



4445 Willard Ave, Suite 1000
Chevy Chase, MD 20815
Return Service Requested

COMPLETE CARE AT MADISON LLC
NON-GOVERNMENT ACCOUNT
1730 RT 37W
TOMS RIVER NJ 08757

Last statement: September 30, 2023
This statement: October 31, 2023
Total days in statement period: 31

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XXXXXX6159
(7)

Direct inquiries to:
240-380-1235

Forbright Bank
4445 Willard Ave, Suite 1000
Chevy Chase, MD 20815

Healthcare Analysis Checking

Account number	XXXXXX6159	Beginning balance	\$0.00
Enclosures	7	Total additions	1,100,626.23
Average balance	\$5,843.02	Total subtractions	1,100,626.23
Avg collected balance	\$5,843	Ending balance	\$.00

DEBITS

Date	Description	Subtractions
10-02	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	17,801.59
10-03	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	2,805.74
10-04	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	86,390.09
10-05	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	37,154.64
10-06	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	20,708.16
10-10	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	43,694.02
10-11	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	154,711.49

Date	Description	Subtractions
10-12	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	14,961.90
10-13	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	139,340.44
10-16	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	37,192.48
10-17	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	109,364.78
10-18	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	94,406.95
10-19	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	39,767.80
10-20	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	18,146.84
10-23	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	27,782.73
10-24	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	63,355.04
10-25	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	52,568.38
10-26	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	10,018.99
10-27	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	70,678.42
10-30	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	17,295.53
10-31	' Automatic Transfer TRANSFER TO DEPOSIT SYSTEM ACCOUNT XXXXXX0159	42,480.22

CREDITS

Date	Description	Additions
10-02	' Preauthorized Credit CLOVER INSURANCE HCCLAIMPMT 081000606330854*13 10522223\	3,766.00
10-02	' Preauthorized Credit BANKCARD BTOT DEP 231002 518993321310187	13,684.89
10-02	' Preauthorized Credit NDC SWEEP FAC B696 231002	350.70
10-03	' Preauthorized Credit NDC SWEEP FAC B696 231003	2,805.74
10-04	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3222469468*1223375 292\	1,794.93
10-04	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115605346*12232673 18\	3,681.72
10-04	' Preauthorized Credit UnitedHealthcare HCCLAIMPMT 1967537984*1411289 245*000087726\	8,400.00
10-04	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115601383*12232673 18\	8,931.24
10-04	' Preauthorized Credit NDC SWEEP FAC B696 231004	63,582.20
10-05	' Preauthorized Credit WellCare Health HCCLAIMPMT 1003332455*1208017 319\	8,118.05
10-05	' Preauthorized Credit UnitedHealthcare HCCLAIMPMT 1968002943*1411289 245*000087726\	24,762.74
10-05	' Preauthorized Credit NDC SWEEP FAC B696 231005	4,273.85
10-06	' Preauthorized Credit OXFORD HEALTH PL HCCLAIMPMT 23278B1000481082*1 222745725*000086047\	7,600.00
10-06	Remote Deposit	13,108.16
10-10	' Preauthorized Credit OXFORD HEALTH PL HCCLAIMPMT 23279B1000429435*1 222745725*000086047\	10,600.00
10-10	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3222780208*1223375 292\	14,605.06
10-10	' Preauthorized Credit WellCare Health HCCLAIMPMT 1003335695*1208017 319\	6,634.16

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Date	Description	Additions
10-10	' Preauthorized Credit AETNA BETTER HEA HCCLAIMPMT 1171867*1463203088 *Aetna Better Health of New Jer\	11,854.80
10-11	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115619672*12232673 18\	3,525.52
10-11	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3223073248*1223375 292\	7,967.17
10-11	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115611851*12232673 18\	10,892.88
10-11	' Preauthorized Credit WellCare Health HCCLAIMPMT 1003337755*1208017 319\	26,453.70
10-11	' Preauthorized Credit AETNA BETTER HEA HCCLAIMPMT 1173919*1463203088 *Aetna Better Health of New Jer\	31,565.30
10-11	' Preauthorized Credit NDC SWEEP FAC B696 231011	38,264.20
10-11	Remote Deposit	36,042.72
10-12	' Preauthorized Credit BANKCARD BTOT DEP 231012 518993321310187	12,315.50
10-12	Remote Deposit	2,646.40
10-13	' Automatic Transfer TRANSFER FROM DEPOSIT SYSTEM ACCOUNT XXXXXX4693	12,315.96
10-13	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23284B1000915674*1 223368602*000086047\	139,340.44
10-16	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23286B1000399357*1 223368602*000086047\	127.26
10-16	' Preauthorized Credit WellCare Health HCCLAIMPMT 1003341398*1208017 319\	212.10
10-16	' Preauthorized Credit AETNA BETTER HEA HCCLAIMPMT 1176627*1463203088 *Aetna Better Health of New Jer\	24,537.16
10-17	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23287B1000289835*1 223368602*000086047\	219.17
10-17	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3223513680*1223375 292\	5,276.55

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Date	Description	Additions
10-17	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115625834*12232673 18\	66,362.90
10-17	' Preauthorized Credit BANKCARD BTOT DEP 231017 518993321310187	1,900.00
10-17	Remote Deposit	16,246.77
10-17	Remote Deposit	19,359.39
10-18	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23288B1000172863*1 223368602*000086047\	3,600.00
10-18	' Preauthorized Credit AETNA BETTER HEA HCCLAIMPMT 1178873*1463203088 *Aetna Better Health of New Jer\	7,654.80
10-18	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115633300*12232673 18\	83,152.15
10-19	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3223791540*1223375 292\	14,003.80
10-19	' Preauthorized Credit UnitedHealthcare PAYMENT 231019 0000670185	24,000.00
10-19	' Preauthorized Credit BANKCARD BTOT DEP 231019 518993321310187	1,764.00
10-20	' Automatic Transfer TRANSFER FROM DEPOSIT SYSTEM ACCOUNT XXXXXX4693	17,738.60
10-20	' Preauthorized Credit BANKCARD BTOT DEP 231020 518993321310187	16,393.61
10-20	' Preauthorized Credit NDC SWEEP FAC B696 231020	1,753.23
10-23	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23293B1000460767*1 223368602*000086047\	10.00
10-23	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3223973707*1223375 292\	339.27
10-23	' Preauthorized Credit WellCare Health HCCLAIMPMT 1003347934*1208017 319\	9,694.86
10-24	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23294B1000312846*1 223368602*000086047\	219.17

Date	Description	Additions
10-24	' Preauthorized Credit WellCare Health HCCLAIMPMT 1003349626*1208017 319\	5,583.29
10-24	Remote Deposit	57,552.58
10-25	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115646621*12232673 18\	5,226.30
10-25	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115642636*12232673 18\	7,442.70
10-25	' Preauthorized Credit Amerigroup NJ5C HCCLAIMPMT 3224264196*1223375 292\	35,295.32
10-25	' Preauthorized Credit BANKCARD BTOT DEP 231025 518993321310187	4,604.06
10-26	' Automatic Transfer TRANSFER FROM DEPOSIT SYSTEM ACCOUNT XXXXXX4693	66,343.42
10-26	' Preauthorized Credit UnitedHealthcare HCCLAIMPMT P6430803*141128924 5*000087726\	8,160.00
10-26	' Preauthorized Credit NDC SWEEP FAC B696 231026	1,858.99
10-27	' Automatic Transfer TRANSFER FROM DEPOSIT SYSTEM ACCOUNT XXXXXX4693	8,208.86
10-27	' Preauthorized Credit NDC SWEEP FAC B696 231027	4,335.00
10-30	' Preauthorized Credit OXFORD HEALTH PL HCCLAIMPMT 23299B1000454088*1 222745725*000086047\	3,894.87
10-30	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23299B1000427870*1 223368602*000086047\	5,191.80
10-31	' Preauthorized Credit UHC COMMUNITY PL HCCLAIMPMT 23301B1000264090*1 223368602*000086047\	6,010.80
10-31	' Preauthorized Credit BCBS NEW JERSEY HCCLAIMPMT 115652837*12232673 18\	14,700.00
10-31	' Preauthorized Credit CLOVER INSURANCE HCCLAIMPMT 081000606729793*13 10522223\	505.02
10-31	Remote Deposit	21,264.40

DAILY BALANCES

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
09-30	0.00	10-12	0.00	10-24	0.00
10-02	0.00	10-13	12,315.96	10-25	0.00
10-03	0.00	10-16	0.00	10-26	66,343.42
10-04	0.00	10-17	0.00	10-27	8,208.86
10-05	0.00	10-18	0.00	10-30	0.00
10-06	0.00	10-19	0.00	10-31	0.00
10-10	0.00	10-20	17,738.60		
10-11	0.00	10-23	0.00		

10/17/2023	Deposit	\$19,359.39
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THE FOLLOWING DISCLOSURES APPLY TO CONSUMER ACCOUNTS ONLY

DEPOSIT ACCOUNT INFORMATION

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Please call 240-380-1235 or write us at 4445 Willard Avenue Suite 1000 Chevy Chase, Maryland 20815 as soon as you can if you think your statement is wrong or if you need more information about a transfer 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.

1. Tell us your name and account number.
2. Tell us the dollar amount of the suspected error.
3. 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.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes to complete our investigation.

LINE OF CREDIT INFORMATION

(Disregard if you do not have a Line of Credit)

DAILY BALANCE METHOD (including current transactions)

To get the daily balances we take the beginning balance of your Credit Line Account each day, add any new advances and subtract any payments or credits and any unpaid INTEREST CHARGES. This gives us the daily balance. Then, we multiply the daily balance each day of the statement period (excluding the last statement date but including the current statement date) by the appropriate daily periodic rates. We then add up all these daily interest charges to get your total interest charge. Daily periodic rates may vary.

IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR BILL

If you think your bill is wrong, or if you need more information about a transaction on your bill, send your inquiry in writing, on a separate sheet, to 4445 Willard Avenue Suite 1000 Chevy Chase, Maryland 20815 as soon as possible. We must hear from you no later than 60 days after the bill was mailed to you. You can telephone us, but doing so will not preserve your rights. In your letter give us the following information.

1. Your name and account number
2. The dollar amount of the suspected error, and
3. A description of the error and why (to the extent you can explain) you believe it is an error. If you need some more information, describe the item you are unsure about.

If you have authorized the Bank to automatically pay your bill from your checking or savings account, you can stop payment on any amount you think is wrong by mailing your notices so that the Bank receives it three (3) business days before the payment is scheduled to occur.

You remain obligated to pay the parts of your bills not in dispute, but you do not have to pay any amount in dispute during the time the Bank is resolving the dispute. During that same time, the Bank may not take action to collect disputed amounts or report disputed amounts as delinquent.