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Filing date: **09/20/2014**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	92058997
Party	Defendant Medpay Systems, Inc.
Correspondence Address	TODD WENGROVSKY LAW OFFICES OF TODD WENGROVSKY PLLC 285 SOUTHFIELD ROAD, BOX 585 CALVERTON, NY 11933 UNITED STATES contact@twlegal.com
Submission	Motion for Summary Judgment
Filer's Name	Todd Wengrovsky
Filer's e-mail	contact@twlegal.com
Signature	/Todd Wengrovsky/
Date	09/20/2014
Attachments	Medpay TTAB SJ Notice of Motion 09182014.pdf(59578 bytes ) Medpay TTAB SJ Motion Memorandum FILING.pdf(375266 bytes ) JH SJ Affidavit FINAL.pdf(1232461 bytes ) Exhibits A-N.pdf(5246265 bytes ) Exhibit A-1.pdf(414758 bytes ) Exhibit D-1.pdf(183069 bytes ) Exhibits O-S.pdf(3350538 bytes ) Exhibit T.pdf(3147688 bytes ) Exhibit U.pdf(380775 bytes ) Exhibit V.pdf(2159234 bytes )

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

Proceeding Number: **92058997**

Registration No.: **1,962,072**

Mark: **MEDPAY**

BOX TTAB  
Commissioner for Trademarks  
P.O. Box 1451  
Alexandria, VA 22313-1451

**REGISTRANT'S NOTICE OF MOTION FOR  
SUMMARY JUDGMENT**

Pursuant to Federal Rule of Civil Procedure 56, Registrant Medpay Systems, Inc. moves for entry of summary judgment in its favor and against Petitioner on the pleadings. Registrant is entitled to summary judgment for the reasons outlined in the Memorandum in Support of Motion for Summary Judgment, and Affidavit of Justin Hassell with Exhibits filed herewith.

Dated: Calverton, New York.  
September 20, 2014

Respectfully submitted,

Law Offices of  
Todd Wengrovsky, PLLC.

By: /s/ Todd Wengrovsky  
Todd Wengrovsky

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

Proceeding Number: **92058997**

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**REGISTRANT'S MEMORANDUM OF LAW IN SUPPORT OF  
MOTION FOR SUMMARY JUDGMENT**

## **I. PRELIMINARY STATEMENT**

Petitioner Affinipay, LLC. filed a Petition to Cancel Trademark Registration Number 1,962,072 on April 3, 2014. Registrant Medpay Systems, Inc. filed its Answer on May 19, 2014. Petitioner then served its Initial Disclosures on July 17, 2014 and Registrant served its Initial Disclosures on July 29, 2014.

The Petition to Cancel is solely based on the allegation that Registrant has “abandoned” its trademark MEDPAY®. Pursuant to Federal Rule of Civil Procedure 56, upon the Affidavit of Justin Hassell and Exhibits thereto, Registrant, by its attorney Todd Wengrovsky, hereby moves for summary judgment in the above-referenced action.

## **II. LEGAL STANDARDS**

Summary judgment is a favored procedural device, *Avia Group Int’l, Inc. v. L. A. Gear Co., Inc.*, 853 F.2d 1557, 1561 (Fed. Cir. 1988), which should be granted if “the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law.” Fed. R. Civ. P. 56(c). See also *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 247-248 (1986); *Karlin Technology, Inc. v. Surgical Dynamics, Inc.*, 177 F.3d 968, 970 (Fed. Cir. 1999). A fact is “material” only if it “might affect the outcome of the suit under the governing law.” *Anderson*, 477 U.S. at 248. A dispute about a material fact is “genuine” only if “the evidence is such that a reasonable jury could return a verdict for the non-moving party.” *Id.*

The principles governing the grant of summary judgment are the same in trademark actions as in other actions. *Fendi S.A.S. Di Paola Fendi E Sorelle v. Cosmetic World, Ltd.*, 642 F.Supp. 1143, 1145 (S.D.N.Y. 1986).

Regarding Plaintiffs' burden, a party *opposing* a properly supported motion for summary judgment "may not rest upon the mere allegations or denials of his pleading, but... must set forth specific facts showing that there is a genuine issue for trial." *Id.* (quoting *First National Bank of Arizona v. Cities Services Co.*, 391 U.S. 253 (1968)). "If the evidence [opposing summary judgment] is merely colorable, or is not significantly probative, summary judgment may be granted." *Id.* At 249-250 (citations omitted).

Here, the pleadings are complete and the parties have exchanged initial disclosures. There are no genuine *material* issues of fact that would preclude summary judgment in Registrant's favor. Such is particularly the case given the limited scope of the Petition – Petitioner alleges that Registrant is not using its trademark, but such is wildly false. It is respectfully submitted that Registrant's Answer and this filing overwhelmingly establish that Registrant has not "abandoned" its trademark. As such, the Petition to Cancel is not plausible and Registrant's Motion for Summary Judgment should be granted.

### **III. ARGUMENT: REGISTRANT'S MOTION FOR SUMMARY JUDGMENT SHOULD BE GRANTED**

As noted in Registrant's Answer, Petitioner's allegation that Registrant has not used its trademark in commerce for the last three years is simply factually incorrect. There is a host of evidence to this effect, any portion of which would be sufficient to render the Petition implausible. Such is attached to and described by the Affidavit of Medpay Systems, Inc. President Justin Hassell, filed herewith.

Per the Affidavit, Registrant MedPay is a company engaged in offering healthcare patient payment services. Respondent Affinipay is a competitor to MedPay who also offers healthcare patient payment services. MedPay has routinely engaged with both its healthcare provider clients

and its healthcare patient clients on an ongoing daily basis from 1995 to the present, including during the last three years (hereinafter the “Relevant Period”). Simply put, Registrant routinely receives and handles both patient and provider customer service inquiries on a daily basis.

Attached as **Exhibit A** is a true and correct copy of screen shots from MedPay’s website—medpaydirect.com—displaying the MEDPAY® trademark, as well the National Toll-Free telephone number (800) 633-7299, which number spells out (800) MEDPAY9. This website has been active at all times during Relevant Period. See attached **Exhibit A-1** for WHOIS registry data evidencing the creation date of the website. The website and National Toll-Free Telephone Number have been routinely accessed by both Registrant’s healthcare provider clients, and by Registrant’s healthcare patient clients during the Relevant Period. The website also displays the company’s general e-mail address contact@medpaydirect.com for direct e-mail communications. It has been active and running at all times during the Relevant Period.

Attached as **Exhibit B** is a true and correct copy of screen shots from the “Trademark/Copyright Notice” of MedPay’s website, clearly indicating that MEDPAY® is a registered trademark, and displaying the USPTO Trademark Registration number 1962072, and further including the statement “and is protected under applicable federal copyright and trademark laws”. This page has been up at all relevant times during the Relevant Period.

Attached as **Exhibit C** is a true and correct copy of screen shots from the “Contact Us” page of MedPay’s website, which provides a contact form submission directly to Registrant. Such form has been used for contact submissions during the Relevant Period.

The “Contact Us” page of MedPay’s website was used by John Porter, the Co-Founder and CFO of the Petitioner Affinipay, to contact Registrant directly on August 30, 2013. Attached as **Exhibit D** is a true and correct copy of the contact form submission sent by Mr.

Porter. Registrant promptly responded to Mr. Porter via e-mail the same day, August 30, 2013, as shown in **Exhibit D-1**.

Attached as **Exhibit E** is a true and correct copy of a printout from the New York Department of State website evidencing that the corporation and trademark owner MEDPAY SYSTEMS, INC. is an ACTIVE corporation, and has been in existence since April 26, 1995. The corporation has been active and in good standing at all times during this period.

Attached as **Exhibit F** is a true and correct copy of Dishonesty Bond number 14835946, issued on May 11, 2006 by Western Surety Company to MedPay Systems, Inc., in the amount of \$100,000.00 to protect all of MedPay's clients from financial losses due to potential dishonesty by MedPay or its employees. Copies of the renewal bills dated March 11, 2011 and March 8, 2014 are also attached. This bond is currently in full force and effect, and has been in full force and effect at all times since May 11, 2006.

Attached as **Exhibit G** is a true and correct copy of a March 19, 2011 letter to the CEO of Bon Secours Charity Health System, following up on marketing materials sent by Registrant in February, 2011.

Attached as **Exhibit H** is a true and correct copy of a receipt from Cablevision, showing that high-speed cable was installed at MedPay's office on July 19, 2011.

Attached as **Exhibit I** is a true and correct copy of MedPay's "MedPay Provider Sales Brochure 1." Said brochure has been used during the Relevant Period for the marketing of the company's MEDPAY® payment services. It has been mailed to thousands of prospective hospital clients throughout the United States. This copy has been modified to remove the names of actual healthcare provider clients.

Attached as **Exhibit J** is a true and correct copy of the cover letter which has been used in conjunction with the mailings described in **Exhibit I** herein. This cover letter was sent along with each brochure mailed during the Relevant Period. Certain confidential and proprietary information has been redacted from this letter.

Medpay has compiled and maintains multiple proprietary mailing lists which contain the names and addresses of prospective customers across the United States. Certain contacts from these lists were mailed the “Medpay Provider Sales Brochure 1” as recently as September, 2013, July 2014, and September, 2014.

Attached as **Exhibit K** is a true and correct copy of a scanned copy of “MedPay Provider Sales Brochure 2.” Said brochure has also been used during the period. This is the current version.

Attached as **Exhibit L** is a true and correct copy of a scanned copy of the “MedPay Hospital Patient Brochure” which has been used during the period. This informational brochure has been provided to each hospital patient enrolled on the MEDPAY® System.

Attached as **Exhibit M** is a true and correct copy of the proprietary “MEDPAY® Payment Plan Enrollment Form” which has long been used by Medpay Systems, Inc. and has been used during the entire period. Certain confidential and proprietary information has been redacted from this form.

Attached as **Exhibits N-T** are true and correct copies of sworn Affidavits of actual current MEDPAY® healthcare patient clients, who were all active on the MEDPAY® payment system specifically during the Relevant Period, most of which are still active. These are but a few of the large number of patients currently on the MEDPAY® system. Each and every payment processed and collected comprises evidence of services recently and continuously performed under the MEDPAY® mark. Also attached are true and correct copies of the original fully-executed



MEDPAY® Payment Plan Enrollment Form Agreements and a MEDPAY Patient Transaction Report for each of these patients, current as of June, 2014, which documents accurately detail the entire payment activity for each of their MEDPAY accounts. Pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”), this limited disclosure is made with the written consent of each patient, and certain confidential information, including bank, credit card, and patient account number information, have been redacted to protect each patient’s confidentiality and security.

Attached as **Exhibit N** is a true and correct Affidavit of George Kessler. Mr. Kessler is an active account and has been on the MEDPAY system continuously since October 13, 2007. Mr. Kessler has made continuous payments totaling \$11,100.00 to MEDPAY during the period of April 1, 2011 to April 1, 2014. Mr. Kessler’s account was active at all times during the period of April 1, 2011 through April 1, 2014.

Attached as **Exhibit O** is a true and correct Affidavit of Marlon Martindale. Mr. Martindale is an active account and has been on the MEDPAY® system continuously since April 25, 2010. Mr. Martindale has made continuous payments totaling \$925.00 to MEDPAY during the period of April 1, 2011 to April 1, 2014. Mr. Martindale’s account was active at all times during the period of April 1, 2011 through April 1, 2014.

Attached as **Exhibit P** is a true and correct Affidavit of Rebecca J Benefield. Ms. Benefield is an active account and has been on the MEDPAY® system continuously since November 11, 2011. Ms. Benefield has made continuous payments totaling \$1,400.00 to MEDPAY during the period of November 11, 2011 to April 1, 2014, all within the Relevant Period.

Attached as **Exhibit O** is a true and correct Affidavit of Iris Burns: Ms. Burns is an active account and has been on the MEDPAY® system continuously since June 15, 2012. Ms. Burns has made continuous payments totaling \$5,250.00 during the period of June 15, 2012 to April 1, 2014, all within the Relevant Period.

Attached as **Exhibit R** is a true and correct Affidavit of Katelyn Iovino-Llanos. Ms. Iovino-Llanos is an active account and has been on the MEDPAY® system continuously since April 19, 2013. Ms. Iovino- Llanos has made continuous payments totaling \$3,504.98 during the period of April 19, 2013-April 1, 2014, all within the Relevant Period.

Attached as **Exhibit S** is a true and correct Affidavit of Nicole Stork. Ms. Stork is an active account and has been on the MEDPAY® system continuously since April 30, 2013. Ms. Stork has made continuous payments totaling \$275.00 during the period of April 30, 2013 to April 1, 2014, all within the Relevant Period.

Attached as **Exhibit T** is a true and correct copy of the 73 ACTUAL MEDPAY® bi-monthly (twice monthly) Summary Debit/Credit Payment Reports which have been issued to one single specific MEDPAY healthcare provider client “104,” for the entire period of April 1, 2011 through April 1, 2014, showing total patient payments of \$995,992.63 which have been continuously processed, collected, and remitted using the MEDPAY® payment system, and within the last three year Relevant Period (again, certain information has been redacted pursuant to HIPAA). The total dollar breakdown by period, for this specific one client is as follows:

2011	\$264,340.43	(4/01/2011-12/31/2011)
2012	\$331,452.83	
2013	\$326,744.42	
2014	\$73,454.95	(1/01/2014-4/01/2014)
Total	\$995,992.63	

Attached as **Exhibit U** is a true and correct copy of the most recent Biennial Statement filed by MEDPAY SYSTEMS, INC. with the New York Department of State, Division of Corporations on May 2, 2013, and indicating a next filing period of April, 2015.

Attached hereto as **Exhibit V** are true and correct copies of 11 pages of Justin Hassell’s actual hand written sales and marketing notes of specific Hospitals, and specific Hospital Executives, each of whom were mailed the “MedPay® Provider Sales Brochure 1” (See **Exhibit I**), in April, 2011. Said brochure was then followed by a second form letter (See **Exhibit G**) from MedPay® on May 4, 2011. Most of the individual Hospital Executives on this list were thereafter called by Mr. Hassell personally on the specific date in May, 2011 which is indicated in the handwritten notes. The notation “L/M” refers to the fact that Mr. Hassell personally left a voice message for the specific Hospital Executive on the specific date indicated in the notes, following up on the MedPay® sales and marketing materials that had at the time been recently mailed. These are exact copies of Mr. Hassell’s original notes from April/May 2011.

It is respectfully submitted that the foregoing overwhelmingly establishes that Registrant has not “abandoned” its trademark. To the contrary, Registrant’s use of its trademark is active and ongoing by any reasonable measures of business activity. As such, the Petition to Cancel should be dismissed in its entirety without further proceedings, and Registrant’s Motion for Summary Judgment should be granted.

#### **IV. CONCLUSION**

Due to all of the foregoing, Registrant requests that the Petition to Cancel be dismissed in its entirety with prejudice, and that Registrant's Motion for Summary Judgment be granted.

Dated: Calverton, New York.  
September 20, 2014

/s/ Todd Wengrovsky  
Todd Wengrovsky  
Law Offices of  
Todd Wengrovsky, PLLC.  
285 Southfield Road, Box 585  
Calverton, NY 11933  
Tel (631) 727-3400  
*Attorney for Registrant*

**CERTIFICATE OF SERVICE**

I hereby certify that on September 20, 2014, a copy of the foregoing Registrant's Motion for Summary Judgment, Memorandum in Support, and Affidavit of Justin Hassell with Exhibits were electronically filed with the United States Patent and Trademark Office and that copies of same were sent via electronic mail to Petitioner's attorneys of record:

Chun T. Wright, Esq.  
Reid Collins & Tsai LLP.  
1425 K Street NW, Suite 350  
Washington, DC 20005  
[cwright@rtlegal.com](mailto:cwright@rtlegal.com)  
[Frederick.Samuels@cahnsamuels.com](mailto:Frederick.Samuels@cahnsamuels.com)

/s/ Todd Wengrovsky  
Todd Wengrovsky  
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285 Southfield Road, Box 585  
Calverton, NY 11933  
Tel (631) 727-3400  
*Attorney for Registrant*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
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**AFFIDAVIT OF JUSTIN HASSELL  
IN SUPPORT OF REGISTRANT’S MOTION  
FOR SUMMARY JUDGMENT**

JUSTIN HASSELL, being duly sworn, deposes and states under penalty of perjury:

1. I have been the President of MedPay Systems, Inc., the Registrant in the present action (hereinafter “MedPay” or “Registrant”), since 1995. I make this Affidavit based on my personal knowledge, and specifically to confirm Registrant’s continuous, ongoing usage of the MEDPAY® trademark. The three-year period up to and including April, 2014 will be referred to as the “Relevant Period” herein.

