

Hospital Bill Debt A4V

Hospital Bill Debt A4V & "Set Off" with Acceptance for Value, Affidavit of Negative Averment, and Contract Law:



MATHER
John T. Mather Memorial
HOSPITAL

75 NORTH COUNTRY ROAD • PORT JEFFERSON • NEW YORK 11777-2115

Mr. [REDACTED]
C/O [REDACTED]
[REDACTED] Ave
[REDACTED] NJ [REDACTED]

Account #: [REDACTED] 505
Date of Service: 03/13/12
Account Balance: \$0

November 30, 2012

Dear Mr. [REDACTED]

Mather Hospital has received the documents you have forwarded to us.

Here are just a few of the documents that were sent and recorded:

Replace with your logo

A			JOHN T MATHER MEMORIAL HOSPITAL				PAGE NO.	
TYPE OF BILL			PO BOX 512581				1	
DATE OF BILL			PHILADELPHIA, PA				11777-2190	
DATE OF PREV. BILL			631 476-2801				HOSP. NO.	
CYCLE			03/18/12				000102	
OUTP.			FEI # [REDACTED] B18					

P	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		[REDACTED]	[REDACTED]	505 M		03/13/12		

GUARANTOR NAME AND ADDRESS	[REDACTED]	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER

AMOUNT OF PAYMENT	\$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
03/13	LACERATION KIT							
03/13	ER LOW/MOD SEVERITY	992	971.00					971.00
03/13	NORMAL SALINE IRR		12.00					12.00
03/13	LACERATION SET		28.00					28.00
03/13	GLOVES XL 1 PAIR		4.00					4.00
03/13	KLING 2 INCH		4.00					4.00
03/13	BARRIER TOWEL		3.00					3.00
03/13	MD-LOW/MOD COMPLEXITY	992						
03/13	SD CDR							
03/13	PA SUTURE, FACE 2.6-5.0	120	517.00					
03/18	NEW YORK SURCHARGE		148.21					
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT PAY/ADJ		148.21					148.21
	SUMMARY OF CURRENT CHARGES							
	EMERGENCY ROOM		1488.00					1488.00
	INTRAVENOUS THER.		12.00					12.00
	CENTRAL SUPPLY		11.00					11.00
	FRACTURE ROOM		28.00					28.00
	SUB-TOTAL OF CURR. CHARGES		1539.00					1539.00
T O T A L S			1687.21					1687.21

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	1687.21
[REDACTED] 505				

JOHN T MATHER MEMORIAL HOSPITAL J51

ACCEPTED FOR VALUE
 RETURN FOR VALUE
 LOW

Discharge all
 Adjust the
 PRIVATE PRE PAID
 CHARGES THE SAME TO:
 Presentments & Related fees
 Balance to zero
 Treasury Exemption
 September 25th, 2012

AFFIDAVIT OF SPECIFIC NEGATIVE AVERMENT

The undersigned Affiant, [REDACTED] hereinafter "Affiant", does solemnly swear, declare and state as follows:

1. Affiant is competent to state the matters set forth herein.
2. Affiant has knowledge of the facts stated herein.
3. All the facts herein are true, correct and complete, admissible as evidence and if called upon as a witness, Affiant will testify to their veracity.

Plain Statement of Facts

Affiant has seen no verifiable evidence of a defect in the offer tendered for settlement attached in Exhibit A, hereinafter "TENDER", for JOHN T MATHER MEMORIAL HOSPITAL, Account No. [REDACTED] 505, hereinafter "ACCOUNT", on or about Nunc pro Tunc to April 1, 2012 to Internal Revenue Service, Stop 4440, P.O. Box 9036, Ogden, Utah 84201, hereinafter "RECIPIENT", and Affiant believes that no such evidence exists.

4. Affiant has seen no verifiable evidence that the TENDER does not satisfy the obligations associated with ACCOUNT and Affiant believes that no such evidence exists.
5. Affiant has seen no verifiable evidence that RECIPIENT'S failure to respond to TENDER does not comprise RECIPIENT'S acceptance of TENDER and agreement with the terms set forth therein and Affiant believes that no such evidence exists.
6. Affiant has seen no verifiable evidence that RECIPIENT'S acceptance of TENDER does not obligate JOHN T MATHER MEMORIAL HOSPITAL, to issue a Statement of Account showing a Zero (\$0.00) Dollars balance for ACCOUNT and Affiant believes that no such evidence exists.

You have fourteen days (14) from the receipt of letter in which you can respond to or rebut this AFFIDAVIT OF SPECIFIC NEGATIVE AVERMENT, unless you request in writing an extension of time. Failure to respond or rebut shall convey your assent to, and agreement with all the facts herein.

IN WITNESS WHEREOF I hereunto set my hand and seal on this October 15th, 2012 and hereby certify all the statements made above are true, correct and complete.

[REDACTED]

JURAT

State of New York)
) ss.
County of Suffolk)

Sworn to (or affirmed) and subscribed before me on this 15 day of October 2012 by [REDACTED]
[REDACTED] proved to me on the basis of satisfactory evidence to be the one who appeared before me.

[Signature]
Notary Public's Signature

10/15/12
Date



NOTARY'S CERTIFICATE OF SERVICE

It is hereby certified, that on the date noted below, the undersigned Notary Public mailed to:

Internal Revenue Service
Stop 4440
P.O. Box 9036
Ogden, Utah 84201

hereinafter, "Recipient", the documents and sundry papers regarding account [REDACTED] 505 as follows:

1. JOHN T MATHER MEMORIAL HOSPITAL TRUE BILL FOR \$1,687.21 from JOHN T MATHER MEMORIAL HOSPITAL, account [REDACTED] 505, noted "Accepted for Value"; and
2. I.R.S. FORM 1040-ES. ESTIMATED TAX PAYMENT VOUCHER, noted "Accepted for Value"; and
3. NOTICE TO SETOFF ACCOUNTS
4. COUPON for \$1,687.21 made payable to United States Treasury; and
5. copy of 1099-A IRS Form dated July 30th, 2012; and
6. copy of 1096 IRS Form dated Tuesday, September 25th, 2012; and
7. PRIVATE REGISTERED SETOFF BOND # [REDACTED]; and
8. UCC-1 Filing Acknowledgment, Filing number 12 [REDACTED] (one leaf) and;
9. UCC-1 Filing, Filing number 12 [REDACTED] (two leaves) and;
10. UCC Amendment Acknowledgment, Original Filing Number 12 [REDACTED] (one leaf) and;
11. UCC Amendment Filing, Original Filing number 12 [REDACTED] (two leaves)

by Registered Mail No. RE [REDACTED] Return Receipt attached by placing same in a postpaid envelope properly addressed to Recipient at the said address and depositing same at an official depository under the exclusive face and custody of the U.S. Postal Service within the State of New Jersey.

[REDACTED]
Notary Public's Signature

9/25/12
Date

[REDACTED] Notary Public

[REDACTED]

