

COMMUNICARE, INC.

██████████
██████████ COURT
ELIZABETHTOWN, KY 42701
██████████

Statement

RECEIVED
Benefits Branch

DEC 04 2023

Division of Guardianship
CHFS

Date
12/1/2023

To:
██████████
C/O CABINET FOR HEALTH AND FAMILY SERVICE NORTH CENTRAL GUARDIANSHIP 275 EAST MAIN STREET, 3 E-F FRANKFORT, KY 40621

Terms	
Amount Due	Amount Enc.
\$628.00	

Date	Transaction	Amount	Balance
12/01/2023	INV #30248. Due 12/01/2023. Orig. Amount \$628.00. --- AFC, 1 @ \$628.00 = 628.00	628.00	628.00

If you have any questions or concerns regarding this statement, please contact me at the number above. Have a great day!

Amount Due
\$628.00