Credit Collection Services
P.O. Box 447
Norwood, MA 02062-0447
(617) 581-1061 from 8am to 8pm EST, Monday to Friday
www.ccspayment.com

To: RICHARD CORDERO
2167 BRUCKNER BLVD 3RD F1
BRONX NY 10472

06/11/22

Reference: 08 0946 96625 (PIN: 04495)

Credit Collection Services is a debt collector. We are trying to collect a debt that you owe to INFORM DIAGNOSTICS INC.. We will use any information you give us to help collect the debt.

Our information shows:

You had an account with INFORM DIAGNOSTICS INC. with account number MS215733.

As of June 9, 2022, you owed:	$	32.71
Between June 9, 2022 and today:		
You were charged this amount in interest:	+ $	0.00
You were charged this amount in fees:	+ $	0.00
You paid or were credited this amount toward the debt:	- $	0.00
Total amount of the debt now:	**$**	**32.71**

How can you dispute the debt?

- **Call or write to us by July 19, 2022, to dispute all or part of the debt.** If you do not, we will assume that our information is correct.
- **If you write to us by July 19, 2022,** we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents. We accept disputes electronically at www.ccspayment.com.

What else can you do?

- **Write to ask for the name and address of the original creditor, if different from the current creditor.** If you write by July 19, 2022, we must stop collection until we send you that information. You may use the form below or write to us without the form. We accept such requests electronically at www.ccspayment.com.
- **Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law.** For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.

Notice: See reverse side for important information.

0121-NY

Mail this form to:
Credit Collection Services
P.O. Box 447
Norwood, MA 02062-0447

06298 1 MM 0.494 T 11
RICHARD CORDERO
2167 BRUCKNER BLVD 3RD F1
BRONX NY 10472

06298 D21641F 00-WNZ1E-1 0121

How do you want to respond?

Check all that apply:

☐ **I want to dispute the debt because I think:**

- ☐ This is not my debt.
- ☐ The amount is wrong.
- ☐ Other (please describe on reverse or attach additional information).

☐ **I want you to send me the name and address of the original creditor.**

☐ **I enclosed this amount:** $

Make your check payable to *INFORM DIAGNOSTICS INC.*. Include the reference number 08 0946 96625.

You may request written communications in an alternative, reasonably accommodatable format selected by our company, such as large print or other means. Please contact us at (617) 581-1991 to make such request.

Our NYC Department of Consumer Affairs (DCA) license number is 1004218. Our return call supervisor is Rebecca Abreu. If you prefer, you may request a customer service agent who speaks Spanish. A translation and description of commonly-used debt collection terms is available in multiple languages on the Department's website, www.nyc.gov/dca.

15 Apr 22

Harris & Harris of Chicago

111 West Jackson Boulevard, Suite 400
Chicago, IL 60604-4135
866-314-8305

To: RICHARD CORDERO
2165 BRUCKNER BLVD
BRONX NY 10472-6506

Reference: 51008886

Harris & Harris of Chicago is a debt collector. We are trying to collect a debt that you owe to WEILL CORNELL MEDICAL COLLEGE. We will use any information you give us to help collect the debt.

Our information shows:

You had an account for services from WEILL CORNELL MEDICAL COLLEGE with account number 100626394-12082021.

As of 12-08-2021, you owed:		$235.00
Between 12-08-2021 and today:		
You were charged this amount in interest:	+	$0.00
You were charged this amount in fees:	+	$0.00
You paid or were credited this amount toward the debt:	-	$178.66
Total amount of the debt now:		**$56.34**

How can you dispute the debt?

- **Call or write to us by 05-19-22, to dispute all or part of the debt.** If you do not, we will assume that our information is correct.
- **If you write to us by 05-19-22,** we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents. We accept disputes electronically at www.harriscollect.com/dispute.

What else can you do?

