



Jeff Price <tom.j.price@gmail.com>

FW: Price Tax Returns

Jeff Price <tom.j.price@gmail.com>
To: "Dan C. Sanders" <dsanders@kcattorneys.net>

Mon, Jul 31, 2023 at 8:42 AM

Dan,

Let's take care of Dad first. David needs to pay these bills and correct the issue with the Benton House. Notice that Dad has now got a late fee.

Empowerme Rehabilitation Missouri
PO Box 736005
Dallas, TX 75373-6005

RETURN SERVICE REQUESTED
Patient: Thomas J. Price Jr.

THOMAS J. PRICE JR.
2000 PRAIRIE STAR PKWY
LENEXA KS 66220-7101

STATEMENT

Statement No.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
2572-50060	06/19/2023	\$513.51	30457

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

MAKE CHECKS PAYABLE / REMIT TO:
Empowerme Rehabilitation Missouri
PO BOX 736005
DALLAS TX 75373-6005

Service Date / Information	Amount Billed	Insurance Paid	Patient Paid	Adjust	Insurance Pending	Patient Balance
05/24/23 Service	405.00	0.00	0.00	0.00	405.00	0.00
05/24/23 Service	200.00	0.00	0.00	0.00	200.00	0.00
05/25/23 Service	180.00	0.00	0.00	0.00	180.00	0.00
05/25/23 Service	200.00	0.00	0.00	0.00	200.00	0.00
05/26/23 Service	192.00	0.00	0.00	0.00	192.00	0.00
05/29/23 Service	327.00	0.00	0.00	0.00	0.00	0.00
05/29/23 Service	150.00	0.00	0.00	0.00	0.00	0.00
05/30/23 Service	255.00	0.00	0.00	0.00	0.00	0.00
05/30/23 Service	150.00	0.00	0.00	0.00	0.00	0.00
05/31/23 Service	192.00	0.00	0.00	0.00	0.00	0.00
06/01/23 Service	159.00	0.00	0.00	0.00	0.00	0.00
06/01/23 Service	111.00	0.00	0.00	0.00	0.00	0.00
06/02/23 Service	111.00	0.00	0.00	0.00	0.00	0.00
06/02/23 Service	185.00	0.00	0.00	0.00	0.00	0.00
06/02/23 Service	200.00	0.00	0.00	0.00	0.00	0.00
06/05/23 Service	203.00	0.00	0.00	0.00	0.00	0.00
06/05/23 Service	324.00	0.00	0.00	0.00	0.00	0.00
06/07/23 Service	324.00	0.00	0.00	0.00	0.00	0.00
06/07/23 Service	225.00	0.00	0.00	0.00	0.00	0.00
06/08/23 Service	243.00	0.00	0.00	0.00	0.00	0.00
06/09/23 Service	266.00	0.00	0.00	0.00	0.00	0.00
06/09/23 Service	324.00	0.00	0.00	0.00	0.00	0.00
06/12/23 Service	305.00	0.00	0.00	0.00	0.00	0.00
06/13/23 Service	294.00	0.00	0.00	0.00	0.00	0.00

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	PATIENT DUE
\$70.00	\$330.00	\$113.51	\$0.00	\$0.00	\$513.51	513.51

Your account is past due. Please contact our billing department at 877-367-9772 if you have questions regarding your account. Thank you!

STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

147696-697 -19935129

Empowerme Rehabilitation Missouri
 PO Box 736005
 Dallas, TX 75373-6005

RETURN SERVICE REQUESTED

Patient: Thomas J. Price Jr.

THOMAS J. PRICE JR.
 22000 PRAIRIE STAR PKWY
 LENEXA KS 66220-7901

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW

VISA MASTERCARD DISCOVER AMER EXP

CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____ (PRINT FULL NAME & SECURITY CODE FROM BACK OF CARD)

CARDHOLDER'S NAME: _____

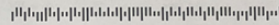
Statement No.	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
2572-46543	05/15/2023	\$173.51	30457

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

Empowerme Rehabilitation Missouri
 PO BOX 736005
 DALLAS TX 75373-6005



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Service Date / Information	Amount Billed	Insurance Paid	Patient Paid	Adjust	Insurance Pending	Patient Balance
04/19/23 Service	266.00	0.00	0.00	0.00	266.00	0.00
04/19/23 Service	150.00	0.00	0.00	0.00	150.00	0.00
04/20/23 Service	100.00	0.00	0.00	0.00	100.00	0.00
04/25/23 Service	162.00	0.00	0.00	0.00	0.00	0.00
04/25/23 Service	150.00	0.00	0.00	0.00	0.00	0.00
04/26/23 Service	185.00	0.00	0.00	0.00	0.00	0.00
04/26/23 Service	200.00	0.00	0.00	0.00	0.00	0.00
04/27/23 Service	150.00	0.00	0.00	0.00	0.00	0.00
04/28/23 Service	284.00	0.00	0.00	0.00	0.00	0.00
04/28/23 Service	389.00	0.00	0.00	0.00	0.00	0.00
05/01/23 Service	205.00	0.00	0.00	0.00	0.00	0.00
05/02/23 Service	150.00	0.00	0.00	0.00	0.00	0.00
05/02/23 Service	243.00	0.00	0.00	0.00	0.00	0.00
05/03/23 Service	284.00	0.00	0.00	0.00	0.00	0.00
05/03/23 Service	150.00	0.00	0.00	0.00	0.00	0.00
05/04/23 Service	288.00	0.00	0.00	0.00	0.00	0.00
05/04/23 Service	162.00	0.00	0.00	0.00	0.00	0.00
05/04/23 Service	159.00	0.00	0.00	0.00	0.00	0.00
05/05/23 Service	243.00	0.00	0.00	0.00	0.00	0.00
05/08/23 Service	347.00	0.00	0.00	0.00	0.00	0.00
05/08/23 Service	159.00	0.00	0.00	0.00	0.00	0.00
05/09/23 Service	200.00	0.00	0.00	0.00	0.00	0.00

Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total Balance	PATIENT DUE
\$173.51	\$0.00	\$0.00	\$0.00	\$0.00	\$173.51	173.51

Please remit payment within 10 days. Please contact our billing department at 877-367-9772 if you have questions regarding your account. Thank you!

STATEMENT
 SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

147696-204 -19479298

INVOICE

Benton House of Lenexa
22000 Prairie Star Pkwy
Lenexa, KS 66220



Invoice # 6227
Date: 7/16/2023
Page: 1 of 1

Prepared For: Thomas Price, Jr.
Resident Record # 160596
Room # 225

Thomas Price, Jr., c/o Jeff Price
17358 W. 93rd Pl
Lenexa, KS 66219

Date	Description	Unit Price	Qty	Amount
7/16/2023	Late Fees 5% Late Fee on Total Amount Past Due of \$1,940.00.	\$97.00	1	\$97.00
Comments:				Invoice Total
Invoices are due by the 10th of the month. Just a reminder that once you have your ALIS Connect account set-up by the Community, you can pay online at https://www.alisconnect.com .				Payments
Questions concerning this invoice? Please call the Executive Director at 913-839-4097.				Credits
				Total Discounts
				Previous Balance
				Amount Due as of 7/28/2023
				\$2,037.00

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