



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

9169 IMG S Y ST01

Account Number:
1 455 7029 8821
Statement Period:
Oct 2, 2017
through
Oct 31, 2017

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000007622 02 SP 106481289740840 S
BETHLEHEM HOME HEALTH CARE AGENCY
2726 FOREST AVE
KANSAS CITY MO 64109-1224



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective November 13, 2017, the **"Your Deposit Account Agreement"** booklet includes a number of updates and may affect your rights. As of Nov. 13, 2017 you may pick up copies at your local branch or view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to **"Your Deposit Account Agreement"** booklet.

SILVER BUSINESS CHECKING

U.S. Bank National Association

Account Summary

Member FDIC

Account Number 1-455-7029-8821

	# Items	\$	
Beginning Balance on Oct 2			10,487.68
Other Deposits	17		87,684.11
Card Withdrawals	5		586.27 -
Other Withdrawals	10		47,024.45 -
Checks Paid	29		30,416.69 -
Ending Balance on Oct 31, 2017		\$	20,144.38

Other Deposits

Date	Description of Transaction	Ref Number	Amount
Oct 2	Electronic Deposit REF=172750102657000N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	\$ 7,265.00
Oct 3	Electronic Deposit REF=172760027363140N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	6,400.00
Oct 4	Electronic Deposit REF=172720058223180Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	11,911.98
Oct 11	Electronic Deposit REF=172780042278970Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	4,972.84
Oct 12	Electronic Deposit REF=172850024413210N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	4,510.00
Oct 12	Electronic Deposit REF=172790122999750Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	5,597.43
Oct 16	Electronic Deposit REF=172890066691320N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	2,641.08
Oct 17	Electronic Deposit REF=172850047281610Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	3,036.78
Oct 20	Electronic Deposit REF=172920112272070N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	760.00
Oct 20	Electronic Deposit REF=172900111651190Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	11,414.48
Oct 23	Electronic Deposit REF=172960092179570N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	3,150.00
Oct 24	Electronic Deposit REF=172920071406510Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	305.71
Oct 24	Electronic Deposit REF=172960187647050N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	660.00
Oct 25	Electronic Deposit REF=172930041655740Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	11,572.01



BEI HLEHEM HOME HEALTH CARE AGENCY
2726 FOREST AVE
KANSAS CITY MO 64109-1224

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SILVER BUSINESS CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-455-7029-8821

Other Deposits (continued)

Date	Description of Transaction	Ref Number	Amount
Oct 27	Electronic Deposit REF=173000029008250N00	From 36 TREAS 310 9101036151 MISC PAY431833386360012	360.00
Oct 27	Electronic Deposit REF=172970019287930Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	5,819.54
Oct 31	Electronic Deposit REF=172990090266280Y00	From CGS ADMINISTATOR 6202552297HCCLAIMPMT267605	7,307.26
Total Other Deposits			\$ 87,684.11

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-8781

Date	Description of Transaction	Ref Number	Amount
Oct 2	Debit Purchase - VISA PANERA BREAD #20 *****8781	On 092917 MISSION KS REF # 24427337272720040130721	7.00-
Oct 2	Debit Purchase - VISA CHICK-FIL-A #029 *****8781	On 092917 MISSION KS REF # 24427337273710023729507	7.02-
Oct 4	Debit Purchase - VISA MO SEC OF STATE *****8781	On 100317 WWW.SOS.MO.G MO REF # 24540457277235570575040	51.25-
Oct 6	Debit Purchase - VISA FREDPRYOR CAREER *****8781	On 100517 800-5563012 KS REF # 24906417278045224965328	149.00-
Oct 10	Debit Purchase - VISA THE PLUMBING PRO *****8781	On 100617 816-7638200 MO REF # 24183107279900014900051	372.00-
Card 8781 Withdrawals Subtotal			\$ 586.27-
Total Card Withdrawals			\$ 586.27-

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Oct 6	Electronic Withdrawal REF=172780089093620N00	To BlueKc Com Stmt 4431257251WEB PYMNT 38589255	195.34-
Oct 6	Customer Withdrawal	9255094845	500.00-
Oct 12	Branch Account Transfer	To Account 145574108240	8,000.00-
Oct 12	Branch Account Transfer	To Account 145570459670	12,000.00-
Oct 16	Electronic Withdrawal REF=172890065018750N00	From PHILA INS CO 2316092819INS IN 80092172	5.00-
Oct 16	Analysis Service Charge	1600000000	24.95-
Oct 16	Electronic Withdrawal REF=172890065018740N00	From PHILA INS CO 2316092819INS IN 80092172	7,514.68-
Oct 25	Electronic Withdrawal REF=172970047495440N00	From ATT 9864031006Payment 401469002EPAYQ	308.48-
Oct 25	Branch Account Transfer	To Account 145574108240	7,700.00-
Oct 25	Branch Account Transfer	To Account 145570459670	10,776.00-
Total Other Withdrawals			\$ 47,024.45-