- **Write to ask for the name and address of the original creditor, if different from the current creditor.** If you write by 05-19-22, we must stop collection until we send you that information. You may use the form below or write to us without the form. We accept such requests electronically at www.harriscollect.com/dispute.
- **Go to www.cfpb.gov/debt-collection to learn more about your rights under federal law.** For instance, you have the right to stop or limit how we contact you.
- Contact us about your payment options.

Mail payment in enclosed envelope

Pay by Phone:
866-314-8305

Notice: See reverse side for important information

166168-VAL1-757

PO Box 1259
Dept. # 160902
Oaks, PA 19456

1 of 1

Make your check payable to Harris & Harris of Chicago.
Include the reference number: 51008886

RICHARD CORDERO
2165 BRUCKNER BLVD
BRONX NY 10472-6506

0018 000723

How do you want to respond?

Check all that apply:

- ☐ **I want to dispute the debt because I think:**
  - ☐ This is not my debt.
  - ☐ The amount is wrong.
  - ☐ Other (please describe on reverse or attach additional information).
- ☐ **I want you to send me the name and address of the original creditor.**
- ☐ **I enclosed this amount:** $

Harris & Harris of Chicago
111 West Jackson Boulevard, Suite 400
Chicago, IL 60604-4135

3005100888601322300005634

Phone Inquiries: call 866-314-8305 use Ref #51008886

State of NY Residents: Pursuant to New York State law, we are providing you with the following disclosures:

(1) Debt collectors, in accordance with the Fair Debt Collection Practices Act, 15 U.S.C. § 1692 et seq., are prohibited from engaging in abusive, deceptive, and unfair collection efforts, including but not limited to: 1. the use or threat of violence; 2. the use of obscene or profane language; and 3. repeated phone calls made with the intent to annoy, abuse, or harass.

(2) If a creditor or debt collector receives a money judgment against you in court, state and federal laws may prevent the following types of income from being taken to pay the debt: 1. Supplemental security income, (SSI); 2. Social Security; 3. Public assistance (welfare); 4. Spousal support, maintenance (alimony) or child support; 5. Unemployment benefits; 6. Disability benefits; 7. Workers' compensation benefits; 8. Public or private pensions; 9. Veterans' benefits; 10. Federal student loans, federal student grants, and federal work study funds; and 11. Ninety percent of your wages or salary earned in the last sixty days.

(3) You may request this letter in an alternative, reasonably accommodatable format, which we will select based upon your needs, such as large print, braille, audio compact disc, or another accommodatable format. To request this letter in an alternative, reasonably accommodatable format, please call us at the phone number referenced on the front side of this letter.

City of New York Residents: Our City of New York, Department of Consumer Affairs License Number is 0957910. Please contact Gregory Schlaff at the phone number referenced on the front side of this letter.
A translation and description of commonly-used debt collection terms is available in multiple languages on the Department of Consumer Affairs website, www.nyc.gov/dca. If you have limited-English proficiency or prefer to speak in a language other than English on telephone calls with our office, please provide your language preference and we will record it in our files.

We provide telephone translation services through a third-party vendor, Argo Translation. Please also note that our payment portal found at www.payharris.com, which allows users to pay certain accounts online, contains instructions in Spanish (El sitio web de pago www.payharris.com contiene instrucciones en Español).

8apr22

Quest Diagnostics®

PO Box 9000
South Windsor, CT 06074-9000

Laboratory Bill

For services not included in your physician's bill

Bill date:	Amount due:	Due date:
Apr. 04, 2022	$38.34	UPON RECEIPT

MB 01 023310 30317 H 69 A

RICHARD CORDERO
2165 BRUCKNER BLVD PH, PH
BRONX, NY 10472-6506

Account Number 11688225-QQUD1-10
Lab code ZOT

Patient Name: RICHARD CORDERO
Guarantor Name: RICHARD CORDERO

Patient payment summary
Payments in last 30 days $0.00

Customer Service
LOG ON NOW at MyDocBill.com/Quest to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

For billing questions, please email us at
contactbilling@mydocbill.com

Pay by Phone: 1.866.254.3883 (24 hours/7 days)
Questions: 1.866.254.3859

Most recent insurance claim filed to:
Insurance Name: HIP HLTH PLAN NY HMO
Insurance ID: K4051915001
Group Number:

Lab results and diagnosis questions must be answered by your physician.

