 HCCLAIMPMT 18,206.75 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 2,715.11 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 257.00 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 5,655.00 UnitedHealthcare 756215456 HCCLAIMPMT 7,830.00 UnitedHealthcare 756215456 HCCLAIMPMT 217.65 UnitedHealthcare 756215456 HCCLAIMPMT 2,746.42 INTERNET TRANSFER FROM CHK 0892 TO CHK 7536 1



DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
03/04	51,604.22	03/07	26,509.51	03/12	1,339.01
03/05	7,720.16	03/10	30,003.74	03/14	27,670.83
03/06	8,513.16	03/11	.01	03/17	15,668.02

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STRATFORD HOSPITAL DISTRICT
DBA PLAINVIEW HEALTHCARE CTR. - NG/PP
PO BOX 1189
STRATFORD TX 79084-1189

PAGE 3
ACCOUNT 0117536

STATEMENT PERIOD 02/28/2025 TO 03/31/2025

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
03/18	41,172.02	03/24	.01	03/28	16,576.20
03/19	15,791.25	03/25	27,399.96	03/31	41,630.72
03/20	17,726.25	03/26	.01		
03/21	35,588.98	03/27	2,834.20		

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MONTH	20

TO OUR DEPOSITORS:

Maintaining an accurate, up-to-date record of your account is simplified if you reconcile the closing balance in your checkbook with this monthly statement. The form below is provided to assist you. Please examine your statement and checks promptly and refer any discrepancies to our Bookkeeping Department. If no errors are reported within 10 days the account will be considered correct.

How To Balance Your Statement:

- Sort your cancelled checks into consecutive numbers sequence.
- Compare these cancelled checks with your check stubs or register.
- List all outstanding checks in the space provided below.
- 4. Subtract from your checkbook balance any

bank charges shown on your statement.

Add to your statement any deposits made after the date of this statement.

 Subtract from your new statement balance the total of any checks still outstanding.
 The resulting balance should agree with your checkbook balance.

CH	HECKS	OUTST	ANDING	
(NOT	CHARG	SED TO	ACCOUNT	T

Check Number	Amount			
	s	1. TO RECON Enter closis on bank sta	ng balance shown	\$
		2. ADD (+) Deposits rr credited by		s
		3. SUBTRACT Checks wri		\$.
			ONCILED BALANCES ree with checkbook)	\$
		Andreits Septicipal and read displayed (septiment)	FDIC	
TOTAL				

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 806-396-5521

or Write to us at: P O Box 48 Stratford, TX 79084

as soon as you can if you think your statement is wrong, or 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.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) 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, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. THIS ONLY APPLIES TO CONSUMER ACCOUNTS.