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

P.O. BOX 1120 DALHART, TX 79022-1120 806-249-5513 FAX: 806-249-8777

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1 STRATFORD HOSPITAL DISTRICT DBA PLAINVIEW HEALTHCARE CENTER PO BOX 1189 STRATFORD TX 79084-1189		PAGE ACCOUNT STATEMENT 02/28/2025 TO	0110892 PERIOD
9 OTHER CHECKING BALANCE THIS STATEMENT F E E	- 0 ITS CREDITS S DEBITS S U M M A R Y -	110892 .	.00 .00 5.10 .00 5.10 .00
TOTAL OVERDRAFT FEES	TOTAL FOR THIS PERIOD \$0.00	YEAR-TO-DAT	TE 00
DATEAMOUNTDESCRIPTION 03/04 1,353.38 HEALTH HUMAN SVC 1 03/04 4,215.99 Wellpoint IC5C 33 03/04 7,920.28 NOVITAS SOLUTION 43 03/05 556.89 NOVITAS SOLUTION 43 03/10 1,353.38 HEALTH HUMAN SVC 1 03/11 268.28 NOVITAS SOLUTION 43 03/11 16,401.38 Wellpoint IC5C 33 03/12 5,051.10 Wellpoint IC5C 33 03/12 6,703.20 INTERNET TRANSFER 30 03/13 213.95 Wellpoint TX5C 33 03/13 612.00 HEALTH HUMAN SVC 1 03/14 37.36 TMHP 30 03/14 5,567.51 HHIC HUMANA BEN 70 03/14 8,184.06 HUMANA INS CO 70 03/17 1,353.38 HEALTH HUMAN SVC 1	I T T R A N S 7562154561012 265421893 55551 7562154561012 55551 266046460 266214383 FROM CHK 1260 T 266333498 7562154561012 47536001 0603895 0570436 7562154561012 266667555	A C T I O N S HCCLAIMPMT HCCLAIMPMT HCCLAIMPMT HCCLAIMPMT HCCLAIMPMT HCCLAIMPMT HCCLAIMPMT HCCLAIMPMT	0026794370 0026763585 0018423293 0011220450 0029053649 0012926226 0029739752 0021569671



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STRATFORD HOSPITAL DISTRICT
DBA PLAINVIEW HEALTHCARE CENTER
PO BOX 1189
STRATFORD TX 79084-1189

PAGE 2 ACCOUNT 0110892

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

DATEAMOUNT	DESCRIPTION			
03/20 401.12		1285762286	НССТ АТМРМТ	0018317424
03/21 62.71				
	HEALTH HUMAN SVC			0020897354
•	HEALTH HUMAN SVC			0025037334
	Wellpoint IC5C			0023111371
	TMHP			
03/31 370.88				
	HEALTH HUMAN SVC			
03/31 2,3/3.34	HEADIN HOMAN SVC	1/302134301012	пссимими	0020033702
0	THER DEBI	T TRANSA	C T I O N S	
DATEAMOUNT			= ==	4.405.004
03/04 13,489.65				
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03/31 2,746.42	INTERNET TRANSFE	R FROM CHK 0892	TO CHK /536	4988/11
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	атыт раца		KMAIIO	IV
DATEBALANC	E DATE	BALANCE	DATE	.BALANCE
03/04	.00 03/13	12,580.25	03/21	- 0.0
03/05 556 03/07 03/10 1,353	.89 03/14	37.36	03/24	1,022.16
03/07	.00 03/17	1,390.74	03/25	.00
03/10 1,353	.38 03/18	.00	03/28	.00
03/11	.00 03/19	464.41	03/31	.00
03/12 11,754	.30 03/20	865.53		
,				



Ask about our mobile app! First Class Banking, wherever you go!

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 closic on bank sta	ng balance shown	\$
		2. ADD (+) Deposits m credited by (add 1 and		s
		3. SUBTRACT Checks wri		\$.
			ONCILED BALANCES ree with checkbook)	\$
		Ambridge State of the Control of the	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.