



Elmcroft of Muncie  
1605 N. Morrison Rd  
Muncie, IN 47304

## Resident Statement

Statement Date 1/19/2004

Resident Acct # 050500018

Statement Number 0010607

Resident Henderson, Ina

Date	Invoice	Description	Days	Price	Line Amount
1/19/2004		<b>Outstanding Balance</b>			\$0.00
		<b>Current Activity - February 2004 Resident Care Fees &amp; Ancill</b>			
2/1/2004	0010607	AL LEVEL E MONTHLY CARE SVC	29	94.00	\$2,726.00
<b>Balance Due:</b>					<b>\$2,726.00</b>

For Billing Questions please call:

(765)289-4260

**Bill To:** C/O Walter Robbins  
8400 N 400 S  
Yorktown, IN 47396

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**(765)289-4260**

**Bill To:** C/O Walter Robbins  
8400 N 400 S  
Yorktown, IN 47396

Your cancelled check is your receipt - Keep this portion for you records

Return this portion with you payment

ELMCROFT OF MUNCIE LP  
PO BOX 1008  
PROSPECT, KY 40059-1008

**Payment Due Date:** 12/1/2004

**Amount Due:** \$3,301.00

**Statement Number:** 0015181

**Send Remittance to:**

ELMCROFT OF MUNCIE LP  
PO BOX 1008  
PROSPECT, KY 40059-1008

**Resident:** Henderson, Ina  
**Resident Acct#** 050500018

**Make Check Payable to:** ELMCROFT OF MUNCIE LP