



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

## MONTHLY STATEMENT

Letter Date: 8/26/2014

## Comments/Questions

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

119188 0826 R 000080 000161 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: 08/01/2014  
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	\$ .00
Payments Received	\$ .00
New Charges and Credits	\$ 5,620.00
<b>Total Amount Due</b>	<b>\$ 5,620.00</b>

## It's Our Pleasure

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

Payment Due By 09/15/2014

2d visit  
9-18-14

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:** 09/15/2014  
**Total Due:** \$5,620.00

**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**