Checks Presented Conventionally

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
4667	Oct 16	8054899793	3,777.34	4676	Oct 11	8653152613	2,500.00
4670*	Oct 2	8058398645	1,146.08	4677	Oct 17	8357222187	320.00
4671	Oct 10	8355786671	1,146.08	4678	Oct 6	9255287389	228.00
4672	Oct 2	8059110408	70.00	4679	Oct 11	8658208621	754.99
4675*	Oct 11	8656387853	200.00	4680	Oct 16	8058344405	33.23



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SILVER BUSINESS CHECKING

(CONTINUED)

U.S. Bank National Association

Account Number 1-455-7029-8821

Checks Presented Conventionally (continued)

<u>Check</u>	<u>Date</u>	<u>Ref Number</u>	<u>Amount</u>	<u>Check</u>	<u>Date</u>	<u>Ref Number</u>	<u>Amount</u>
4681	Oct 27	9254685896	425.71	4695	Oct 16	8055343884	3,341.36
4682	Oct 6	9250487356	1,804.60	4696	Oct 16	8055343900	118.50
4683	Oct 4	8655296985	3,000.00	4697	Oct 17	8356666578	78.65
4685*	Oct 10	8450678071	379.26	4698	Oct 16	8057502145	195.06
4687*	Oct 20	9254033749	287.66	4699	Oct 13	9255096967	450.00
4690*	Oct 19	8953131485	995.00	4701*	Oct 17	8357222186	320.00
4691	Oct 19	8954261559	34.55	4702	Oct 26	8953683904	1,706.25
4692	Oct 17	8357163065	726.37	4705*	Oct 27	9254620542	168.00
4693	Oct 17	8357515837	110.00	4706	Oct 31	8357136962	6,000.00
4694	Oct 26	8954464706	100.00				

* Gap in check sequence

Conventional Checks Paid (29) \$ 30,416.69-

Balance Summary

<u>Date</u>	<u>Ending Balance</u>	<u>Date</u>	<u>Ending Balance</u>	<u>Date</u>	<u>Ending Balance</u>
Oct 2	16,522.58	Oct 12	18,634.31	Oct 23	21,304.30
Oct 3	22,922.58	Oct 13	18,184.31	Oct 24	22,270.01
Oct 4	31,783.31	Oct 16	5,815.27	Oct 25	15,057.54
Oct 6	28,906.37	Oct 17	7,297.03	Oct 26	13,251.29
Oct 10	27,009.03	Oct 19	6,267.48	Oct 27	18,837.12
Oct 11	28,526.88	Oct 20	18,154.30	Oct 31	20,144.38

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: September 2017

Account Number:	1-455-7029-8821	\$	24.95
Analysis Service Charge assessed to	1-455-7029-8821	\$	24.95

Service Activity Detail for Account Number 1-455-7029-8821

<u>Service</u>	<u>Volume</u>	<u>Avg Unit Price</u>	<u>Total Charge</u>
Depository Services			
Combined Transactions/Items	54		No Charge
Subtotal: Depository Services			0.00
SinglePoint			
SPE Pday Det & Sum Mo Maint	2	7.47500	14.95
SPE Previous Day per Item Det	103		No Charge
SPE Acct Analysis PDF	1	10.00000	10.00
Subtotal: SinglePoint			24.95
Image Services			
SPE Image Retrieved	29		No Charge
Subtotal: Image Services			0.00
ACH Services			
ACH Received Addenda Item	382		No Charge
Subtotal: ACH Services			0.00
Fee Based Service Charges for Account Number 1-455-7029-8821		\$	24.95

ADDITIONAL INFORMATION

Effective November 13, 2017 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:



To keep track of all your transactions, you should balance your account every month. Please examine this statement immediately. We will assume that the balance and transactions shown are correct unless you notify us of an error.

