



(50029)
Dignity Home Care New York
55 Northern Blvd
Great Neck NY 11021

MONTHLY STATEMENT

Letter Date: 9/25/2014

Comments/Questions

Your community's business office has the most updated information about this resident account. Please contact them with your questions.

119188 0925 R 000256 000523 1/2

CLAUDE SIMON
534 W 42ND ST APT B
NEW YORK NY 10036

Dignity Home Care New York
Phone: (516) 222-6001 Fax: (516) 222-6002

Community Name: Dignity Home Care New York
Resident Name: VICKI SIMON
Account: 99031830

OU: 50029
Payor Name: CLAUDE SIMON
Payor ID: 0090403989

Statement Date: 09/01/2014
Move In Date:
Suite: ATHOME

Account Activity Summary

(Payments, credits or charges received/reported after the 1st of each month may not be included on this statement.)

Prior Statement Balance	\$5,620.00
Payments Received	(\$5,620.00)
New Charges and Credits	\$7,665.00
Total Amount Due	\$7,665.00

It's Our Pleasure

Thank you for allowing us to serve you and your family.

Payment Due By 10/15/2014

For faster payment processing, please return this portion of the statement with your payment in the enclosed envelope.

PLEASE DO NOT SEND CORRESPONDENCE WITH YOUR PAYMENT.

Resident Name: VICKI SIMON
Account: 99031830
Payor Name: CLAUDE SIMON
Payor ID: 0090403989

50029
Dignity Home Care New York
PO Box 74410
Cleveland, OH 44194-4410

Payment Due By: 10/15/2014
Total Due: \$7,665.00

Amount Enclosed:

Please Make Your
Check Payable To:
Dignity Home Care New York

If you are using your personal banking online bill-pay service, please make sure you specify your complete Sunrise account number, which is:
50029-99031830-0090403989

BIL-1001 RD