2. MedPay is a company engaged in offering healthcare patient payment services.

3. Petitioner Affinipay, LLC. is a competitor to MedPay who also offers healthcare patient payment services.

4. MedPay has routinely engaged with both its healthcare provider clients and its healthcare patient clients on an ongoing daily basis from 1995 to the present, including during

the Relevant Period. Simply put, we routinely receive and handle both patient and provider customer service inquiries on a daily basis.

5. Attached hereto as **Exhibit A** is a true and correct copy of screen shots from MedPay’s website—medpaydirect.com—displaying the MEDPAY® trademark, as well the National Toll-Free telephone number (800) 633-7299, which number spells out (800) MEDPAY9. This website has been active at all times since 2005, including during the entire Relevant Period. See Attached **Exhibit A-1** for WHOIS registry data evidencing the creation date of the website. The website and National Toll-Free Telephone Number have been routinely accessed by both our healthcare provider clients, and by our healthcare patient clients during the Relevant Period. The website also displays the company’s general e-mail address contact@medpaydirect.com for direct e-mail communications. It has been active and running at all times during the Relevant Period.

6. Attached hereto as **Exhibit B** is a true and correct copy of screen shots from the “Trademark/Copyright Notice” of MedPay’s website, clearly indicating that MEDPAY® is a registered trademark, and displaying USPTO Trademark Registration number 1962072, and further including the statement “and is protected under applicable federal copyright and trademark laws”. This page has been up at all times during the Relevant Period.

7. Attached hereto as **Exhibit C** is a true and correct copy of screen shots from the “Contact Us” page of MedPay’s website, which provides a contact form submission directly to us. Such form has been used for contact submissions during the Relevant Period.

8. The “Contact Us” page of MedPay’s website was used by John Porter, the Co-founder and CFO of Petitioner Affinipay, to contact Registrant directly on August 30, 2013. Attached hereto as **Exhibit D** is a true and correct copy of the contact form submission sent by

Mr. Porter. I promptly replied to Mr. Porter via e-mail the same day, August 30, 2013, as also shown in **Exhibit D-1**.

9. Attached hereto as **Exhibit E** is a true and correct copy of a printout from the New York Department of State website evidencing that the corporation and trademark owner MEDPAY SYSTEMS, INC. is an ACTIVE corporation, and has been in existence since April 26, 1995. The corporation has been active and in good standing at all times during this period.

10. Attached hereto as **Exhibit F** is a true and correct copy of Dishonesty Bond number 14835946, issued on May 11, 2006 by Western Surety Company to MedPay Systems, Inc., in the amount of \$100,000.00 to protect all of MedPay's clients from financial losses due to potential dishonesty by MedPay or its employees. Copies of renewal bills dated March 11, 2011 and March 8, 2014 are also attached. This bond is currently in full force and effect, and has been in full force and effect at all times since May 11, 2006.

11. Attached hereto as **Exhibit G** is a true and correct copy of a March 19, 2011 Letter to the CEO of Bon Secours Charity Health System, following up on marketing materials sent by MedPay in February, 2011.

12. Attached hereto as **Exhibit H** is a true and correct copy of a receipt from Cablevision, showing that high-speed cable was installed at MedPay's office on July 19, 2011.

13. Attached hereto as **Exhibit I** is a true and correct copy of MedPay's "MedPay Provider Sales Brochure 1." Said brochure has been used during the Relevant Period for the marketing of the company's MEDPAY® payment services. It has been mailed to thousands of prospective hospital clients throughout the United States. This copy has been modified to remove the names of actual current healthcare provider clients.

14. Attached hereto as **Exhibit J** is a true and correct copy of the cover letter which has been used in conjunction with the mailings described in Exhibit I herein. This cover letter



was sent along with each brochure mailed during the Relevant Period. Certain confidential and proprietary information has been redacted from this letter.

15. Medpay has compiled and maintains multiple proprietary mailing lists which contain the names and addresses of prospective customers across the United States. Certain contacts from these lists were mailed the “Medpay Provider Sales Brochure 1” as recently as September, 2013, July, 2014, and September, 2014.

16. Attached hereto as **Exhibit K** is a true and correct copy of a scanned copy of “MedPay Provider Sales Brochure 2.” Said brochure has also been used during the period. This is the current version.

17. Attached hereto as **Exhibit L** is a true and correct copy of a scanned copy of the “MedPay Hospital Patient Brochure” which has been used during the period. This informational brochure has been provided to each hospital patient enrolled on the MEDPAY® System.

18. Attached hereto as **Exhibit M** is a true and correct copy of the proprietary “MEDPAY® Payment Plan Enrollment Form” which has long been used by Medpay Systems, Inc. and has been used during the entire period. Certain confidential and proprietary information has been redacted from this form.

19. Attached hereto as **Exhibits N-T** are true and correct copies of sworn Affidavits of actual current MEDPAY® healthcare patient clients, who were all active on the MEDPAY® payment system specifically during the Relevant Period, most of which are still active. These are but a few of the large number of patients currently on the MEDPAY® system. Each and every payment processed and collected comprises evidence of services recently and continuously performed under the MedPay® mark. Also attached are true and correct copies of the original fully-executed MEDPAY® Payment Plan Enrollment Form Agreements and a MEDPAY® Patient Transaction Report for each one of these patients, current as of June 2014, which

documents accurately detail the entire payment activity for each of their MEDPAY accounts. Pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”), this limited disclosure is made with the written consent of each patient, and certain confidential information, including bank, credit card, and patient account number information, have been redacted to protect each patient’s confidentiality and security.

20. Attached hereto as **Exhibit N** is a true and correct Affidavit of George Kessler: Mr. Kessler is an active account, and has been on the MEDPAY® system continuously since October 13, 2007. Mr. Kessler has made continuous payments totaling \$11,100.00 to MEDPAY during the Relevant Period of April 1, 2011 to April 1, 2014. Mr. Kessler’s account was active at all times during the Relevant Period of April 1, 2011 through April 1, 2014.

21. Attached hereto as **Exhibit O** is a true and correct Affidavit of Marlon Martindale: Mr. Martindale is an active account, and has been on the MEDPAY® system continuously since April 25, 2010. Mr. Martindale has made continuous payments totaling \$925.00 to MEDPAY during the Relevant Period of April 1, 2011 to April 1, 2014. Mr. Martindale’s account was active at all times during the Relevant Period of April 1, 2011 through April 1, 2014.

22. Attached hereto as **Exhibit P** is a true and correct Affidavit of Rebecca J. Benefield: Ms. Benefield is an active account, and has been on the MEDPAY® system continuously since November 11, 2011. Ms. Benefield has made continuous payments totaling \$1,400.00 to MEDPAY from November 11, 2011 to April 1, 2014, all within the Relevant Period.

23. Attached hereto as **Exhibit Q** is a true and correct Affidavit of Iris Burns: Ms. Burns is an active account, and has been on the MEDPAY® system continuously since June 15,

2012. Ms. Burns has made continuous payments to MEDPAY totaling \$5,250.00 during the period of June 15, 2012 to April 1, 2014, all within the Relevant Period.

24. Attached hereto as **Exhibit R** is a true and correct Affidavit of Katelyn Iovino-Llanos: Ms. Iovino-Llanos is an active account, and has been on the MEDPAY® system continuously since April 19, 2013. Ms. Iovino-Llanos has made continuous payments to MEDPAY totaling \$3,504.98 during the period of April 19, 2013- April 1, 2014, all within the Relevant Period.

25. Attached hereto as **Exhibit S** is a true and correct Affidavit of Nicole Stork: Ms. Stork is an active account, and has been on the MEDPAY® system continuously since April 30, 2013. Ms. Stork has made continuous payments to MEDPAY totaling \$275.00 during the period of April 30, 2013 to April 1, 2014, all within the Relevant Period.

26. Attached hereto as **Exhibit T** is a true and correct copy of 73 actual MEDPAY® bi-monthly (twice monthly) Summary Debit/Credit Payment Reports which have been issued to one single specific MEDPAY healthcare provider client “104” for the entire period of April 1, 2011 through April 1, 2014, showing total patient payments of \$995,992.63 which have been continuously processed, collected, and remitted using the MEDPAY® payment system, all within the last three year Relevant Period (again, certain information has been redacted pursuant to HIPAA). The total dollar breakdown by period, for this specific one client is as follows:

2011	\$264,340.43	(4/01/2011-12/31/2011)
2012	\$331,452.83	
2013	\$326,744.42	
2014	\$73,454.95	(1/01/2014- 4/01/2014)
Total	\$995,992.63	


27. Attached hereto as **Exhibit U** is a true and correct copy of the most recent Biennial Statement filed by MEDPAY SYSTEMS, INC. with the New York Department of State, Division of Corporations on May 2, 2013, and indicating a next filing period of April, 2015.

28. Attached hereto as Exhibit V are true and correct copies of 11 pages of Justin Hassell's actual hand written sales and marketing notes of specific Hospitals, and specific Hospital Executives, each of whom were mailed the "MedPay® Provider Sales Brochure 1" (See Exhibit I), in April, 2011. Said brochure was then followed by a second form letter (See Exhibit G) from MedPay® on May 4, 2011. Most of the individual Hospital Executives on this list were thereafter called by me personally on the specific date in May, 2011 which is indicated in my handwritten notes. The notation "L/M" refers to the fact that I personally left a voice message for the specific Hospital Executive on the specific date indicated in my notes, following up on the MedPay® sales and marketing materials that had at the time been recently mailed. These are exact copies of my original notes from April/May 2011.

I declare under penalty of perjury that the foregoing is true and correct.

  
\_\_\_\_\_  
JUSTIN HASSELL  
MEDPAY SYSTEMS, INC.

Sworn to before me this  
18<sup>th</sup> day of September, 2014.

  
\_\_\_\_\_  
Notary Public

**SYED ALEVICH ASHRAF**  
**Notary Public - State of New York**  
**No. 01AS6280413**  
**Qualified in Kings County**  
**Commission Expires Apr. 29, 2017**

# EXHIBIT A

Med Pay Direct  
www.medpaydirect.com

Most Visited Getting Started



Home  
How MedPay® Works  
Benefits To Your Hospital  
Risk Free Trial

Patient Information  
Patient FAQ  
Patient References

Trademark/Copyright Notice  
Contact Us

MedPay Systems, Inc.  
229 E. 85th Street,  
#1547  
New York, NY 10028  
Tel: (800) 633-7299  
Fax: (631) 423-8560



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**Your Patient's Monthly Payments Are Debited Directly And Automatically From The Patient's Checking, Savings, or Major Credit Card Account!**




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New York, NY 10028  
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Fax: (631) 423-8560  
contact@medpaydirect.com



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**Your Patient's Monthly Payments Are Debited Directly And Automatically From The Patient's Checking, Savings, or Major Credit Card Account!**



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# EXHIBIT B

Med Pay Direct

www.medpaydirect.com/trademark.asp

Most Visited Getting Started



Home  
How MedPay® Works  
Benefits To Your Hospital  
Risk Free Trial  
Patient Information  
Patient FAQ  
Patient References  
Trademark/Copyright Notice  
Contact Us

MedPay Systems, Inc.  
229 E. 85th Street,  
#1547  
New York, NY 10028  
Tel: (800) 633-7299  
Fax: (631) 423-8560



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Med Pay Direct

www.medpaydirect.com/trademark.asp

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# EXHIBIT C

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Please complete the form below for information on our services.


First Name:   
 Last Name:   
 Title:   
 Facility/Company Name:   
 Address:   
 City:   
 State:   
 Zip Code:   
 Phone:   
 E-mail:   
 Website:   
 Type of Practice:   
 Comments:

Security Image:   
 Enter the characters in the image [Change Image](#)

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Tel: (800) 633-7299  
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contact@medpaydirect.com

### Contact Us

Please complete the form below for information on our services.

First Name:   
 Last Name:   
 Title:   
 Facility/Company Name:   
 Address:   
 City:   
 State:   
 Zip Code:   
 Phone:   
 E-mail:   
 Website:   
 Type of Practice:   
 Comments:

Security Image:   
 Enter the characters in the image above:

Desktop 2:27 PM 5/31/2014

# EXHIBIT D

[Print](#) | [Close Window](#)

**Subject:** medpaydirect.com-MedPay Direct Contact Form  
**From:** formmailer@secureserver.net  
**Date:** Fri, Aug 30, 2013 9:37 am  
**To:** contact@medpaydirect.com

Address:  
City:  
Comments: Is medpay system interested in a strategic investment, or an outright sale of the business. I am interested in learning more about MedPayDirect.  
CompanyName:  
ContactEmail: jporter@arabellacapital.com  
FirstName: John  
LastName: Porter  
Phone:  
State:  
Title:  
TypeOfPractice:  
Website:  
ZipCode:  
captchacode: 196254  
email: contact@medpaydirect.com

---

This e-mail was generated from a form submission on your website: medpaydirect.com at 8/30/2013 6:37:07 AM

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# EXHIBIT E

# NYS Department of State

## Division of Corporations

### Entity Information

The information contained in this database is current through May 30, 2014.

---

Selected Entity Name: MEDPAY SYSTEMS, INC.

Selected Entity Status Information

**Current Entity Name:** MEDPAY SYSTEMS, INC.

**DOS ID #:** 1916589

**Initial DOS Filing Date:** APRIL 26, 1995

**County:** NEW YORK

**Jurisdiction:** NEW YORK

**Entity Type:** DOMESTIC BUSINESS CORPORATION

**Current Entity Status:** ACTIVE

Selected Entity Address Information

**DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)**

MEDPAY SYSTEMS, INC.

403 E. 87TH STREET

#1B

NEW YORK, NEW YORK, 10128

**Chief Executive Officer**

JUSTIN A. HASSELL

403 E 87TH STREET

#1B

NEW YORK, NEW YORK, 10128

**Principal Executive Office**

MEDPAY SYSTEMS, INC.

403 E 87TH STREET

#1B

NEW YORK, NEW YORK, 10128

**Registered Agent**

JUSTIN A.HASSELL  
403 E. 87TH STREET, #1B  
NEW YORK, NEW YORK, 10128

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not recorded and only available by viewing the certificate.

#### **\*Stock Information**

<b># of Shares</b>	<b>Type of Stock</b>	<b>\$ Value per Share</b>
200	No Par Value	

\*Stock information is applicable to domestic business corporations.

#### **Name History**

<b>Filing Date</b>	<b>Name Type</b>	<b>Entity Name</b>
APR 26, 1995	Actual	MEDPAY SYSTEMS, INC.

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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# EXHIBIT F



WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES



# Western Surety Company

## DISHONESTY BOND (FOR ANY TYPE OF BUSINESS)

Bond No. 14835946

In consideration of the agreed premium, Western Surety Company, a South Dakota corporation (the "Surety"), hereby agrees to indemnify Justin A. Hassell DBA MedPay Systems, Inc.

691 Walk Whitman Road Suite 203 Melville, NY 11747

(the "Insured"), against any loss of money or other property which the Insured shall sustain or for which the Insured shall incur liability to any Customer or Subscriber of the Insured through any fraudulent or dishonest act or acts committed by any Employee or Employees of the Insured acting alone or in Collusion with others, the amount of indemnity on each of such Employees being One Hundred Thousand and 00/100

DOLLARS (\$100,000.00)).

THE FOREGOING AGREEMENT IS SUBJECT TO THE FOLLOWING CONDITIONS AND LIMITATIONS:

### TERM OF BOND:

SECTION 1. The term of this bond begins with the 11th day of May, 2006, standard time, at the address of the Insured above given, and ends at 12:00 o'clock night, standard time, on the effective date of the cancellation of this bond in its entirety.

### EXCLUSION:

SECTION 2. This bond does not apply to loss, or to that part of any loss, as the case may be, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or a profit and loss computation. In addition, the policy does not apply to the defense of any legal proceedings brought against the Insured, or to fees, costs or expenses incurred or paid by the Insured in prosecuting or defending any legal proceedings whether or not such proceedings results or would result in a loss to the Insured covered by this policy. In addition, the Company shall not be liable for any costs, fees and other expenses incurred by the Insured in establishing the existence or the amount of loss covered under this policy.

### DISCOVERY PERIOD:

SECTION 3. Loss is covered under this bond only (a) if sustained through any act or acts committed by any Employee of Insured while this bond is in force as to such Employee, and (b) if discovered prior to the expiration or sooner cancellation of this bond in its entirety as provided in Section 10, or from its cancellation or termination in its entirety in any other manner, whichever shall first happen.

### DEFINITION OF EMPLOYEE:

SECTION 4. The word Employee or Employees, as used in this bond, shall be deemed to mean, respectively, one or more of the natural persons (except directors or trustees of the Insured, if a corporation, who are not also officers or employees thereof in some other capacity) while in the regular service of the Insured in the ordinary course of the Insured's business during the term of this bond, and whom the Insured compensates by salary or wages and has the right to govern and direct in the performance of such service, and who are engaged in such service within any of the States of the United States of America, or within the District of Columbia, Puerto Rico, the Virgin Islands, or elsewhere for a limited period, but not to mean brokers, factors, commission merchants, consignees, contractors, or other agents or representatives of the same general character.

### FRAUDULENT OR DISHONEST ACT:

SECTION 5. A FRAUDULENT OR DISHONEST ACT OF AN EMPLOYEE OF THE INSURED SHALL MEAN AN ACT WHICH IS PUNISHABLE UNDER THE CRIMINAL CODE IN THE JURISDICTION WITHIN WHICH ACT OCCURRED, FOR WHICH SAID EMPLOYEE IS TRIED AND CONVICTED BY A COURT OF PROPER JURISDICTION.

### MERGER OR CONSOLIDATION:

SECTION 6. If any natural persons shall be taken into the regular service of the Insured through merger or consolidation with some other concern, the Insured shall give the Surety written notice thereof and shall pay an additional premium on any increase in the number of Employees covered under this bond as a result of such merger or consolidation computed pro rata from the date of such merger or consolidation to the end of the current premium period.

### NON-ACCUMULATION OF LIABILITY:

SECTION 7. Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the liability of the Surety under this bond shall not be cumulative in amounts from year to year or from period to period.

Form 1432-10-2002

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES

**LIMIT OF LIABILITY UNDER THIS BOND AND PRIOR INSURANCE:**

SECTION 8. With respect to loss or losses caused by an Employee or which are chargeable to such Employee as provided in Section 5 and which occur partly under this bond and partly under other bonds or policies issued by the Surety to the Insured or to any predecessor in interest of the Insured and terminated or cancelled or allowed to expire and in which the period for discovery has not expired at the time any such loss or losses thereunder are discovered, the total liability of the Surety under this bond and under such other bonds or policies shall not exceed, in the aggregate, the amount carried under this bond on such loss or losses or the amount available to the Insured under such other bonds or policies, as limited by the terms and conditions thereof, for any such loss or losses, if the latter amount be the larger.

**SALVAGE:**

SECTION 9. If the Insured shall sustain any loss or losses covered by this bond which exceed the amount of coverage provided by this bond, the Insured shall be entitled to all recoveries, except from suretyship, insurance, reinsurance, security or indemnity taken by or for the benefit of the Surety, by whomsoever made, on account of such loss or losses under this bond until fully reimbursed, less the actual cost of effecting the same; and less the amount of the deductible carried on the Employee causing such loss or losses; and any remainder shall be applied to the reimbursement of the Surety.

**CANCELLATION AS TO ANY EMPLOYEE:**

SECTION 10. This bond shall be deemed cancelled as to any Employee: (a) immediately upon discovery by the Insured, or by any partner or officer thereof not in collusion with such Employee, of any fraudulent or dishonest act on the part of such Employee; or (b) at 12:00 o'clock night, standard time, upon the effective date specified in a written notice served upon the Insured or sent by mail. Such date, if the notice be served, shall be not less than ten days after such service, or, if sent by mail, not less than fifteen days after the date of mailing. The mailing by Surety of notice, as aforesaid, to the Insured at its principal office shall be sufficient proof of notice.

**CANCELLATION AS TO BOND IN ITS ENTIRETY:**

SECTION 11. This bond shall be deemed cancelled in its entirety at 12:00 o'clock night, standard time, upon the effective date specified in a written notice served by the Insured upon the Surety or by the Surety upon the Insured, or sent by mail. Such date, if served by the Surety, shall be not less than ten days after such service, or if sent by the Surety by mail, not less than fifteen days after the date of mailing. The mailing by the Surety of notice, as aforesaid, to the Insured at its principal office shall be sufficient proof of notice. The Surety shall refund to the Insured the unearned premium computed pro rata if this bond be cancelled at the instance of the Surety, or at short rates if cancelled or reduced at the instance of the Insured.

**PRIOR FRAUD, DISHONESTY OR CANCELLATION:**

SECTION 12. No Employee, to the best of the knowledge of the Insured, or of any partner or officer thereof not in collusion with such Employee, has committed any fraudulent or dishonest act in the service of the Insured or otherwise. If prior to the issuance of this bond, any fidelity insurance in favor of the Insured or any predecessor in interest of the Insured and covering one or more of the Insured's Employees shall have been cancelled as to any of such Employees by reason of (a) the discovery of any fraudulent or dishonest act on the part of such Employees, or (b) the giving of written notice of cancellation by the insurer issuing said fidelity insurance, whether the Surety or not, and if such Employees shall not have been reinstated under the coverage of said fidelity insurance or superseding fidelity insurance, the Surety shall not be liable under this bond on account of such Employees unless the Surety shall agree in writing to include such Employees within the coverage of this bond.

**LOSS-NOTICE-PROOF-LEGAL PROCEEDINGS:**

SECTION 13. At the earliest practical moment, and at all events not later than fifteen days after discovery of any fraudulent or dishonest act on the part of any Employee by the Insured, or by any partner or officer thereof not in collusion with such Employee, the Insured shall give the Surety written notice thereof and within four months after such discovery shall file with the Surety affirmative proof of loss, itemized and duly sworn to, and shall upon request of the Surety render every assistance, not pecuniary, to facilitate the investigation and adjustment of any loss. No suit to recover on account of loss under this bond shall be brought before the expiration of two months from the filing of proof as aforesaid on account of such loss, nor after the expiration of fifteen months from the discovery as aforesaid of the fraudulent or dishonest act causing such loss. If any limitation in this bond for giving notice, filing claim or bringing suit is prohibited or made void by any law controlling the construction of this bond, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

**PART-TIME OR TEMPORARY EMPLOYEES:**

SECTION 14. The named Insured shall not at any time while this bond is in force direct any temporary or part-time Employee(s) to any subscriber's premises unless such Employee(s) is accompanied by a foreman who is in the regular employ of the Insured.

SIGNED, SEALED AND DATED May 11th, 2006.

WESTERN SURETY COMPANY  
By Paul T. Bruflat  
PAUL T. BRUFLAT, SENIOR VICE PRESIDENT

**NOTICE OF PREMIUM DUE**

\*\*\*\*\*



P. O. Box 5077  
Sioux Falls, SD 57117-5077  
1-888-866-2666

*pd op ck #1873*

MEDPAY SYSTEMS, INC.  
691 WALT WHITMAN ROAD  
SUITE 203  
MELVILLE, NY 11747

Bond/Policy#: 0601 14835946

Billing Date: 03/11/2011  
Filing Date: 05/11/2011

Premium: \$ [REDACTED]

**Amount Due:** \$ [REDACTED]

We show one individual in this business.  
To ensure proper coverage, verify the total number of employees (and owners, if they are covered) & fax, call or write us if the number has changed.

Bond/Policy#: **0601 14835946**  
Effective Date: 05/11/2011      Anniversary Date: 05/11/2012  
Penalty: \$100,000.00  
Name: MEDPAY SYSTEMS, INC.  
Description: NY DISHONESTY B - COLLECTION AGENCY

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (315)437-4283  
Agency: 31-17458

**Ralf Rigo Agency**  
**1937 Teall Ave.**  
**Syracuse, NY 13206-1929**

Please detach and return the original coupon below with your payment

**NOTICE OF PREMIUM DUE**  
\*\*\*\*\*



Phone: 1-888-866-2666

Fax: 1-605-335-0357

Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

Company#: 0601

Bond/Policy#: 14835946

Billing Date: 03/08/2014

Due Date: 05/11/2014

Premium: \$[REDACTED]

MEDPAY SYSTEMS, INC.  
P. O. BOX 1547  
NEW YORK, NY 10028

*Pd ck# 2114  
4/15/14*

**Amount Due:** \$[REDACTED]

We show one individual in this business.  
To ensure proper coverage, verify the  
total number of employees (and owners, if  
they are covered) & fax, call or write  
us if the number has changed.

Company#: 0601  
Bond/Policy#: 14835946  
Effective Date: 05/11/2014      Anniversary Date: 05/11/2015  
Bond amount: \$100,000.00  
Name: MEDPAY SYSTEMS, INC.  
Description: NY DISHONESTY B - COLLECTION AGENCY

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (315)437-4283  
Agency Code: 31-17458

**S B X P R S S, Inc.**  
1937 Teall Ave.  
Syracuse, NY 13206-1929

**YOU CAN PAY ONLINE BY VISITING [ONLINEPAY.CNASURETY.COM](http://ONLINEPAY.CNASURETY.COM)**

Please detach and return the coupon below with your payment. Please send payment to the address below.

# EXHIBIT G



MedPay Systems, Inc. • 691 Walt Whitman Road • Melville, New York 11747  
Telephone: 1-800-633-7299 • Fax: (631) 423-8560 • [www.medpaydirect.com](http://www.medpaydirect.com)

---

March 19, 2011

Dear Philip:

One month ago, I sent you our comprehensive information packet detailing all of the benefits of taking a six month test drive of our automated patient payment system without risk, obligation, or upfront costs. MedPay is a convenient and proven financial tool for both hospitals and their patients. It is “the way” to effectively manage self-pay receivables.

The MedPay System is fully automated and requires virtually no involvement by hospital staff. With growing self-pay balances, including co-pays and deductibles, along with the current difficult economic situation, now is truly the time to add MedPay to your suite of payment options because MedPay will increase your patient collections, increase your cash flow, reduce your bad debt, and reduce your internal administrative costs. Every 10 business days, MedPay electronically transfers all patient payments directly to the hospital.

MedPay is so beneficial and easy to use. Patients are pleased to have the MedPay option because it makes it easy for them to comply with their patient payment agreement and manage their monthly payments. Hospitals are pleased to utilize MedPay because it substantially increases their self-pay revenue while dramatically reducing collection costs and workload. There are no upfront costs, and you may cancel at any time and for any reason. But every client that started with MedPay is still with MedPay, some for as long as 14 years.

This really is the time to bring MedPay aboard at Bon Secours Charity Health System. With one phone call to me, I will gladly answer any questions you may have and arrange to meet with you and your team at your convenience to discuss all of the advantages and benefits of having MedPay as one of your hospital’s payment options. If you like what you see, you can be up and running in just 14 days!

I look forward to hearing from you.

Sincerely,

Justin A. Hassell  
Vice President

# EXHIBIT H

07/19/11 11AM-2PM **INSTALL** SYSTEMS MEDPAY 7801-480608- 2  
 DUAL SALES ID 747 691 WALT WHITMAN RD SUI 203  
 HM# 2128310220 B3# 984-0206/516 Melville NY 11747  
 TEC# 3100 JOB 5A START 3:30 ENDTIME 3:00 CURRENT MONTHLY CHARGES \$  
 R/A: Y/N TECH# 2102 JOB# \_\_\_\_\_ ADDL MONTHLY SERVICE CHARGES \$ 119.85  
 PENDING SERVICES \_\_\_\_\_ ONE-TIME INSTALL CHARGES \$ 46.95

- GC 2 OV4B
- GU 1 OOL4B DbPlay
- HF 1 OV4Bmodem1
- HG 1 OOL4B Basic
- HY 2 OVDbPlyDisc
- V1 1 OV Ported Number
- Z1 1 1-4 OV Lines
- Z5 1 OOL/OV Cml Inst

BAL DUE AT INSTALL \$  
 ADD OUTLETS OVER 3 \$ 9.95EA  
 TOTAL A/O OVER 3 X  
 CUSTOMER INITIALS: \_\_\_\_\_

*Recow  
2ov4B  
Bood*

WRITE HFC MAC ID  
 INSIDE THIS SQUARE  
 AND  
 PLACE NEW MODEM  
 STICKER HERE

*00126616 AC5C*

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*611*  
*92*

RecBx OOL+OV      \*\*OV4B Modem 1      OV4B Line  
 Port Tele#      Bx OV 1-4  
 OV4B Line      Port Tele#      *FX*

CONVRTRS: ADD 0 REMOVE 0 OH: JG 0 | WIP: PTN 6314238560, 6314238585,  
 MODEMS: ADD 1 REMOVE 0 FT AREA: 75 |  
 NDS CRDS: ADD 0 REMOVE 0 IVR: Plan |  
 GROUND: 3 POLE# \_\_\_\_\_ RT: \_\_\_\_\_ TMAP: F258 | SI: No ID Required  
 AMPERAGE: \_\_\_\_\_ TAP: \_\_\_\_\_ | Call Home  
 DROP CERT: P/F HHC P/F/NA TRP OOL/EB/NA | Complex Port  
 WORK PTS: 24 CONSTR: 14277713 | H/C: \*\*Platinum Service Area\*\*  
 TAG: 4381950 NEW TAG: 14277713 |  
 NODE/CENSUS: 141020 CLI: 955  
 STATUS: COMPRESCHED/NOT DONE/CANCELLED  
 RF LEVELS: 250 70-50 6033.1 693-50 723-50 747-50

COMMENTS: Installed 2ov4B/Bood  
 MT ZIP: \_\_\_\_\_  
 CUST ID/TYPER: \_\_\_\_\_

Did we demonstrate services?  
 Sign-X  
 Received Optimum Service Guide?  
 Sign-X

**OPTIMUM VOICE CUSTOMERS**  
**E911 NOTIFICATION:** In the event of a power outage, and provided you do not have battery backup on your modem, you will not have E911 service. If your service is disconnected or interrupted, you will not have E911 service. If you relocate the modem to a different address, you must notify Cablevision in advance to update E911 service. During the initial 72 hours of service at your new address, you may be required to provide the E911 operator with your new service address.  
**SECURITY AND MEDICAL ALERT SYSTEM LIMITATIONS:** You acknowledge that Cablevision does not support the use of any Optimum Voice service as a connection for (i) emergency medical alert systems, (ii) all high security monitoring systems (UL 681 or similar) or (iii) fire alarm systems (UL 864 or similar). You acknowledge that it is your sole responsibility to contact your central station monitoring provider to test and verify that your security system is in good working order and that you are responsible for any additional work required to ensure the proper operation of your security system.

**CUSTOMER ACCEPTANCE**  
 Please confirm your satisfaction with installation/repair of the Optimum product/service(s) and verify all equipment prior to signing this document. Please note, charges listed above may not include franchise fees, taxes, equipment and other charges. Promotional offerings subject to terms (i.e. length of promotion) provided at time of sale. **BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES THAT ALL INFORMATION ON BOTH SIDES OF THIS WORK ORDER, INCLUDING E911 NOTIFICATION AND SECURITY AND MEDICAL ALERT SYSTEM LIMITATIONS STATED ABOVE AND GENERAL TERMS AND CONDITIONS OF SERVICE ON THE BACK, HAS BEEN READ AND AGREED TO.**

Signed *[Signature]* Date 7/19 QC \_\_\_\_\_ Tech Initials *[Signature]*  
**CUSTOMER COPY**



# EXHIBIT I

# The Future of Collecting and Managing Patient Balances Has Arrived...

Your Patient's Monthly Payments  
Are Debited Directly From The  
Patient's Checking, Savings, or  
Major Credit Card Account!



A Simple to Use, Low Cost Solution  
for Maximizing and Totally Automating  
the Collection of Your Self-Pay Receivables!

## MEDPAY®

Automatic Debit Patient Payment System

# Forget Expensive In House Billing, And Costly Collection Agencies, MedPay's Automated Processing System Makes Collecting Your Patient Balances As Easy As 1,2,3...

How MedPay's Proprietary Electronic Payment System Works:

1



1. Enroll your patients needing extended payments on MedPay. (Enrollment takes less than 5 minutes!)

2



2. Scheduled monthly payments are automatically debited from the patient's designated bank or credit card account.\*

3



3. Proceeds are electronically deposited directly into the hospital's bank account every ten business days.\*

\* Steps 2 & 3 continue until the patient's balance is paid in full.  
MedPay is fully automated. We do all of the processing!

# Six Reasons Your Hospital Should Be Using MedPay® Now:

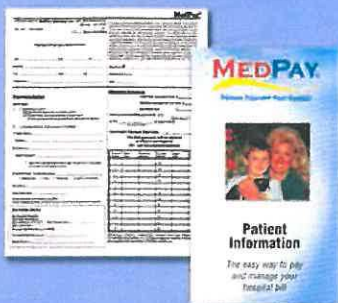
1



## It's Secure

MedPay is a totally secure payment platform. We pride ourselves on our longstanding record of 100% total security. MedPay is bonded for the protection of our clients.

2



## It's Simple

Your patients fill out one short enrollment form, and their monthly payments are electronically debited until the balance is paid in full.

3



## It's Efficient

By using MedPay's automatic debit payment plan, your scheduled patient payments are collected On-Time Every-Time! Your payments are deposited electronically into your bank account.

4



## It's Cost Effective

No more mailing expensive monthly statements. No more postage expense, or continuous payment processing by your staff. Even better, there is no software to buy or use, MedPay manages the whole program for you, and probably for a lot less than it's costing you now. MedPay is a full service provider, we provide all of the necessary forms, hospital and patient support, and we do all of the electronic processing.

5



## It's Profitable

- Increases Collections
- Increases Payment Plan Compliance
- Reduces Bad Debt
- Expedites Cash Flow
- Eliminates Patient Billing Expense
- Eliminates Collection Calls
- Reduces The Need For Costly Collection Agencies
- Increases Patient Satisfaction

6



## Patients Like It

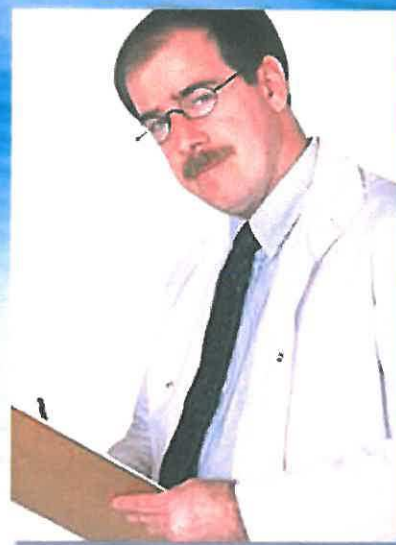
Your patients will appreciate being offered a simple, convenient monthly payment arrangement that saves them time and money. Payments can be easily budgeted for, and there are no checks to write out and mail. Patients know and understand their payment schedule in advance.

Tel: (800) 633-7299 • Fax: (631) 423-8560

## Here's What Some of Our Hospital Clients Are Saying:

*"We have collected over one million dollars using MedPay. It has helped us to achieve much higher patient payment compliance, with an overall lower default rate. Our patients like it, and we now have a much more efficient payment option to use. With MedPay our patient payments are always on time. MedPay has saved us money, while efficiently collecting patient balances. It was a no brainer for us.*

**S.V., Director of Patient Accounts**



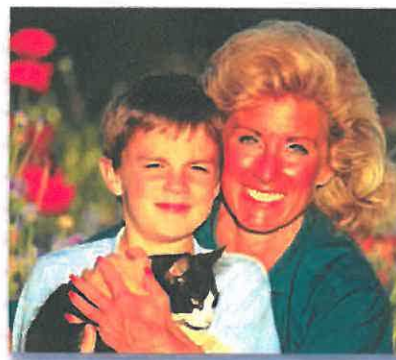
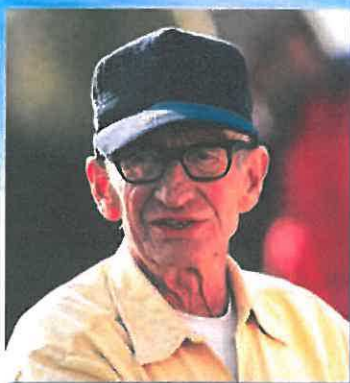
## Here's What Patients Are Saying:

*"I appreciated the convenient monthly payments. MedPay's staff was friendly and helpful".*

- J.S., N.Babylon, NY

*"Before I knew it, my balance was already paid off!"*

- R.C., Commack, NY



**MedPay will increase your patient collections, increase your cash flow, reduce your bad debt, and reduce your internal administrative costs. Become a MedPay client in the next 30 days, and we will offer you a completely risk-free 6 month trial of MedPay's cutting edge payment collection system!**

**CALL TODAY!**

**You Can Be Up And Running In Just 14 Days!**

**MEDPAY.**

MedPay Systems, Inc.  
P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299  
Fax: (631) 423-8560

For Details Contact: Justin A. Hassell, President  
Tel: 1-800-633-7299 x705 • email: [JHassell@medpaydirect.com](mailto:JHassell@medpaydirect.com)  
[www.medpaydirect.com](http://www.medpaydirect.com)

To:



# EXHIBIT J



MedPay Systems, Inc. -Telephone: (800) 633-7299 - [www.MedpayDirect.com](http://www.MedpayDirect.com)

Rather than have me tell you all about our extraordinary MedPay System and the success it brings to hospitals, let one of our [REDACTED] clients explain it:

*"We have collected over [REDACTED] million dollars using MedPay. With MedPay, a strong up front commitment is made by the patient by way of a signed agreement to make automatic monthly payments directly from the patient's checking, savings, or major credit card account. It has helped us to achieve much higher patient payment compliance with an overall lower default rate. Our patients like it, and we now have a much more efficient payment option to use. With MedPay, our patient payments are always on time. MedPay has saved us money while efficiently collecting patient balances. It was a no brainer for us."*

[REDACTED], Manager, Customer Service  
[REDACTED]

[REDACTED]

MedPay is a simple and easy to use payment program that efficiently manages medical self-pay balances. The MedPay System is a convenient and proven financial tool, is fully automated, and requires virtually no involvement by hospital staff. And it is very low cost! With ever increasing co-pays and deductibles, along with the current difficult economic situation, now is the time to add MedPay to your suite of payment options.

Your patients will be pleased to have the MedPay option because it makes it easy for them to comply with their payment agreements and manage their monthly payments to the hospital. Hospitals are pleased to offer MedPay because it substantially increases their self-pay revenue while dramatically reducing collection costs and workload. MedPay is so beneficial, inexpensive, and easy to use that we will give your hospital a six-month test drive with no risk and no obligation. There are no upfront costs, and you may cancel at any time and for any reason.

Please contact me at 1-800-633-7299 x705, or by e-mail [Jhassell@MedpayDirect.com](mailto:Jhassell@MedpayDirect.com) to arrange a meeting at your convenience to discuss all of the advantages and benefits of offering MedPay at your hospital. [REDACTED]

Sincerely,

Justin A. Hassell  
President

# EXHIBIT K



# Healthcare Patient Payment Collection and Management Systems

Contact us today for a free consultation-  
See how MedPay® can streamline your  
patient payment collection process.



MedPay Systems, Inc.  
P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299

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All Rights Reserved



MedPay® has the systems for maximizing the collection and management of your self-pay patient balances. We offer customized solutions for all of your patients. As a fully automated, out-sourced service, we utilize state of the art, proprietary technology to minimize your costs, while maximizing the revenues we collect for our clients.



Enroll your patients on MedPay.

**MEDPAY**



**MEDPAY**



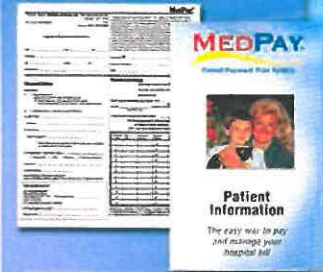
**MEDPAY**

Your benefits when using MedPay® for your self-pay receivables:

- Increased Collections
- Reduced Bad Debt
- Expedited Cash Flow
- Reduced Administrative Staff Expense
- Eliminates Collection Calls & Patient Billing Expense
- Reduces The Need For Costly Collection Agencies
- Increases Patient Satisfaction

Our systems are easy to use and integrate into any practice. MedPay® can be used by:

- Hospitals
- Ambulatory Care Facilities
- Physician's Offices-
- All Specialties
- Dental Offices-  
All Specialties



# EXHIBIT L

The  
**MEDPAY**®

## Payment Plan...

- Affordable installment payments.
- No interest or late charges.
- No required down payment.
- No membership or annual fee.
- No credit check.
- Prepay your balance at any time without penalty.
- Written confirmation before payments begin.
- Convenience. No monthly bills, check writing, or postage expense.
- Easy to keep track of.
- Maintain good credit with the hospital while paying over time.
- Prompt, courteous, customer service.

**MEDPAY**®

Patient Payment Plan System

MedPay Systems, Inc.  
P.O. Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 • Fax: (631) 423-8560  
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**MEDPAY**®

Patient Payment Plan System



## Patient Information

*The easy way to pay  
and manage your  
hospital bill*

*Thank you for choosing our Hospital Medical Center for your health care.*

We generally ask that patient's accounts be paid in full. We accept most major credit cards for your convenience.

We do understand that many health care costs are unexpected and have not been budgeted for. As a courtesy to our patients needing time payments, we offer the **MedPay** payment plan.

With **MedPay**, there are *no interest, late charges or other costs*. We simply agree on a monthly payment amount and payment date. Each payment is automatically debited from either your checking, savings, or major credit card account. A record of each transaction will appear on your monthly bank or credit card statement. You will receive a written copy of your payment plan before payments begin.

**MedPay** is efficient and cost effective for the hospital, and the savings are passed on to you in *a payment plan with no interest or fees*. There are no monthly statements or checks to write out and mail. All processing is done electronically.

## A FEW COMMONLY ASKED QUESTIONS AND ANSWERS...

### *How Does The Automatic Debit Feature Work?*

Using electronic funds transfer, we will automatically debit the bank or credit card account you have selected, on the agreed dates, and only for the amount you have agreed to.

### **How Much Does MedPay Cost Me?**

*There is no cost to the patient for using MedPay.*

### **How Will I Remember Debit Dates and Amounts?**

Your health care provider will give you a copy of your payment schedule. Remember to record each transaction, and ensure that sufficient funds or credit is available on schedule debit dates.

*A \$17.50 charge will be made for all debits returned unpaid.*

### **Do I Lose Control of My Bank or Credit Card Account by Signing an Electronic Funds Transfer Authorization Form?**

*Simply put, No.* Your authorization is for specific amounts, and dates, which limits MedPay's access.

### **What If I Switch Banks or Want to Use A Different Credit Card Account?**

Just notify MedPay®, or the hospital business office and fill out a simple change form. You must notify us at least 14 days before changing accounts.

### **What If I Have Questions Regarding My Account?**

Our business office is available to serve you Monday through Friday 10a.m. - 6p.m. (EST) at (800) 633-7299.

**MEDPAY.**



# EXHIBIT M

**MedPay Systems, Inc.**

P.O. Box 1547  
New York, NY 10028

Telephone & Fax:  
(800) 633-7299

**Payment Plan Enrollment Form**

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

I have read and agree to the terms and conditions listed on the reverse side hereof.

Signature X: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Option** Make Checks Payable To The Hospital

**Bank Debit:**

1.  Checking Account  
 Sign form & return with a VOIDED check.  
 Please make your first payment now by check.  
 Future payments will be automatically deducted as agreed.

2.  Savings Account (Fill out lines A & B below.)

A. Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

B. Account #: \_\_\_\_\_

Bank Routing #: \*\* \_\_\_\_\_

\*\* Bank Routing Number is the 9 digit number which precedes or follows the account number.

3. Credit Card: Cardholder Name: \_\_\_\_\_

- Mastercard  Visa  Discover  American Express

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Verification Number: \_\_\_\_\_  
 (Last 3 digits printed on back of the credit card in signature panel)  
 (For American Express it's a 4 digit code on front of card)

**For Provider Use Only**

Check One:

Patient Account #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

**Payment Schedule**

STARTING BALANCE DUE: \$ \_\_\_\_\_

Payment received with this form: \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_

Debit equal monthly payments; of \$ \_\_\_\_\_  
 (dollar amount)  
 on the \_\_\_\_\_ of each month.  
 (day of the month)

Automatic Payment Start Date: \_\_\_\_\_

**The final payment, will be adjusted to effect a zero balance.**

**OR - use this payment schedule**

Payment Number	Date of Debit	Amount of Payment	Payment Number	Date of Debit	Amount of Payment
1.			13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

White Copy - Hospital • Yellow Copy - Patient  
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# EXHIBIT N





MEDPAY SYSTEMS, INC. )  
 403 E. 87<sup>th</sup> Street, #1B )  
 New York, NY 10128 )  
 U.S.A. )  
 )  
 (Complainant) )  
 )  
 v. )  
 )  
 AFFINIPAY, LLC )  
 6200 Bridge Point Parkway )  
 Bldg. 4, Suite 250 )  
 Austin, TX 78730 )  
 U.S.A. )  
 )  
 (Respondent) )

**Domain Name in Dispute:**  
**Medpay.com**

**AFFIDAVIT OF GEORGE KESSLER**

STATE OF NEW YORK )  
 ) ss.  
 COUNTY OF SUFFOLK )

I, George Kessler, being duly sworn, depose and state under penalty of perjury:

1. I, George Kessler am an individual residing at 32 Zavra Street, Bohemia New York 11716. I am a resident of the State of New York.
2. In 2007, I obtained medical treatment from a licensed healthcare provider.
3. After above medical treatment was completed, I had a balance of \$25,000.00 due by me to the healthcare provider for the medical services rendered. In 2010, I had additional charges of \$2,519.27 also due to the same healthcare provider.
4. My healthcare provider offered me payment options which included an extended payment plan on the MEDPAY® payment system. I selected the MEDPAY® payment option.

5. I completed and signed a MEDPAY® Payment Plan Enrollment Form with MEDPAY® on October 13, 2007.

6. I authorized 91 additional ongoing monthly credit card payments of \$300.00, and a 92nd and final monthly payment of \$219.27. Said payments were authorized starting in November, 2007 to be debited consecutively by MEDPAY® until the balance was paid in full in August, 2015.

7. Since November, 2007 I have made continuous and ongoing monthly payments of \$300.00 to MEDPAY® now totaling \$23,400.00. My current balance due as of May 30, 2014 is \$4,119.27.

8. Since executing the MEDPAY® Payment Plan Enrollment Form, my account has been handled exclusively by MEDPAY®, with all payment transactions, statements, and patient customer service provided by MEDPAY®.

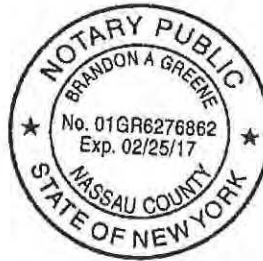
9. I understand that my medical records, including medical financial records, are confidential and are protected health information under federal HIPAA laws. I authorize MedPay Systems, Inc. to make this limited disclosure of same for the purposes of this Affidavit. MEDPAY® may release a copy of my original MEDPAY® Payment Plan Enrollment Form, and a current Patient Transaction Report, both of which I certify are true and correct. I understand that all confidential information including, bank/credit card account numbers, social security number, patient account number, and my telephone number will be redacted to protect security and confidentiality.

I declare under penalty of perjury that the foregoing is true and correct.

*George Kessler*  
GEORGE KESSLER

Sworn to before me this  
7<sup>th</sup> day of June, 2014.

*Brandon A. Greene*  
Notary Public





Provider: Mail to: **MedPay Systems, Inc., 691 Walt Whitman Rd, Melville, NY 11747**  
Tel: (631) 423-8585  
- or -  
FAX to: (631) 423-8560

### Payment Plan Enrollment Form

I hereby authorize MedPay Systems, Inc., acting on behalf of the below referenced health care provider to automatically debit the bank account or credit card account I have indicated herein, on the agreed dates, for the amounts indicated on this payment schedule. This authorization is also applicable to any new bank or credit card account information provided by me at some future time. I agree to provide new financial institution information to MedPay Systems, Inc. at least 15 days prior to closing the account listed herein. A twelve dollar and fifty cent (\$12.50) charge will be applied to all debits returned unpaid, which charge I authorize MedPay to debit from the referenced account immediately. Correspondence regarding my account will be made in writing to the below listed health care provider, with a copy to MedPay Systems, Inc., 691 Walt Whitman Road, Melville, NY 11747

Last: Kessler First: George M.I.: \_\_\_\_\_  
Address: 32 Zebra Street  
City: Bohemia State: NY Zip: 11716  
Telephone: (631) \_\_\_\_\_

Signature: X George Kessler  
Please Print Name: George Kessler  
Date: 10/13/07

### Payment Option

Bank Debit:  
1.  Checking Account  
 Sign form & return with a VOIDED check.  
 Please make your first payment now by check.  
Future payments will be automatically deducted as agreed.  
*-OR-*  
2.  Savings Account (Fill out lines A & B below.)  
A. Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
B. Account #: \_\_\_\_\_  
Bank Routing #: \*\* \_\_\_\_\_  
*-OR-*  
\*\* Bank Routing Number is the 9 digit number which precedes or follows the account number.  
3. Credit Card: Cardholder Name Cynthia J Kessler  
 Mastercard  Visa  Discover  American Express  
Account #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Card Security Verification Number: \_\_\_\_\_  
(Last 3 digits printed on back of the credit card in signature panel)

### Payment Schedule

STARTING BALANCE DUE: \$25,000.00  
Payment received with this form: \$ \_\_\_\_\_  
BALANCE DUE: \$25,000.00  
Debit equal monthly payments; of \$ 300.00  
on the First (day of the month) of each month.  
Automatic Payment Start Date: 11/01/07  
**The final payment, will be adjusted to effect a zero balance.**  
**OR - use this payment schedule**

Payment Number	Date of Debit	Amount of Payment	Payment Number	Date of Debit	Amount of Payment
1.			13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

**For Provider Use Only**  
Total Amount Due: \$25,000.00  
Provider Patient Account: \_\_\_\_\_  
Patient Name: George Kessler

White Copy - MedPay \* Yellow Copy - Provider \* Pink Copy - Patient  
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MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

May 30, 2014

George Kessler  
Cynthia J Kessler  
32 Zavra Street  
Bohemia NY 11716

Provider:  
Provider patient#:

Original bal: 25000.00 Current bal: 4119.27

Processing date	Completion date	Amount
11/01/2007	11/12/2007	300.00
12/04/2007	12/11/2007	300.00
01/07/2008	01/15/2008	300.00
02/01/2008	02/12/2008	300.00
03/03/2008	03/10/2008	300.00
04/01/2008	04/10/2008	300.00
05/01/2008	05/12/2008	300.00
06/04/2008	06/11/2008	300.00
07/02/2008	07/16/2008	300.00
08/01/2008	08/11/2008	300.00
09/02/2008	09/15/2008	300.00
10/01/2008	10/10/2008	300.00
11/01/2008	11/10/2008	300.00
12/01/2008	12/10/2008	300.00
01/02/2009	01/10/2009	300.00
02/03/2009	02/11/2009	300.00
03/02/2009	03/11/2009	300.00
04/02/2009	04/13/2009	300.00
05/01/2009	05/11/2009	300.00
06/01/2009	06/10/2009	300.00
07/01/2009	07/10/2009	300.00
08/03/2009	08/10/2009	300.00
09/01/2009	09/10/2009	300.00
10/02/2009	10/13/2009	300.00
11/01/2009	11/10/2009	300.00
12/01/2009	12/10/2009	300.00
01/05/2010	01/16/2010	300.00
02/01/2010	02/10/2010	300.00
03/01/2010	03/10/2010	300.00
04/03/2010	04/10/2010	300.00
05/02/2010	05/10/2010	300.00
06/01/2010	06/10/2010	300.00
07/01/2010	07/12/2010	300.00
08/03/2010	08/10/2010	300.00
09/07/2010	09/15/2010	300.00
10/01/2010	10/12/2010	300.00
11/03/2010	11/16/2010	300.00
12/01/2010	12/10/2010	300.00
01/06/2011	01/18/2011	300.00
02/01/2011	02/08/2011	300.00
03/01/2011	03/10/2011	300.00
05/03/2011	05/10/2011	300.00
06/01/2011	06/10/2011	300.00
07/01/2011	07/11/2011	300.00

MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

May 30, 2014

George Kessler  
Cynthia J Kessler  
32 Zavra Street  
Bohemia NY 11716

Provider:   
Provider patient#:

Original bal: 25000.00 Current bal: 4119.27

Processing date	Completion date	Amount
08/02/2011	08/10/2011	300.00
09/06/2011	09/15/2011	300.00
10/03/2011	10/11/2011	300.00
11/01/2011	11/11/2011	300.00
12/03/2011	12/15/2011	300.00
01/05/2012	01/17/2012	300.00
02/01/2012	02/10/2012	300.00
03/01/2012	03/10/2012	300.00
04/02/2012	04/11/2012	300.00
05/01/2012	05/10/2012	300.00
06/01/2012	06/11/2012	300.00
07/01/2012	07/10/2012	300.00
08/01/2012	08/10/2012	300.00
09/05/2012	09/15/2012	300.00
10/01/2012	10/10/2012	300.00
11/01/2012	11/10/2012	300.00
12/01/2012	12/10/2012	300.00
01/01/2013	01/11/2013	300.00
02/01/2013	02/10/2013	300.00
03/01/2013	03/11/2013	300.00
04/01/2013	04/10/2013	300.00
05/01/2013	05/10/2013	300.00
06/01/2013	06/10/2013	300.00
07/01/2013	07/10/2013	300.00
08/01/2013	08/10/2013	300.00
09/01/2013	09/10/2013	300.00
10/02/2013	10/10/2013	300.00
11/01/2013	11/10/2013	300.00
12/01/2013	12/10/2013	300.00
01/01/2014	01/10/2014	300.00
02/02/2014	02/10/2014	300.00
03/01/2014	03/10/2014	300.00
04/01/2014	04/10/2014	300.00
05/01/2014	05/10/2014	300.00

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\$23400.00

# EXHIBIT A-1



Whois Looku

- Domains
- Web Hosting
- Servers
- Email
- Security
- Website Builder
- WHOIS**
- Support

medpaydirect.com registry whois

Updated 1 second ago - Refresh

Domain Name: MEDPAYDIRECT.COM  
 Registrar: GODADDY.COM, LLC  
 Whois Server: whois.godaddy.com  
 Referral URL: http://registrar.godaddy.com  
 Name Server: NS21.DOMAINCONTROL.COM  
 Name Server: NS22.DOMAINCONTROL.COM  
 Status: clientDeleteProhibited  
 Status: clientRenewProhibited  
 Status: clientTransferProhibited  
 Status: clientUpdateProhibited  
 Updated Date: 07-jul-2014  
 Creation Date: 17-sep-2005  
 Expiration Date: 17-sep-2015

Hot Deals!



.PW @ \$4.88 \$9.88

medpaydirect.com registrar whois

Updated 1 second ago

Domain Name: MEDPAYDIRECT.COM  
 Registry Domain ID: 211580288\_DOMAIN\_COM-VRSN  
 Registrar WHOIS Server: whois.godaddy.com  
 Registrar URL: http://www.godaddy.com  
 Update Date: 2014-07-07 09:47:27  
 Creation Date: 2005-09-17 17:53:14  
 Registrar Registration Expiration Date: 2015-09-17 17:53:14  
 Registrar: GoDaddy.com, LLC  
 Registrar IANA ID: 146  
 Registrar Abuse Contact Email: abuse@godaddy.com  
 Registrar Abuse Contact Phone: +1.480-624-2505  
 Domain Status: clientTransferProhibited  
 Domain Status: clientUpdateProhibited  
 Domain Status: clientRenewProhibited  
 Domain Status: clientDeleteProhibited  
 Registry Registrant ID:  
 Registrant Name: Registration Private  
 Registrant Organization: Domains By Proxy, LLC  
 Registrant Street: DomainsByProxy.com  
 Registrant Street: 14747 N Northsight Blvd Suite 111, PMB 309  
 Registrant City: Scottsdale  
 Registrant State/Province: Arizona  
 Registrant Postal Code: 85260  
 Registrant Country: United States  
 Registrant Phone: +1.4806242599  
 Registrant Phone Ext:  
 Registrant Fax: +1.4806242598  
 Registrant Fax Ext:  
 Registrant Email: MEDPAYDIRECT.COM@domainsbyproxy.com  
 Registry Admin ID:  
 Admin Name: Registration Private  
 Admin Organization: Domains By Proxy, LLC  
 Admin Street: DomainsByProxy.com  
 Admin Street: 14747 N Northsight Blvd Suite 111, PMB 309  
 Admin City: Scottsdale  
 Admin State/Province: Arizona  
 Admin Postal Code: 85260  
 Admin Country: United States  
 Admin Phone: +1.4806242599  
 Admin Phone Ext:  
 Admin Fax: +1.4806242598  
 Admin Fax Ext:  
 Admin Email: MEDPAYDIRECT.COM@domainsbyproxy.com  
 Registry Tech ID:  
 Tech Name: Registration Private  
 Tech Organization: Domains By Proxy, LLC  
 Tech Street: DomainsByProxy.com  
 Tech Street: 14747 N Northsight Blvd Suite 111, PMB 309

Web Hosting

Easy. Reliable. Affordable.

- Unlimited Disk Space
- Unlimited Data Transfer
- Unlimited Databases
- Unlimited Email Accounts
- 30 Day Money Back Guarantee

View Plans





Tech City: Scottsdale  
 Tech State/Province: Arizona  
 Tech Postal Code: 85260  
 Tech Country: United States  
 Tech Phone: +1.4806242599  
 Tech Phone Ext:  
 Tech Fax: +1.4806242598  
 Tech Fax Ext:  
 Tech Email: [MEDPAYDIRECT.COM@domainsbyproxy.com](mailto:MEDPAYDIRECT.COM@domainsbyproxy.com)  
 Name Server: NS21.DOMAINCONTROL.COM  
 Name Server: NS22.DOMAINCONTROL.COM  
 DNSSEC: unsigned  
 URL of the ICANN WHOIS Data Problem Reporting System: <http://wdprs.internic.net/>  
 Last update of WHOIS database: 2014-09-18T01:00:00Z

The data contained in GoDaddy.com, LLC's Whois database, while believed by the company to be reliable, is provided "as is" with no guarantee or warranties regarding its accuracy. This information is provided for the sole purpose of assisting you in obtaining information about domain name registration records. Any use of this data for any other purpose is expressly forbidden without the prior written permission of GoDaddy.com, LLC. By submitting an inquiry, you agree to these terms of usage and limitations of warranty. In particular, you agree not to use this data to allow, enable, or otherwise make possible, dissemination or collection of this data, in part or in its entirety, for any purpose, such as the transmission of unsolicited advertising and solicitations of any kind, including spam. You further agree not to use this data to enable high volume, automated or robotic electronic processes designed to collect or compile this data for any purpose, including mining this data for your own personal or commercial purposes.

Please note: the registrant of the domain name is specified in the "registrant" section. In most cases, GoDaddy.com, LLC is not the registrant of domain names listed in this database.

### related domain names

[godaddy.com](#) [domaincontrol.com](#) [domainsbyproxy.com](#) [internic.net](#)

#### Domains

[Register Domain Name](#)  
[View Domain Pricing](#)  
[Bulk Domain Register](#)  
[Bulk Domain Transfer](#)  
[Whois Lookup](#)  
[Name Suggestion Tool](#)  
[Free with Every Domain](#)  
[View Promos](#)

#### Hosting & Products

[Linux Hosting](#)  
[Windows Hosting](#)  
[Linux Reseller Hosting](#)  
[Windows Reseller Hosting](#)  
[Virtual Private Servers](#)  
[Dedicated Servers](#)  
[Website Builder](#)  
[Email](#)  
[SSL](#)  
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#### Infrastructure

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# EXHIBIT D-1

**Subject:** Your Inquiry

**From:** [jhassell@medpaydirect.com](mailto:jhassell@medpaydirect.com)

**Date:** Fri, Aug 30, 2013 5:04 pm

**To:** [jporter@arabellacapital.com](mailto:jporter@arabellacapital.com)

**Bcc:** "Offices Law" <[Contact@TWLegal.com](mailto:Contact@TWLegal.com)>

**Attach:** top.letterhead

Mr. Porter:

Thank you for your contact form submission.

Please direct your inquiry to our counsel, Todd Wengrovsky, Esq. He can be reached by e-mail at [contact@twlegal.com](mailto:contact@twlegal.com), or by telephone at (631) 727-3400. Initial inquiries should be made to Mr. Wengrovsky.

Sincerely,

Justin A. Hassell  
MedPay Systems, Inc.  
229 E. 85th Street, #1547  
New York, NY 10028-0013  
Tel: 800-633-7299 x705  
Fax: 631-423-8560  
e-mail: [JHassell@medpaydirect.com](mailto:JHassell@medpaydirect.com)

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# EXHIBIT O

MEDPAY SYSTEMS, INC. )  
 403 E. 87<sup>th</sup> Street, #1B )  
 New York, NY 10128 )  
 U.S.A. )  
 )  
 (Complainant) )  
 )  
 v. )  
 )  
 AFFINIPAY, LLC )  
 6200 Bridge Point Parkway )  
 Bldg. 4, Suite 250 )  
 Austin, TX 78730 )  
 U.S.A. )  
 )  
 (Respondent) )

**Domain Name in Dispute:**

**Medpay.com**

**AFFIDAVIT OF MARLON MARTINDALE**

STATE OF NEW YORK )  
 ) ss.  
 COUNTY OF KINGS )

I, Marlon Martindale, being duly sworn, depose and state under penalty of perjury:

1. I, Marlon Martindale am an individual residing at 610 Lincoln Avenue, Brooklyn, New York 11208. I am a resident of the State of New York.
2. In 2009, I obtained medical treatment from a licensed healthcare provider.
3. After above medical treatment was completed, I had a balance of \$1,522.00 due by me to the healthcare provider for the medical services rendered.
4. My healthcare provider offered me payment options which included an extended payment plan on the MEDPAY® payment system. I selected the MEDPAY® payment option.

5. I completed and signed a MEDPAY® Payment Plan Enrollment Form with MEDPAY® on April 25, 2010.

6. I provided an initial payment of \$25.00, and included a voided check from which checking account I authorized 59 additional ongoing monthly payments of \$25.00, and a 60<sup>th</sup> and final monthly payment of \$22.00. Said payments were authorized starting in July, 2010 to be debited consecutively by MEDPAY® until the balance was paid in full in July, 2015.

7. Since July, 2010 I have made continuous and ongoing monthly payments of \$25.00 to MEDPAY® now totaling \$1,150.00. My current balance due as of May 30, 2014 is \$347.00.

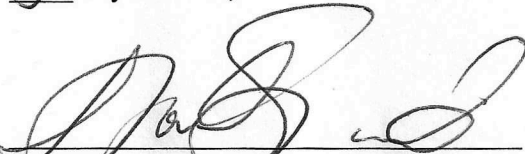
8. Since executing the MEDPAY® Payment Plan Enrollment Form, my account has been handled exclusively by MEDPAY®, with all payment transactions, statements, and patient customer service provided by MEDPAY®.

9. I understand that my medical records, including medical financial records, are confidential and are protected health information under federal HIPAA laws. I authorize MedPay Systems, Inc. to make this limited disclosure of same for the purposes of this Affidavit. MEDPAY® may release a copy of my original MEDPAY® Payment Plan Enrollment Form, and a current Patient Transaction Report, both of which I certify are true and correct. I understand that all confidential information including, bank/credit card account numbers, social security number, patient account number, and my telephone number will be redacted to protect security and confidentiality.

I declare under penalty of perjury that the foregoing is true and correct.

  
MARLON MARTINDALE

Sworn to before me this  
5<sup>th</sup> day of June, 2014.

  
Notary Public



LAUREL ELIZABETH GREENWOOD  
NOTARY PUBLIC - STATE OF NEW YORK  
NO. 01-GR6054566  
QUALIFIED IN KINGS COUNTY  
MY COMMISSION EXPIRES 02-05-20



Provider: Mail to: **MedPay Systems, Inc., 691 Walt Whitman Rd, Melville, NY 11747**

Tel: (631) 423-8585

FAX to: (631) 423-8560

I hereby authorize MedPay Systems, Inc., acting on behalf of the below referenced health care provider to automatically debit the bank account or credit card account I have indicated herein, on the agreed dates, for the amounts indicated on this payment schedule. This authorization is also applicable to any new bank or credit card account information provided by me at some future time. I agree to provide new financial institution information to MedPay Systems, Inc. at least 15 days prior to closing the account listed herein. A twelve dollar and fifty cent (\$12.50) charge will be applied to all debits returned unpaid, which charge I authorize MedPay to debit from the referenced account immediately. Correspondence regarding my account will be made in writing to the below listed health care provider, with a copy to MedPay Systems, Inc., 691 Walt Whitman Road, Melville, NY 11747

**Payment Plan Enrollment Form**

Last: Martindale First: Marlon M.I.: \_\_\_\_\_

Address: 610 Lincoln Ave

City: Brooklyn State: NY Zip: 11208

Telephone: 718

Signature: X Marlon Martindale

Please Print Name: MARLON MARTINDALE

Date: 4-25-10

**Payment Option**

**Bank Debit:**

- 1.  Checking Account
  - Sign form & return with a VOIDED check.
  - Please make your first payment now by check. Future payments will be automatically deducted as agreed.

- 2.  Savings Account (Fill out lines A & B below.)

A. Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

B. Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

\*\* Bank Routing Number or follows the account

3. Credit Card: Cardholder Name

- Mastercard  Visa

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- Please send me a written request for a scheduled payment. A \$0.75 payment amount.

**For Provider Use Only**

Total Amount Due: \_\_\_\_\_

Provider: Patient Account #: \_\_\_\_\_

Patient Name: Marlon Martindale

**Payment Schedule**

STARTING BALANCE DUE: \$ 1522.00

Payment received with this form: \$ 25.00

BALANCE DUE: \$ 1497.00

Debit equal monthly payments; of \$ 25.00 (dollar amount) on the 28th (day of the month) of each month.

Automatic Payment Start Date: 7-28-2010

**The final payment, will be adjusted to effect a zero balance.**

**OR - use this payment schedule**

Payment Number	Date of Payment	Amount of Payment	Payment	Date of Payment	Amount of Payment
12.			24.		

**MARLON MARTINDALE**  
 1386 SUTTER AVENUE, APT. 1  
 BROOKLYN, NY 11208

50-791/214

Pay to the Order of: MARLON MARTINDALE \$ \_\_\_\_\_ Dollars

Date: \_\_\_\_\_

For: \_\_\_\_\_

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MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

May 30, 2014

Marlon Martindale  
Marlon Martindale  
610 Lincoln Ave  
Brooklyn NY 11208

Provider:   
Provider patient#: 

Original bal: 1497.00 Current bal: 347.00

Processing date	Completion date	Amount
05/02/2010	05/10/2010	.00
08/03/2010	08/10/2010	25.00
09/07/2010	09/15/2010	25.00
10/01/2010	10/12/2010	25.00
11/03/2010	11/16/2010	25.00
11/30/2010	12/06/2010	25.00
01/06/2011	01/18/2011	25.00
02/01/2011	02/08/2011	25.00
03/01/2011	03/10/2011	25.00
04/01/2011	04/12/2011	25.00
05/03/2011	05/10/2011	25.00
06/01/2011	06/10/2011	25.00
07/01/2011	07/11/2011	25.00
08/02/2011	08/10/2011	25.00
09/01/2011	09/10/2011	25.00
10/03/2011	10/11/2011	25.00
11/01/2011	11/11/2011	25.00
11/28/2011	12/06/2011	25.00
01/05/2012	01/17/2012	25.00
02/01/2012	02/10/2012	25.00
03/01/2012	03/10/2012	25.00
04/02/2012	04/11/2012	25.00
05/01/2012	05/10/2012	25.00
06/01/2012	06/11/2012	25.00
07/01/2012	07/10/2012	25.00
08/01/2012	08/10/2012	25.00
09/05/2012	09/15/2012	25.00
10/01/2012	10/10/2012	25.00
11/01/2012	11/10/2012	25.00
12/01/2012	12/10/2012	25.00
01/01/2013	01/11/2013	25.00
02/01/2013	02/10/2013	25.00
03/01/2013	03/11/2013	25.00
04/01/2013	04/10/2013	25.00
05/01/2013	05/10/2013	25.00
06/01/2013	06/10/2013	25.00
07/01/2013	07/10/2013	25.00
08/01/2013	08/10/2013	25.00
09/01/2013	09/10/2013	25.00
10/02/2013	10/10/2013	25.00
11/01/2013	11/10/2013	25.00
12/01/2013	12/10/2013	25.00
01/01/2014	01/10/2014	25.00

MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

May 30, 2014

Marlon Martindale  
Marlon Martindale  
610 Lincoln Ave  
Brooklyn NY 11208

Provider: \_\_\_\_\_  
Provider patient#: \_\_\_\_\_

Original bal: 1497.00 Current bal: 347.00

Processing date	Completion date	Amount
02/02/2014	02/10/2014	25.00
03/01/2014	03/10/2014	25.00
04/01/2014	04/10/2014	25.00
05/01/2014	05/10/2014	25.00
		-----
		\$ 1150.00

# EXHIBIT P



MEDPAY SYSTEMS, INC. )  
 403 E. 87<sup>th</sup> Street, #1B )  
 New York, NY 10128 )  
 U.S.A. )  
 )  
 (Complainant) )  
 )  
 v. )  
 )  
 AFFINIPAY, LLC )  
 6200 Bridge Point Parkway )  
 Bldg. 4, Suite 250 )  
 Austin, TX 78730 )  
 U.S.A. )  
 )  
 (Respondent) )

**Domain Name in Dispute:**  
  
**Medpay.com**

**AFFIDAVIT OF REBECCA J. BENEFIELD**

STATE OF ARKANSAS )  
 ) ss.  
 COUNTY OF CARROLL )

I, Rebecca J. Benefield, being duly sworn, depose and state under penalty of perjury:

1. I, Rebecca J. Benefield am an individual residing at 1007 N. Springfield Street, Berryville, Arkansas 72616. I am a resident of the State of Arkansas.
2. In 2011, I obtained medical treatment from a licensed healthcare provider.
3. After above medical treatment was completed, I had a balance of \$1,995.76 due by me to the healthcare provider for the medical services rendered.
4. My healthcare provider offered me payment options which included an extended payment plan on the MEDPAY® payment system. I selected the MEDPAY® payment option.

5. I completed and signed a MEDPAY® Payment Plan Enrollment Form with MEDPAY® on November 11, 2011.

6. I remitted an initial payment of \$50.00, and I provided a voided check and authorized 38 additional ongoing monthly payments of \$50.00, and a 39th and final monthly payment of \$45.76 to be debited from that checking account. In August, 2013, I updated said banking information with MEDPAY®. Said payments were authorized starting in December, 2011 to be debited consecutively by MEDPAY® until the balance was paid in full in February, 2015.

7. Since December, 2011 I have made continuous and ongoing monthly payments of \$50.00 to MEDPAY® now totaling \$1,500.00. My current balance due as of May 30, 2014 is \$445.76.

8. Since executing the MEDPAY® Payment Plan Enrollment Form, my account has been handled exclusively by MEDPAY®, with all payment transactions, statements, and patient customer service provided by MEDPAY®.

9. I understand that my medical records, including medical financial records, are confidential and are protected health information under federal HIPAA laws. I authorize MedPay Systems, Inc. to make this limited disclosure of same for the purposes of this Affidavit. MEDPAY® may release a copy of my original MEDPAY® Payment Plan Enrollment Form, and a current Patient Transaction Report, both of which I certify are true and correct. I understand that all confidential information including, bank/credit card account numbers, social security number, patient account number, and my telephone number will be redacted to protect security and confidentiality.

I declare under penalty of perjury that the foregoing is true and correct.

*Rebecca J. Benefield*  
REBECCA J. BENEFIELD

Sworn to before me this  
11<sup>th</sup> day of June, 2014.

*Debra J. Ruff*  
Notary Public





Provider: Mail to: **MedPay Systems, Inc.** 691 Walt Whitman Rd,  
 Melville, NY 11747  
 - or -  
 Tel: (631) 423-8585 FAX to: (631) 423-8560

I have read and agree to the terms and conditions listed on the reverse side hereof.

**Payment Plan Enrollment Form**

Signature X: Rebecca J Benefield

Please Print Name: Rebecca J Benefield

Date: 11/11/11

Last: Benefield First: Rebecca M.I.: J  
 Address: 1007 N Springfield Street  
 City: Berryville State: AR Zip: 72616  
 Telephone: 517

**PLEASE MAKE CHECK PAYABLE TO**

**Payment Schedule**

Bank Debit:  
 1.  Checking Account  
 Sign form & return with a VOIDED check,  
 Please make your first payment now by check.  
 Future payments will be automatically deducted as agreed.

STARTING BALANCE DUE: \$ 1,995.76  
 Payment received with this form: \$ 50.00  
 BALANCE DUE: \$ 1945.76  
 Debit equal monthly payments; of \$ 50.00  
 on the 15th of each month.  
 (day of the month)

2.  Savings Account (Fill out lines A & B below.)  
 A. Bank Name: \_\_\_\_\_  
 Address: PO Box 550 Harrison AR 72602  
 B. Account #: \_\_\_\_\_  
 Bank Routing #: \*\* \_\_\_\_\_

Automatic Payment Start Date: 12/15/11  
 The final payment, will be adjusted to effect a zero balance.  
 OR - use this payment schedule

Payment Number	Date of Debit	Amount of Payment	Payment Number	Date of Debit	Amount of Payment
----------------	---------------	-------------------	----------------	---------------	-------------------

\*\* Bank Routing Number is or follows the account n  
 3. Credit Card: Cardholder Name: \_\_\_\_\_  
 Mastercard  Visa  \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Card Security Verification Number: (Last 3 digits printed on back of th

MATTHEW J BENEFIELD 10/04  
 REBECCA J BENEFIELD  
 PH. \_\_\_\_\_  
 1007 N SPRINGFIELD ST  
 BERRYVILLE, AR 72616

81-7020/2829

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

VOIDED

For \_\_\_\_\_

**For Provider Use Only**  
 Check One:

Patient Account #: \_\_\_\_\_  
 Patient Name: Benefield Rebecca J.  
 Total Amount Due: \$ 1945.76

12.		24.	
-----	--	-----	--

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MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

May 30, 2014

Rebecca J Benefield  
Rebecca J Benefield  
1007 N Springfield St.  
Berryville AR 72616

Provider:  
Provider patient#:

Original bal: 1945.76 Current bal: 445.76

Processing date	Completion date	Amount
12/03/2011	12/15/2011	.00
12/15/2011	12/27/2011	50.00
01/17/2012	01/25/2012	50.00
02/16/2012	02/25/2012	50.00
03/16/2012	03/26/2012	50.00
04/16/2012	04/25/2012	50.00
05/16/2012	05/25/2012	50.00
06/15/2012	06/26/2012	50.00
07/16/2012	07/25/2012	50.00
08/15/2012	08/27/2012	50.00
09/15/2012	09/25/2012	50.00
10/15/2012	10/25/2012	50.00
11/15/2012	11/25/2012	50.00
12/15/2012	12/25/2012	50.00
01/15/2013	01/25/2013	50.00
02/15/2013	02/25/2013	50.00
03/15/2013	03/25/2013	50.00
04/15/2013	04/25/2013	50.00
05/15/2013	05/25/2013	50.00
06/15/2013	06/25/2013	50.00
07/15/2013	07/25/2013	50.00
08/26/2013	09/05/2013	50.00
09/15/2013	09/25/2013	50.00
10/15/2013	10/25/2013	50.00
11/16/2013	11/25/2013	50.00
12/16/2013	12/26/2013	50.00
01/15/2014	01/25/2014	50.00
02/15/2014	02/25/2014	50.00
03/15/2014	03/25/2014	50.00
04/15/2014	04/25/2014	50.00
05/15/2014	05/27/2014	50.00

-----  
\$ 1500.00



# EXHIBIT Q



MEDPAY SYSTEMS, INC. )  
 403 E. 87<sup>th</sup> Street, #1B )  
 New York, NY 10128 )  
 U.S.A. )  
 )  
 (Complainant) )  
 )  
 v. )  
 )  
 AFFINIPAY, LLC )  
 6200 Bridge Point Parkway )  
 Bldg. 4, Suite 250 )  
 Austin, TX 78730 )  
 U.S.A. )  
 )  
 (Respondent) )

**Domain Name in Dispute:**  
**Medpay.com**

**AFFIDAVIT OF IRIS BURNS**

STATE OF NEW YORK )  
 ) ss.  
 COUNTY OF SUFFOLK )

I, Iris Burns, being duly sworn, depose and state under penalty of perjury:

1. I, Iris Burns am an individual residing at 47 West Belmont Street, Bay Shore, New York 11706. I am a resident of the State of New York.
2. In 2012, I obtained medical treatment from a licensed healthcare provider.
3. After above medical treatment was completed, I had a balance of \$6,050.00 due by me to the healthcare provider for the medical services rendered.
4. My healthcare provider offered me payment options which included an extended payment plan on the MEDPAY® payment system. I selected the MEDPAY® payment option.

5. I completed and signed a MEDPAY® Payment Plan Enrollment Form with MEDPAY® on June 15, 2012.

6. I authorized 24 ongoing monthly credit card payments of \$250.00, and a 25<sup>th</sup> and final payment of \$50.00. Said payments were authorized starting in July, 2012 to be debited consecutively by MEDPAY® until the balance was paid in full in July, 2014.

7. Since July, 2012 I have made continuous and ongoing monthly payments to MEDPAY® now totaling \$5,750.00. My current balance due as of June 9, 2014 is \$300.00.

8. Since executing the MEDPAY® Payment Plan Enrollment Form, my account has been handled exclusively by MEDPAY®, with all payment transactions, statements, and patient customer service provided by MEDPAY®.

9. I understand that my medical records, including medical financial records, are confidential and are protected health information under federal HIPAA laws. I authorize MedPay Systems, Inc. to make this limited disclosure of same for the purposes of this Affidavit.

MEDPAY® may release a copy of my original MEDPAY® Payment Plan Enrollment Form, and a current Patient Transaction Report, both of which I certify are true and correct. I understand that all confidential information including, bank/credit card account numbers, social security number, patient account number, and my telephone number will be redacted to protect security and confidentiality.

I declare under penalty of perjury that the foregoing is true and correct.

  
\_\_\_\_\_  
IRIS BURNS

Sworn to before me this  
9 day of June, 2014.

  
\_\_\_\_\_  
Notary Public

MITCHELL R. REIFFMAN  
Notary Public, State of New York  
No. 4884536  
Qualified in Suffolk County  
Commission Expires January 26, 16



Provider: Mail to: MedPay Systems, Inc., 691 Walt Whitman Rd, Melville, NY 11747

Tel: (631) 423-8585

- or -  
FAX to: (631) 423-8560

I have read and agree to the terms and conditions listed on the reverse side hereof.

Signature X: [Handwritten Signature]

Please Print Name: MATTHEW BURNS  
IRIS BURNS

Payment Plan Enrollment Form

Last: BURNS First: IRIS M.I.:  
Address: 47 West Belmont St  
City: Bay Shore State: NY Zip: 11706  
Telephone: (631)

X Date: 6/15/2012

X Payment Option Make Checks Payable To The Hospital

Bank Debit:

- 1.  Checking Account
  - Sign form & return with a VOIDED check.
  - Please make your first payment now by check.

Future payments will be automatically deducted as agreed.

- 2.  Savings Account (Fill out lines A & B below.)

A. Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

B. Account #: \_\_\_\_\_

Bank Routing #: \*\* \_\_\_\_\_

\*\* Bank Routing Number is the 9 digit number which precedes or follows the account number.

3. Credit Card: Cardholder Name: MATTHEW BURNS

- Mastercard
- Visa
- Discover
- American Express

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Verification Number: \_\_\_\_\_  
(Last 3 digits printed on back of the credit card in signature panel)

For Provider Use Only

Check One:

Patient Account #: \_\_\_\_\_

Patient Name: IRIS BURNS

Total Amount Due: 6,050

Payment Schedule

STARTING BALANCE DUE: \$ 6,050.00

Payment received with this form: \$ 0

BALANCE DUE: \$ 6,050.00

Debit equal monthly payments; of \$ 250  
on the 7th (day of the month) of each month.  
(dollar amount)

X Automatic Payment Start Date: July 7th

The final payment, will be adjusted to effect a zero balance.

OR - use this payment schedule

Payment Number	Date of Debit	Amount of Payment	Payment Number	Date of Debit	Amount of Payment
1.			13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

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MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

Jun 09, 2014

Iris Burns  
Iris Burns  
47 West Belmont St  
Bay Shore NY 11706

Provider:  
Provider patient#: -

Original bal: 6050.00 Current bal: 300.00

Processing date	Completion date	Amount
07/10/2012	07/20/2012	250.00
08/10/2012	08/20/2012	250.00
09/10/2012	09/20/2012	250.00
10/10/2012	10/20/2012	250.00
11/10/2012	11/20/2012	250.00
12/15/2012	12/25/2012	250.00
01/11/2013	01/21/2013	250.00
02/10/2013	02/20/2013	250.00
03/15/2013	03/25/2013	250.00
04/10/2013	04/20/2013	250.00
05/10/2013	05/20/2013	250.00
06/10/2013	06/23/2013	250.00
07/10/2013	07/20/2013	250.00
08/10/2013	08/20/2013	250.00
09/10/2013	09/20/2013	250.00
10/10/2013	10/21/2013	250.00
11/10/2013	11/20/2013	250.00
12/10/2013	12/20/2013	250.00
01/10/2014	01/20/2014	250.00
02/10/2014	02/20/2014	250.00
03/10/2014	03/20/2014	250.00
04/10/2014	04/21/2014	250.00
05/10/2014	05/20/2014	250.00
		-----
		\$ 5750.00

# EXHIBIT R



MEDPAY SYSTEMS, INC. )  
403 E. 87<sup>th</sup> Street, #1B )  
New York, NY 10128 )  
U.S.A. )  
(Complainant) )  
v. )  
AFFINIPAY, LLC )  
6200 Bridge Point Parkway )  
Bldg. 4, Suite 250 )  
Austin, TX 78730 )  
U.S.A. )  
(Respondent) )

**Domain Name in Dispute:**  
**Medpay.com**

**AFFIDAVIT OF KATELYN IOVINO-LLANOS**

STATE OF NEW YORK )  
 ) ss.  
COUNTY OF SUFFOLK )

I, Katelyn Iovino-Llanos, being duly sworn, depose and state under penalty of perjury:

1. I, Katelyn Iovino-Llanos am an individual residing at 6 Belmont Drive, Smithtown, New York 11787. I am a resident of the State of New York.
2. In 2012, I obtained medical treatment from a licensed healthcare provider.
3. After above medical treatment was completed, I had a balance of \$3,993.20 due by me to the healthcare provider for the medical services rendered.
4. My healthcare provider offered me payment options which included an extended payment plan on the MEDPAY® payment system. I selected the MEDPAY® payment option.



5. I completed and signed a MEDPAY® Payment Plan Enrollment Form with MEDPAY® on April 19, 2013.

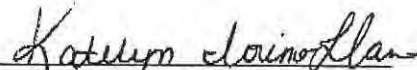
6. I authorized 23 ongoing monthly credit card payments of \$167.22, and a 24th and final monthly payment of \$147.14. Said payments were authorized starting in May, 2013 to be debited consecutively by MEDPAY® until the balance was paid in full in May, 2015.

7. Since May, 2013 I have made continuous and ongoing monthly payments to MEDPAY® now totaling \$3,993.20. My current balance due as of June 3, 2014 is \$0.00. I made additional interim payments to MEDPAY® to clear the balance, and the balance is now Zero.

8. Since executing the MEDPAY® Payment Plan Enrollment Form, my account has been handled exclusively by MEDPAY®, with all payment transactions, statements, and patient customer service provided by MEDPAY®.

9. I understand that my medical records, including medical financial records, are confidential and are protected health information under federal HIPAA laws. I authorize MedPay Systems, Inc. to make this limited disclosure of same for the purposes of this Affidavit. MEDPAY® may release a copy of my original MEDPAY® Payment Plan Enrollment Form, and a current Patient Transaction Report, both of which I certify are true and correct. I understand that all confidential information including, bank/credit card account numbers, social security number, patient account number, and my telephone number will be redacted to protect security and confidentiality.

I declare under penalty of perjury that the foregoing is true and correct.

  
KATELYN IOVINO-LLANOS

Sworn to before me this  
4<sup>th</sup> day of June, 2014.

  
Notary Public

JACQUELINE ROCHE  
Notary Public, State of New York  
No. 01RO6100244  
Qualified in Bronx County  
Commission Expires Oct. 14, 2015



**MedPay Systems, Inc.**

P.O. Box 1547  
New York, NY 10028

Telephone & Fax:  
(800) 633-7299

**Payment Plan Enrollment Form**

Last: Ioviniollanos First: Katelyn M.I.: \_\_\_\_\_  
Address: 6 Belmont Drive  
City: Smithtown State: NY Zip: 11787  
Telephone: (631) \_\_\_\_\_

I have read and agree to the terms and conditions listed on the reverse side hereof.

X Signature X: Katelyn M. Ioviniollanos

X Please Print Name: Katelyn M. Ioviniollanos

X Date: April 19, 2013

**Payment Option Make Checks Payable To The Hospital**

**Bank Debit:**

- 1.  Checking Account
  - Sign form & return with a VOIDED check.
  - Please make your first payment now by check. Future payments will be automatically deducted as agreed.

- 2.  Savings Account (Fill out lines A & B below.)

A. Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

B. Account #: \_\_\_\_\_

Bank Routing #: \*\* \_\_\_\_\_

\*\* Bank Routing Number is the 9 digit number which precedes or follows the account number.

3. Credit Card: Cardholder Name: Katelyn M. Ioviniollanos

- Mastercard  Visa  Discover  American Express

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Verification Number: \_\_\_\_\_  
(Last 3 digits printed on back of the credit card in signature panel)  
(For American Express it's a 4 digit code on front of card)

**For Provider Use Only**

Check One:

Patient Account #: \_\_\_\_\_

Patient Name: Katelyn Ioviniollanos

Total Amount Due: \$ 3993.20

**Payment Schedule**

STARTING BALANCE DUE: \$ 3993.20

Payment received with this form: \$ 0

BALANCE DUE: \$ 3993.20

Debit equal **monthly** payments, of \$ 167.22  
on the 17<sup>th</sup> of each month. (dollar amount)  
(day of the month)

X Automatic Payment Start Date: May 17, 2013

The final payment, will be adjusted to effect a zero balance.

OR - use this payment schedule

Payment Number	Date of Debit	Amount of Payment	Payment Number	Date of Debit	Amount of Payment
1.	5/17/13	167.22	13.	5/17/14	"
2.	6/17/13	"	14.	6/17/14	"
3.	7/17/13	"	15.	7/17/14	"
4.	8/17/13	"	16.	8/17/14	"
5.	9/17/13	"	17.	9/17/14	"
6.	10/17/13	"	18.	10/17/14	"
7.	11/17/13	"	19.	11/17/14	"
8.	12/17/13	"	20.	12/17/14	"
9.	1/17/14	"	21.	1/17/15	"
10.	2/17/14	"	22.	2/17/15	"
11.	3/17/14	"	23.	3/17/15	"
12.	4/17/14	"	24.	4/17/15	"

White Copy - Hospital - Yellow Copy - Patient  
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2294 \$ 1779.63  
01774 \$ 2233.55

MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

Jun 03, 2014

Katelyn Iovino-Llanos  
Katelyn M Iovino  
6 Belmont Drive  
Smithtown NY 11787

Provider: \_\_\_\_\_  
Provider patient#: \_\_\_\_\_

Original bal: 3993.20 Current bal: .00

Processing date	Completion date	Amount
05/20/2013	06/01/2013	167.22
06/23/2013	07/01/2013	167.22
07/10/2013	07/20/2013	1000.00
08/10/2013	08/20/2013	167.22
08/26/2013	09/05/2013	1000.00
10/10/2013	10/21/2013	167.22
11/10/2013	11/20/2013	167.22
12/26/2013	01/05/2014	167.22
01/25/2014	02/05/2014	167.22
03/01/2014	03/10/2014	167.22
03/25/2014	04/05/2014	167.22
04/25/2014	05/05/2014	167.22
06/02/2014		321.00
		-----
		\$ 3993.20

# EXHIBIT S



MEDPAY SYSTEMS, INC. )  
 403 E. 87<sup>th</sup> Street, #1B )  
 New York, NY 10128 )  
 U.S.A. )  
 )  
 (Complainant) )  
 )  
 v. )  
 )  
 AFFINIPAY, LLC )  
 6200 Bridge Point Parkway )  
 Bldg. 4, Suite 250 )  
 Austin, TX 78730 )  
 U.S.A. )  
 )  
 (Respondent) )

---

**Domain Name in Dispute:**  
  
**Medpay.com**

**AFFIDAVIT OF NICOLE STORK**

STATE OF NEW YORK )  
 ) ss.  
 COUNTY OF SUFFOLK )

I, Nicole Stork, being duly sworn, depose and state under penalty of perjury:

1. I, Nicole Stork am an individual residing at 18 Terryann Court, E. Moriches, New York 11940. I am a resident of the State of New York.
2. In 2012, I obtained medical treatment from a licensed healthcare provider.
3. After above medical treatment was completed, I had a balance of \$749.01 due by me to the healthcare provider for the medical services rendered.
4. My healthcare provider offered me payment options which included an extended payment plan on the MEDPAY® payment system. I selected the MEDPAY® payment option.

5. I completed and signed a MEDPAY® Payment Plan Enrollment Form with MEDPAY® on April 30, 2013.

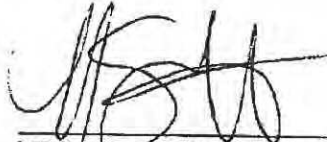
6. I authorized 29 additional ongoing monthly credit card payments of \$25.00, and a 30<sup>th</sup> and final monthly payment of \$24.01. Said payments were authorized starting in May, 2013 to be debited consecutively by MEDPAY® until the balance was paid in full in November, 2015.

7. Since May, 2013 I have made continuous and ongoing monthly payments of \$25.00 to MEDPAY® now totaling \$325.00. My current balance due as of June 4, 2014 is \$424.01

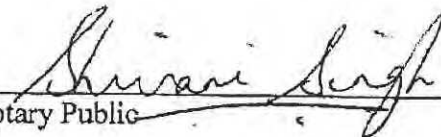
8. Since executing the MEDPAY® Payment Plan Enrollment Form, my account has been handled exclusively by MEDPAY®, with all payment transactions, statements, and patient customer service provided by MEDPAY®.

9. I understand that my medical records, including medical financial records, are confidential and are protected health information under federal HIPAA laws. I authorize MedPay Systems, Inc. to make this limited disclosure of same for the purposes of this Affidavit. MEDPAY® may release a copy of my original MEDPAY® Payment Plan Enrollment Form, and a current Patient Transaction Report, both of which I certify are true and correct. I understand that all confidential information including, bank/credit card account numbers, social security number, patient account number, and my telephone number will be redacted to protect security and confidentiality.

I declare under penalty of perjury that the foregoing is true and correct.

  
\_\_\_\_\_  
NICOLE STORK

Sworn to before me this  
9<sup>th</sup> day of June, 2014.

  
\_\_\_\_\_  
Notary Public

SHIVANI SINGH  
Notary Public, State of New York  
No. 01SI6301674  
Qualified in Suffolk County  
Commission Expires April 21, 2018





**MedPay Systems, Inc.**

P.O. Box 1547  
New York, NY 10028

Telephone & Fax:  
(800) 633-7299

**Payment Plan Enrollment Form**

Last: Stork First: Nicole M.I.: \_\_\_\_\_  
Address: 18 Terryann Ct  
City: East Monroes State: NY Zip: 11940  
Telephone: 631

I have read and agree to the terms and conditions listed on the reverse side hereof.

Signature X: [Signature]

Please Print Name: Nicole Stork

Date: 4/30/13

**Payment Option Make Checks Payable To The Hospital**

**Bank Debit:**

- 1.  Checking Account
  - Sign form & return with a VOIDED check.
  - Please make your first payment now by check. Future payments will be automatically deducted as agreed.

- 2.  Savings Account (Fill out lines A & B below.)

A. Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

B. Account #: \_\_\_\_\_

Bank Routing #: \*\* \_\_\_\_\_

\*\* Bank Routing Number is the 9 digit number which precedes or follows the account number.

3. Credit Card: Cardholder Name: Nicole Stork

- Mastercard  Visa  Discover  American Express

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Verification Number: \_\_\_\_\_  
(Last 3 digits printed on back of the credit card in signature panel)  
(For American Express it's a 4 digit code on front of card)

**For Provider Use Only**

Check One:

Patient Account #: \_\_\_\_\_

Patient Name: Nicole Stork

Total Amount Due: \$749.01

**Payment Schedule**

STARTING BALANCE DUE: \$ 749.01

Payment received with this form: \$ 0

BALANCE DUE: \$ 749.01

Debit equal monthly payments, of \$ 25.00  
(dollar amount)  
on the 15 of each month.  
(day of the month)

Automatic Payment Start Date: 5/15/13

*The final payment, will be adjusted to effect a zero balance.*

**OR - use this payment schedule**

Payment Number	Date of Debit	Amount of Payment	Payment Number	Date of Debit	Amount of Payment
1.			13.		
2.			14.		
3.			15.		
4.			16.		
5.			17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

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MedPay Systems, Inc.  
P.O.Box 1547  
New York, NY 10028  
Tel: (800) 633-7299 Fax: (800) 633-7299

PATIENT TRANSACTION REPORT

Jun 04, 2014

Nicole Stork  
Nicole Stork  
18 Terryann Ct  
E. Moriches NY 11940

Provider: ██████████  
Provider patient#: ██████████

Original bal: 749.01 Current bal: 424.01

Processing date	Completion date	Amount
05/15/2013	05/25/2013	25.00
06/15/2013	06/25/2013	25.00
07/15/2013	07/25/2013	25.00
08/15/2013	08/26/2013	25.00
09/15/2013	09/25/2013	25.00
10/15/2013	10/25/2013	25.00
11/16/2013	11/25/2013	25.00
12/16/2013	12/26/2013	25.00
01/15/2014	01/25/2014	25.00
02/15/2014	02/25/2014	25.00
03/15/2014	03/25/2014	25.00
04/15/2014	04/25/2014	25.00
05/15/2014	05/27/2014	25.00
		-----
		\$ 325.00

# EXHIBIT T



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: 

**Debit/Credit Summary Report**

April 1, 2011

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 19,406.81

**Total Credits: 19,406.81**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:** 

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [REDACTED]

**Debit/Credit Summary Report**

April 15, 2011

Client # 104

CLIENT INFORMATION REDACTED

~~Accounts~~

**CREDITS**

Patient Payments: 11,294.80

**Total Credits: 11,294.80**

**DEBITS**

CLIENT INFORMATION REDACTED

[REDACTED]

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: 

## Debit/Credit Summary Report

May 3, 2011

Client # 104

CLIENT INFORMATION REDACTED



### CREDITS

Patient Payments: 21,928.74

**Total Credits: 21,928.74**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits:** 

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [REDACTED]

**Debit/Credit Summary Report**

May 17, 2011

Client # 104

CLIENT INFORMATION REDACTED [REDACTED]

**CREDITS**

Patient Payments: 11,199.25

**Total Credits: 11,199.25**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:** [REDACTED]

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System


691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585  
Fax: (631) 423-8560  
e-mail

**Debit/Credit Summary Report**

June 1, 2011

Client # 104

CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 14,782.33

**Total Credits: 14,782.33**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*





Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail

[:t.com](http://www.medpay.com)

**Debit/Credit Summary Report**

June 20, 2011

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 15,950.81

**Total Credits: 15,950.81**

**DEBITS**

CLIENT INFORMATION REDACTED

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



**Debit Patient Payment System**

*691 Walt Whitman Road  
Melville, NY 11747*

*Tel: (631) 423-8585*

*Fax: (631) 423-8560*

*e-mail:*

*t.com*

**Debit/Credit Summary Report**

July 1, 2011

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 14,053.28

**Total Credits: 14,053.28**

**DEBITS**

CLIENT INFORMATION REDACTED

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

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Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail. [www.medpay.com](http://www.medpay.com)

**Debit/Credit Summary Report**

July 15, 2011

Client # 104

CLIENT INFORMATION REDACTED

**accounts**

**CREDITS**

Patient Payments: 16,100.00

**Total Credits: 16,100.00**

**DEBITS**

CLIENT INFORMATION REDACTED

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



**Debit Patient Payment System**

*691 Walt Whitman Road  
Melville, NY 11747*

*Tel: (631) 423-8585*

*Fax: (631) 423-8560*

*e-mail: [REDACTED] com*

**Debit/Credit Summary Report**

August 2, 2011

Client # 104

CLIENT INFORMATION REDACTED [REDACTED]

**CREDITS**

Patient Payments: 18,793.90

**Total Credits: 18,793.90**

**DEBITS**

CLIENT INFORMATION REDACTED [REDACTED]

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [nedpaydirect.com](mailto:nedpaydirect.com)

## Debit/Credit Summary Report

August 15, 2011

Client # 104

CLIENT INFORMATION REDACTED

ACCOUNTS

### CREDITS

Patient Payments: 9,331.17

**Total Credits: 9,331.17**

### DEBITS

CLIENT INFORMATION REDACTED

[REDACTED]

**Total Debits**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [medpaydirect.com](mailto:medpaydirect.com)

**Debit/Credit Summary Report**

September 1, 2011

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 16,709.96

**Total Credits: 16,709.96**

**DEBITS**

CLIENT INFORMATION REDACTED



.....  
*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail [dpaydirect.com](mailto:dpaydirect.com)

### Debit/Credit Summary Report

September 15, 2011

Client # 104

CLIENT INFORMATION REDACTED




### CREDITS

Patient Payments: 11,973.96

**Total Credits: 11,973.96**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits:** 

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

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Melville, NY 11747

Tel: (631) 423-8585


Fax: (631) 423-8560

e-mail [medpaydirect.com](mailto:medpaydirect.com)

## Debit/Credit Summary Report

October 3, 2011

Client # 104

CLIENT INFORMATION REDACTED 

### CREDITS

Patient Payments: 15,937.93

**Total Credits: 15,937.93**

### DEBITS

CLIENT INFORMATION REDACTED 

**Total Debi**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*





Debit Patient Payment System


691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585  
Fax: (631) 423-8560  
e-mail: [@medpaydirect.com](mailto:@medpaydirect.com)

**Debit/Credit Summary Report**

October 15, 2011

Client # 104

CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 12,080.27

**Total Credits: 12,080.27**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:** 

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail [nedpaydirect.com](mailto:nedpaydirect.com)

**Debit/Credit Summary Report**

November 1, 2011

Client # 104

CLIENT INFORMATION REDACTED

~~XXXXXX~~

**CREDITS**

Patient Payments: 15,664.54

**Total Credits: 15,664.54**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits: 0**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [@medpaydirect.com](mailto:@medpaydirect.com)

## Debit/Credit Summary Report

November 15, 2011

Client # 104

CLIENT INFORMATION REDACTED



### CREDITS

Patient Payments: 11,693.42

**Total Credits: 11,693.42**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits:**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [j.medpaydirect.com](mailto:j.medpaydirect.com)

## Debit/Credit Summary Report

December 3, 2011

Client # 104

CLIENT INFORMATION REDACTED

**Account**

### CREDITS

Patient Payments: 16,341.05

**Total Credits: 16,341.05**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debit**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



**Debit Patient Payment System**

*691 Walt Whitman Road  
Melville, NY 11747*

*Tel: (631) 423-8585*

*Fax: (631) 423-8560*

*e-mail [@medpaydirect.com](mailto:@medpaydirect.com)*

**Debit/Credit Summary Report**

December 15, 2011

Client # 104

CLIENT INFORMATION REDACTED

**medpa**

**CREDITS**

Patient Payments: 11,098.21

**Total Credits: 11,098.21**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585

Fax: (631) 423-8560

e-mail: [vl@medpaydirect.com](mailto:vl@medpaydirect.com)

**Debit/Credit Summary Report**

January 5, 2012

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 15,713.17

**Total Credits: 15,713.17**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:** ( )



*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



**Debit Patient Payment System**

*691 Walt Whitman Road  
Melville, NY 11747*

*Tel: (631) 423-8585*

*Fax: (631) 423-8560*

*e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)*

**Debit/Credit Summary Report**

January 17, 2012

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 10,586.01

**Total Credits: 10,586.01**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585  
Fax: (631) 423-8560  
e-mail: [W@medpaydirect.com](mailto:W@medpaydirect.com)

### **Debit/Credit Summary Report**

February 1, 2012

Client # 104

CLIENT INFORMATION REDACTED

**XXXXXX**

#### **CREDITS**

Patient Payments: 16,735.15

**Total Credits: 16,735.15**

#### **DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits: 0**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*





Debit Patient Payment System

691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585  
Fax: (631) 423-8560  
e-mail [@medpaydirect.com](mailto:@medpaydirect.com)

**Debit/Credit Summary Report**

February 16, 2012

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 11,408.19

**Total Credits: 11,408.19**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits: ◀**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



Debit Patient Payment System


691 Walt Whitman Road  
Melville, NY 11747

Tel: (631) 423-8585  
Fax: (631) 423-8560  
e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)

**Debit/Credit Summary Report**

March 1, 2012

Client # 104

CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 14,166.88

**Total Credits: 14,166.88**

**DEBITS**

CLIENT INFORMATION REDACTED 

**Total Debits: ,**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



**Debit Patient Payment System**

*691 Walt Whitman Road  
Melville, NY 11747*

*Tel: (631) 423-8585*

*Fax: (631) 423-8560*

*e-mail. [info@medpaydirect.com](mailto:info@medpaydirect.com)*

**Debit/Credit Summary Report**

March 16, 2012

Client # 104

CLIENT INFORMATION REDACTED

**XXXXXX**

**CREDITS**

Patient Payments: 10,817.04

**Total Credits: 10,817.04**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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### **Debit/Credit Summary Report**

April 2, 2012

Client # 104

CLIENT INFORMATION REDACTED 

### **CREDITS**

Patient Payments: 14,434.40

**Total Credits: 14,434.40**

### **DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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**Debit/Credit Summary Report**

April 16, 2012

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 12,067.58

**Total Credits: 12,067.58**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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### Debit/Credit Summary Report

May 1, 2012

Client # 104

CLIENT INFORMATION REDACTED

### CREDITS

Patient Payments: 14,382.89

**Total Credits: 14,382.89**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits:**

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## Debit/Credit Summary Report

May 16, 2012

Client # 104

CLIENT INFORMATION REDACTED

\*\*\*\*\*

### CREDITS

Patient Payments: 11,017.81

**Total Credits: 11,017.81**

### DEBITS

CLIENT INFORMATION REDACTED

\*\*\*\*\*

**Total Debits: (**

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**Debit/Credit Summary Report**

June 1, 2012

Client # 104

CLIENT INFORMATION REDACTED

[REDACTED]

**CREDITS**

Patient Payments: 14,623.98

**Total Credits: 14,623.98**

**DEBITS**

CLIENT INFORMATION REDACTED

[REDACTED]

**Total Debits:**

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## Debit/Credit Summary Report

June 15, 2012

Client # 104

CLIENT INFORMATION REDACTED

**mms**

### CREDITS

Patient Payments: 11,332.13

**Total Credits: 11,332.13**

### DEBITS

CLIENT INFORMATION REDACTED

**▲**

**Total Debits: \**

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### **Debit/Credit Summary Report**

July 1, 2012

Client # 104

CLIENT INFORMATION REDACTED

**REDACTED**

### **CREDITS**

Patient Payments: 14,899.19

**Total Credits: 14,899.19**

### **DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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**Debit/Credit Summary Report**

July 16, 2012

Client # 104

CLIENT INFORMATION REDACTED

~~XXXX~~

**CREDITS**

Patient Payments: 13,070.90

**Total Credits: 13,070.90**

**DEBITS**

CLIENT INFORMATION REDACTED

1

**Total Debits:**

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**Debit/Credit Summary Report**

August 1, 2012

Client # 104


CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 15,376.27

**Total Credits: 15,376.27**

**DEBITS**

CLIENT INFORMATION REDACTED 

**Total Debits:**

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**Debit/Credit Summary Report**

August 15, 2012

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 13,944.46

**Total Credits: 13,944.46**

**DEBITS**

CLIENT INFORMATION REDACTED

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### **Debit/Credit Summary Report**

September 5, 2012

Client # 104

CLIENT INFORMATION REDACTED 

#### **CREDITS**

Patient Payments: 15,316.09

**Total Credits: 15,316.09**

#### **DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits: 0**

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**Debit/Credit Summary Report**

September 15, 2012

Client # 104

CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 11,921.53

**Total Credits: 11,921.53**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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### **Debit/Credit Summary Report**

October 1, 2012

Client # 104

CLIENT INFORMATION REDACTED



### **CREDITS**

Patient Payments: 16,185.90

**Total Credits: 16,185.90**

### **DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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### Debit/Credit Summary Report

October 15, 2012

Client # 104

CLIENT INFORMATION REDACTED 

#### CREDITS

Patient Payments: 12,694.75

**Total Credits: 12,694.75**

#### DEBITS

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

November 1, 2012

Client # 104

CLIENT INFORMATION REDACTED

**CREDITS**

Patient Payments: 15,787.51

**Total Credits: 15,787.51**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:** [REDACTED]

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## Debit/Credit Summary Report

November 15, 2012

Client # 104

CLIENT INFORMATION REDACTED

### CREDITS

Patient Payments:

**Total Credits: 15,810.88**

### DEBITS

CLIENT INFORMATION REDACTED

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## Debit/Credit Summary Report

December 1, 2012

Client # 104

CLIENT INFORMATION REDACTED

### CREDITS

Patient Payments: 15,913.37

**Total Credits: 15,913.37**

### DEBITS

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

December 15, 2012

Client # 104

CLIENT INFORMATION REDACTED

mtb

**CREDITS**

Patient Payments: 13,246.75

**Total Credits: 13,246.75**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits**

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**Debit/Credit Summary Report**

January 1, 2013

Client # 104

CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 15,552.24

**Total Credits: 15,552.24**

**DEBITS**

CLIENT INFORMATION REDACTED

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## Debit/Credit Summary Report

January 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

### CREDITS

Patient Payments: 12,172.35

**Total Credits: 12,172.35**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits:** [REDACTED]

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## Debit/Credit Summary Report

February 1, 2013

Client # 104

CLIENT INFORMATION REDACTED

info

### CREDITS

Patient Payments: 16,067.14

**Total Credits: 16,067.14**

### DEBITS

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

February 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

**DEBITS**

**CREDITS**

Patient Payments: 12,615.60

**Total Credits: 12,615.60**

**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

March 1, 2013

Client # 104

CLIENT INFORMATION REDACTED

**units**

**CREDITS**

Patient Payments: 15,683.96

**Total Credits: 15,683.96**

**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

March 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

██████

**CREDITS**

Patient Payments: 13,128.48

**Total Credits: 13,128.48**

**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

April 1, 2013

Client # 104

CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 15,540.27

**Total Credits: 15,540.27**

**DEBITS**

CLIENT INFORMATION REDACTED 

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**Debit/Credit Summary Report**

April 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

■■■■

**CREDITS**

Patient Payments: 13,373.60

**Total Credits: 13,373.60**

**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

May 1, 2013

Client # 104

CLIENT INFORMATION REDACTED

**CREDITS**

Patient Payments: 15,934.35

**Total Credits: 15,934.35**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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**Debit/Credit Summary Report**

May 15, 2013

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 12,109.33

**Total Credits: 12,109.33**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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**Debit/Credit Summary Report**

June 1, 2013

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 16,406.63

**Total Credits: 16,406.63**

**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

June 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

REDACTED

**CREDITS**

Patient Payments: 13,046.19

**Total Credits: 13,046.19**

**DEBITS**


CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

July 1, 2013

Client # 104


CLIENT INFORMATION REDACTED 

**CREDITS**

Patient Payments: 15,673.51

**Total Credits: 15,673.51**

**DEBITS**

CLIENT INFORMATION REDACTED 

**Total Debits: **

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**Debit/Credit Summary Report**

July 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

**CREDITS**

Patient Payments: 12,056.37

**Total Credits: 12,056.37**


**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

August 1, 2013

Client # 104

CLIENT INFORMATION REDACTED

~~unite~~

**CREDITS**

Patient Payments: 14,385.71

**Total Credits: 14,385.71**

**DEBITS**

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

August 15, 2013

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 12,121.39

**Total Credits: 12,121.39**

**DEBITS**

CLIENT INFORMATION REDACTED



**Total Debits: 1**

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### **Debit/Credit Summary Report**

September 1, 2013

Client # 104

CLIENT INFORMATION REDACTED



#### **CREDITS**

Patient Payments: 13,595.18

**Total Credits: 13,595.18**

#### **DEBITS**

CLIENT INFORMATION REDACTED

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### **Debit/Credit Summary Report**

September 15, 2013

Client # 104

CLIENT INFORMATION REDACTED 

### **CREDITS**

Patient Payments: 12,561.16

**Total Credits: 12,561.16**

### **DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits: **

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### **Debit/Credit Summary Report**

October 2, 2013

Client # 104

CLIENT INFORMATION REDACTED

**DEBITS**

### **CREDITS**

Patient Payments: 13,721.46

**Total Credits: 13,721.46**

### **DEBITS**

CLIENT INFORMATION REDACTED

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### Debit/Credit Summary Report

October 15, 2013

Client # 104

CLIENT INFORMATION REDACTED

### CREDITS

Patient Payments: 12,145.99

**Total Credits: 12,145.99**

### DEBITS

CLIENT INFORMATION REDACTED

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**Debit/Credit Summary Report**

November 1, 2013

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 13,366.07

**Total Credits: 13,366.07**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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**Debit/Credit Summary Report**

November 16, 2013

Client # 104

CLIENT INFORMATION REDACTED

**CREDITS**

Patient Payments: 9,757.23

**Total Credits: 9,757.23**

**DEBITS**

CLIENT INFORMATION REDACTED

**Total Debits:**

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**Debit/Credit Summary Report**

December 1, 2013

Client # 104

CLIENT INFORMATION REDACTED



**CREDITS**

Patient Payments: 14,903.77

**Total Credits: 14,903.77**

**DEBITS**

CLIENT INFORMATION REDACTED



**Total Debits:**

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**Debit/Credit Summary Report**

December 16, 2013

Client # 104

CLIENT INFORMATION REDACTED

**\*\*\*\***

**CREDITS**

Patient Payments: 10,826.44

**Total Credits: 10,826.44**

**DEBITS**

CLIENT INFORMATION REDACTED

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## Debit/Credit Summary Report

January 1, 2014

Client # 104

CLIENT INFORMATION REDACTED

~~united~~

### CREDITS

Patient Payments: 12,150.03

**Total Credits: 12,150.03**

### DEBITS

CLIENT INFORMATION REDACTED

~~united~~

**Total Debits: 4**

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## Debit/Credit Summary Report

January 15, 2014

Client # 104

CLIENT INFORMATION REDACTED

■■■■■

### CREDITS

Patient Payments: 10,124.67

**Total Credits: 10,124.67**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits:**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

Automatic

Debit Patient Payment System

P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299  
Fax: (800) 633-7299  
e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)

## Debit/Credit Summary Report

February 2, 2014

Client # 104

CLIENT INFORMATION REDACTED **ents**

### CREDITS

Patient Payments: 11,369.46

**Total Credits: 11,369.46**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits: 0**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*



# MEDPAY<sup>®</sup>

Automatic

Debit Patient Payment System

P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299  
Fax: (800) 633-7299  
e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)

## Debit/Credit Summary Report

February 15, 2014

Client # 104

CLIENT INFORMATION REDACTED

**REDACTED**

### CREDITS

Patient Payments: 9,147.16

**Total Credits: 9,147.16**

### DEBITS

CLIENT INFORMATION REDACTED

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299  
Fax: (800) 633-7299  
e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)

## