



Resident Statement

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

Statement Date 5/19/2005
Resident Acct # 050500018
Statement Number 0018685
Resident Henderson, Ina

Date	Invoice	Description	Days	Price	Line Amount
5/19/2005		Outstanding Balance			\$0.00
		Current Activity - June 2005 Resident Care Fees & Ancillaries			
6/1/2005	0018685	PHARMACY SUPPLY FEE		19.99	\$19.99
6/1/2005	0018685	AL Level M+ Care Services	30	136.00	\$4,080.00
Balance Due:					\$4,099.99

For Billing Questions please call: (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: 6/1/2005
Amount Due: \$4,099.99
Statement Number: 0018685

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