Please have your bill available for reference.

About your statement

See statement details on back

Our records indicate there is still an outstanding balance on this account. You may make a payment online. If you have insurance and your statement does not reflect your insurance information or that the claim has been filed please go online and make sure we have your correct insurance information. You can also call our automated phone system 24 hours a day at the number listed above to make a payment or update your insurance. Thank you!

023310 1/2

3 easy ways to pay

Scan the **QR code** at right

Pay online :
MyDocBill.com/Quest
Live Chat during normal business hours

Pay by phone :
1.866.254.3883

▲ Please fold and tear along the perforation and remit with payment in the envelope provided. ▲

Quest Diagnostics®

Amount Due:	$38.34

Due date:	Account Number:	Invoice Number:
UPON RECEIPT	11688225-QQUD1-10	22063941

Patient Name: RICHARD CORDERO

Amount Enclosed:	$

Log on now. Pay your bill online securely at MyDocBill.com/Quest or call 1.866.254.3883

Make checks payable to Quest Diagnostics.
Please include invoice number on check.

Forms of payment accepted include:

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740795
CINCINNATI, OH 45274-0795

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

2206394100003834000011688225QUD11

Go green
Pay online • update info
MyDocBill.com/Quest

[PCP Dr. Monte Ezratty]

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. 1.866.254.3859

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 1.866.254.3859

繁體中文您可以獲得語言援助服務，1.866.254.3859

Summary of service charges

Date	CPT code*	Units	Details of service	Charge	Pay/Adj	Insurance pending	Patient balance
Patient: RICHARD CORDERO						Referred by: MONTE EZRATTY Services provided by:	
10/15/21	**0**		**Encounter Summary**	**$156.65**	**$129.69**	**$0.00**	**$26.96**
10/15/21	**80061**	**1**	**LIPID PANEL**	**$93.23**	**$81.85**	**$0.00**	**$11.38**
10/15/21 12/11/21			Commercial Non Allowed GUARANTOR RESPONSIBILITY DATE (ChargeID: 68774976)		$81.85		
10/15/21	**85025**	**1**	**COMPLETE CBC W/AUTO DIFF WBC**	**$30.00**	**$23.40**	**$0.00**	**$6.60**
10/15/21 12/11/21			Commercial Non Allowed GUARANTOR RESPONSIBILITY DATE (ChargeID: 68774977)		$23.40		
10/15/21	**80053**	**1**	**COMPREHEN METABOLIC PANEL**	**$33.42**	**$24.44**	**$0.00**	**$8.98**
10/15/21 12/11/21			Commercial Non Allowed GUARANTOR RESPONSIBILITY DATE (ChargeID: 68774978)		$24.44		

Continued on next page

▲ Please fold and tear along the perforation and remit with payment in the envelope provided. ▲

If your insurance has issued payment directly to you, please send us this payment immediately to stop the collection efforts.

Patient statement for: RICHARD CORDERO

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If your address or phone number has changed please log on at **MyDocBill.com/Quest** or call **1.866.254.3859** to update information.

Quest Diagnostics Incorporated and its subsidiaries (Quest Diagnostics) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Quest Diagnostics does not exclude people or treat them differently because of race, color, national origin, age disability or sex.

Statement date
04/04/22

Account number
11688225-QQUD1-10

Quest Diagnostics®
PO Box 9000
South Windsor, CT 06074-9000

Summary of service charges

Date	CPT code*	Units	Details of service	Charge	Pay/Adj	Insurance pending	Patient balance

Referred by: MONTE EZRATTY
Services provided by:

Patient: RICHARD CORDERO

01/19/22	**0**		**Encounter Summary**	**$93.23**	**$81.85**	**$0.00**	**$11.38**
01/19/22	**80061**	**1**	**LIPID PANEL**	**$93.23**	**$81.85**	**$0.00**	**$11.38**
01/19/22 03/12/22			Commercial Non Allowed GUARANTOR RESPONSIBILITY DATE (ChargeID: 93617019)		$81.85		

* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements.