Outstanding Deposits

DATE	AMOUNT
TOTAL	\$

Outstanding Withdrawals

DATE	AMOUNT
TOTAL	\$

1. List any deposits that do not appear on your statement in the Outstanding Deposits section at the left. Record the total.
2. Check off in your checkbook register all checks, withdrawals (including Debit Card and ATM) and automatic payments that appear on your statement. Withdrawals that are NOT checked off should be recorded in the Outstanding Withdrawals section at the left. Record the total.
3. Enter the ending balance shown on this statement. \$ _____
4. Enter the total deposits recorded in the Outstanding Deposits section. \$ _____
5. Total lines 3 and 4. \$ _____
6. Enter the total withdrawals recorded in the Outstanding Withdrawals section. \$ _____
7. Subtract line 6 from line 5. This is your balance. \$ _____
8. Enter in your register and subtract from your register balance any checks, withdrawals or other debits (including fees, if any) that appear on your statement but have not been recorded in your register.
9. Enter in your register and add to your register balance any deposits or other credits (including interest, if any) that appear in your statement but have not been recorded in your register.
10. The balance in your register should be the same as the balance shown in #7. If it does not match, review and check all figures used, and check the addition and subtraction in your register. If necessary, review and balance your statement from the previous month.

IMPORTANT DISCLOSURES TO OUR CONSUMER CUSTOMERS

In Case of Errors or Questions About Your Checking, Savings, ATM, Debit Card, ACH, Bill Pay and Other Electronic Transfers

If you think your statement or receipt is wrong or if 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. Telephone us at the number listed on the front of this statement or write to us at U.S. Bank P.O. Box 64991 St. Paul, MN 55164-9505.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint. If we decide to do this, we will credit your account within 10 business days 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. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

*Please note: Paper draft and paper check claims must be disputed within 30 days per Your Deposit Account Agreement.

IMPORTANT DISCLOSURES TO OUR BUSINESS CUSTOMERS

Errors related to any transaction on a business account will be governed by any agreement between us and/or all applicable rules and regulations governing such transactions, including the rules of the National Automated Clearing House Association (NACHA Rules) as may be amended from time to time. If you think this statement is wrong, please telephone us at the number listed on the front of this statement immediately.

CONSUMER BILLING RIGHTS SUMMARY REGARDING YOUR RESERVE LINE

What To Do If You Think You Find A Mistake on Your Statement

If you think there is an error on your statement, write to us at:
U.S. Bank, P.O. Box 3528, Oshkosh, WI 54903-3528.

In your letter, give us 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.

Reserve Line Balance Computation Method: To determine your **Balance Subject to Interest Rate**, use the dates and balances provided in the Reserve Line Balance Summary section. The date next to the first Balance Subject to Interest is day one for that balance and is applicable up to (but not including) the date of the next balance (if there is one). We multiply the Balance Subject to Interest by the number of days it is applicable and add them up to get the same number of days in the billing cycle. We then divide the result by the number of billing days in the cycle. This is your **Balance Subject to Interest Rate**. Any unpaid interest charges and unpaid fees are not included in the Balance Subject to Interest. The ***INTEREST CHARGE*** begins from the date of each advance.

REPORTS TO AND FROM CREDIT BUREAUS FOR RESERVE LINES

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

CONSUMER REPORT DISPUTES

We may report information about negative account activity on consumer and small business deposit accounts and consumer reserve lines to Consumer Reporting Agencies (CRA). As a result, this may prevent you from obtaining services at other financial institutions. If you believe we have inaccurately reported information to a CRA, you may submit a dispute by calling 844.624.8230 or by writing to: U.S. Bank Attn: CRA Management, P.O. Box 3447, Oshkosh, WI 54903-3447. In order for us to assist you with your dispute, you must provide: your name, address and phone number; the account number; the specific information you are disputing; the explanation of why it is incorrect; and any supporting documentation (e.g., affidavit of identity theft), if applicable.



BETHLEHEM HOME HEALTH CARE AGENCY
2726 FOREST AVE
KANSAS CITY MO 64109-1224

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ADDITIONAL INFORMATION

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- Updates and restructuring the "Overdraft Handling" Section with additional detail on standard overdraft coverage, ATM & Debit Card overdraft coverage (opt in & opt out) and the addition of Requested Return for both business and consumer accounts
- Addition of how to request a *Consumer or Business Pricing Information* brochure
- Threshold updates on error Adjustments
- Additional clarity on transaction posting order
- Clarification in the definition of "Account Balance"
- Clarification in the definition of "Insufficient funds"
- Clarification of Overdraft Returned and Overdraft Paid Fee deductions
- Clarification on the Overdraft Protection Transfer Fee advance amounts and fee assessment
- Additional clarity on timing within *Your Duty to Examine Your Statement* section
- Additional language added to the *Security Interest In Accounts* section
- Arbitration coverage under the Military Lending Act
- Deposits involving non-U.S. Bank ATM's
- Removal of *Checks and Checking Accounts and Savings Accounts with Draft Access*
- Addition of *Partial Debit Card Transactions* section
- Clarification in the *Limits on Transfers* section
- Clarification in the *Debit Card Transactions* sub-section in the *Limits on Transfer* sections
- Addition to the Consumer Reserve Line Agreement, *Credit Review* section, ability to terminate or suspend
- Added Military Lending Act notice regarding Military Annual Percentage Rate (MAPR)

As of Nov. 13, you may pick up a copy at your local branch, view the updated booklet at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.



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IMAGES FOR YOUR SILVER BUSINESS CHECKING ACCOUNT

Member FDIC
Account Number 1-455-7029-8821

COUNTER WITHDRAWAL

Bethlehem Home Health Care

ACCOUNT TITLE (PRINT)

five hundred dollar 900 DOLLARS

DATE 10/6/17

SIGNATURE REQUIRED

ACCOUNT NUMBER 145570298821

AMOUNT \$ 500.00

145570298821

5606805204

500.00

0000 Oct 06 500.00

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 9/26/17

PAY TO THE ORDER OF Zoom Printing

Seventy and no/100 \$ 70.00

FOR cash for Kelly

4672

Oct 02 70.00

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 9/22/17

PAY TO THE ORDER OF Philadelphia Insurance Co.

Three thousand Seven hundred Seventy and 3/4 \$ 3,777.34

FOR Ins. Premium

4667

Oct 16 3,777.34

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 9/29/17

PAY TO THE ORDER OF NAACP

Two hundred and no/100 \$ 200.00

FOR Donation

4675

Oct 11 200.00

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE Oct 2, 2017

PAY TO THE ORDER OF Lawrence J Beardsley CPA, INC

One thousand one hundred forty six and 08/100 \$ 1,146.08

FOR

4670

Oct 02 1,146.08

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/1/17

PAY TO THE ORDER OF Aptiva Therapy

Two thousand Five hundred and no/100 \$ 2,500.00

FOR plan Payment

4676

Oct 11 2,500.00

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE Oct 9, 2017

PAY TO THE ORDER OF Lawrence J Beardsley CPA, INC

One thousand one hundred forty six and 08/100 \$ 1,146.08

FOR

4671

Oct 10 1,146.08

BETHLEHEM HOME HEALTH CARE

2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/6/17

PAY TO THE ORDER OF Sally Marks

Three hundred Twenty dollar and 00/100 \$ 320.00

FOR Final check of employment

4677

Oct 17 320.00

* Gap in check sequence



BETHLEHEM HOME HEALTH CARE AGENCY
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4678

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Judy Dieffield \$ 228.00
Two hundred twenty eight dollars and 00/100
DOLLARS

DATE 10/6/17 10/18/2010

FOR Ronald R. Mal

usbank

004678 101000187 145570298821

4678 Oct 06 228.00

4682

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF GAW Consulting \$ 1,804.00
One Thousand Eight Hundred Four and 00/100
DOLLARS

DATE 10/3/17 10/18/2010

FOR Ronald R. Mal

usbank

004682 101000187 145570298821

4682 Oct 06 1,804.00

4679

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Priority Printing \$ 754.99
Seven hundred fifty four dollars and 99/100
DOLLARS

DATE 10/10/17 10/18/2010

FOR Ronald R. Mal

usbank

004679 101000187 145570298821

4679 Oct 11 754.99

4683

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Bethlehem COS \$ 3,000.00
Three Thousand and 00/100
DOLLARS

DATE 10/4/17 10/18/2010

FOR To COS

usbank

004683 101000187 145570298821

4683 Oct 04 3,000.00

4680

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Clayne Price \$ 33.23
Thirty three dollars and 23/100
DOLLARS

DATE 10/13/17 10/18/2010

FOR Ronald R. Mal

usbank

004680 101000187 145570298821

4680 Oct 16 33.23

4685*

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Patricia Mack \$ 379.26
Three Hundred Seventy Nine and 26/100
DOLLARS

DATE 10/9/17 10/18/2010

FOR Ronald R. Mal

usbank

004685 101000187 145570298821

4685* Oct 10 379.26

4681

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Priority Printing \$ 425.71
Four hundred twenty five dollars and 71/100
DOLLARS

DATE 10/25/17 10/18/2010

FOR Ronald R. Mal

usbank

004681 101000187 145570298821

4681 Oct 27 425.71

4687*

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Office Depot \$ 287.66
Two hundred eighty seven dollars and 66/100
DOLLARS

DATE 10/13/17 10/18/2010

FOR James Gutierrez

usbank

004687 101000187 145570298821

4687* Oct 20 287.66

* Gap in check sequence



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BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Health Care First 13 \$ 995.00
Nine hundred ninety five dollars 00/100
DOLLARS
FOR Invoice 100892

DATE 10-13-17 10/13/2017

usbank

4690

004690 ⑆101000187⑆ 145570298821⑆

4690* Oct 19 995.00

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Children's Wish Foundation International 100 \$ 100.00
One Hundred dollars 00/100
DOLLARS
FOR Donation

DATE 10-13-17 10/13/2017

usbank

4694

004694 ⑆101000187⑆ 145570298821⑆

4694 Oct 26 100.00

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Missouri Gas Energy 34.55 \$ 34.55
Thirty four dollars 55/100
DOLLARS
FOR Act 20063111

DATE 10-13-17 10/13/2017

usbank

4691

004691 ⑆101000187⑆ 145570298821⑆

4691 Oct 19 34.55

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Saint Luke's Health System 3341.36 \$ 3,341.36
Three thousand three hundred forty one dollars 36/100
DOLLARS
FOR Debra J. Smith 100976179

DATE 10-13-17 10/13/2017

usbank

4695

004695 ⑆101000187⑆ 145570298821⑆

4695 Oct 16 3,341.36

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF KCPH 726.37 \$ 726.37
Seven hundred twenty six dollars 37/100
DOLLARS
FOR Invoice 11142

DATE 10-13-17 10/13/2017

usbank

4692

004692 ⑆101000187⑆ 145570298821⑆

4692 Oct 17 726.37

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Saint Luke's Health System 118.50 \$ 118.50
One hundred eighteen dollars 50/100
DOLLARS
FOR Debra J. Smith 100976179

DATE 10-13-17 10/13/2017

usbank

4696

004696 ⑆101000187⑆ 145570298821⑆

4696 Oct 16 118.50

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Pinnacle Quality Insight 110.00 \$ 110.00
One hundred ten dollars 00/100
DOLLARS
FOR Invoice 11142

DATE 10-13-17 10/13/2017

usbank

4693

004693 ⑆101000187⑆ 145570298821⑆

4693 Oct 17 110.00

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

PAY TO THE ORDER OF Touhy Medical Center 78.65 \$ 78.65
Seventy eight dollars 65/100
DOLLARS
FOR Debra J. Smith 100976179

DATE 10-13-17 10/13/2017

usbank

4697

004697 ⑆101000187⑆ 145570298821⑆

4697 Oct 17 78.65

* Gap in check sequence



BETHLEHEM HOME HEALTH CARE AGENCY
2726 FOREST AVE
KANSAS CITY MO 64109-1224

Business Statement

Account Number:
1 455 7029 8821

Statement Period:
Oct 2, 2017
through
Oct 31, 2017

Page 8 of 8



IMAGES FOR YOUR SILVER BUSINESS CHECKING ACCOUNT

(CONTINUED)

Account Number 1-455-7029-8821

4698

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/13/17 10-18/2010

PAY TO THE ORDER OF K.C. Water \$195.00

One Hundred Ninety Five dollars and no/100

usbank

FOR Acct 000083345 0088214 9

Raymond L. Mal

4698 Oct 16 195.06

4702

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/26/17 10-18/2010

PAY TO THE ORDER OF Allen J Lee \$1,706.25

One Thousand Seven Hundred Six and 25/100

usbank

FOR accounting 9/9-9/15

Raymond L. Mal

4702 Oct 26 1,706.25

4699

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/13/17 10-18/2010

PAY TO THE ORDER OF Debra Smith \$450.00

Four Hundred Fifty and no/100

usbank

FOR

Raymond L. Mal

4699 Oct 13 450.00

4705*

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/27/17 10-18/2010

PAY TO THE ORDER OF Debra Smith \$168.00

One Hundred Sixty Eight and no/100

usbank

FOR 6 patients

Raymond L. Mal

4705* Oct 27 168.00

4701*

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/16/17 10-18/2010

PAY TO THE ORDER OF Sally Marks \$320.00

Three Hundred Twenty and no/100

usbank

FOR 100 bands

Raymond L. Mal

4701* Oct 17 320.00

4706

BETHLEHEM HOME HEALTH CARE
2726 FOREST AVENUE
KANSAS CITY, MO 64109

DATE 10/31/17 10-18/2010

PAY TO THE ORDER OF Bethlehem Home Health Care \$6,000.00

Six thousand and no/100

usbank

FOR Trans Per TO BHHCA (Trans)

Raymond L. Mal

4706 Oct 31 6,000.00

* Gap in check sequence

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