Current	31-60 Days	61-90 Days	Over 90 Days
$11.38	$0.00	$0.00	$26.96

DUE DATE:	BALANCE DUE:
UPON RECEIPT	$38.34

WE HAVE FILED YOUR INSURANCE. YOU ARE NOW RESPONSIBLE FOR THE BALANCE OF THIS ACCOUNT.

023310 2/2

24 June 22

PARK SOUTH MEDICAL

1545 UNIONPORT ROAD
BRONX NY 10462
(718) 892-2201

RICHARD CORDERO
2165 BRUCKNER BLVD #PH
BRONX NY 10472

Statement Date
06/21/22

Account Number
66079.0

Date	Description of Transaction	Charges	Receipts
01/19/22	OFFICE VISIT, LEVEL 3, ESTAB. PT For:# 66079.0 CORDERO RICHARD	109.74	.00

Total	109.74	.00
Balance		109.74
Insurance Pending		.00
Due From Patient		109.74

Next Appointment:

NOTE
6/21/22 DEDUCTIBLE DUE- WE ARE NOT MEDICAID PROVIDERS- CANNOT BILL MEDICAID

Current	31 - 60	61 - 90	91 - 120	Over 120 Days
109.74	.00	.00	.00	.00

***PAYMENT DUE UPON RECEIPT * PLEASE INCLUDE ACCOUNT # * THANK YOU ***

2nd Covid-19 booster and Whooping Cough

Walgreens

#11172 1371 METROPOLITAN AVE
BRONX, NY 10462
718-597-7690

258 6066 0041 07/05/2022 11:48 AM

FSA RX 1273058	4.00
TOTAL	4.00
W CARD Gift Card	4.00
CHANGE	.00
TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	4.00
TOTAL FSA AND RX ITEMS	4.00
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS

DID YOU KNOW THAT YOU CAN EARN UNLIMITED 1% WALGREENS CASH REWARDS STOREWIDE AND ONLINE? SEE OUR WEEKLY AD FOR MORE INFORMATION. ITEMS CHANGE WEEKLY. RESTRICTIONS APPLY. FOR TERMS AND CONDITIONS, VISIT MYWALGREENS.COM

RFN# 1117-2416-0664-2207-0503

myW

Balance For Store credit CARD ENDING IN 7578

ACCOUNT	STARTING	TENDER	ENDING
Gift Card	5.77	4.00	1.77

NOW GET REIMBURSED FOR AT-HOME COVID-19 TESTS. REMEMBER TO SAVE YOUR RECEIPT AND SUBMIT TO YOUR INSURANCE.

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Cordero — Last Name

Richard — First Name — MI

04/04/1953 — Date of birth

Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Moderna Covid-19 025a21a	3/5/21 mm dd yy	Rite Aid 650 Castle Hill, Bronx, NY
2nd Dose COVID-19	Moderna Covid-19 028a21a	4/2/21 mm dd yy	same as above store #3363
Other	Moderna Covid-19 Booster 039A03	11/18/21 mm dd yy	same as above
Other	Moderna 060A22A	7/5/22 mm dd yy	WAG 11172

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
~~COVID-19 vaccine~~ Pneumococcal shot ~~Vacuna contra el COVID-19~~	1 / 19 / 22 mm dd yy
Other Wooping Cough Otra	7 / 5 / 22 mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit **cdc.gov/coronavirus/2019-ncov/index.html**.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at **vaers.hhs.gov**.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite **espanol.cdc.gov/coronavirus/2019-ncov/index.html**.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.

09/03/20

MLS-319813_r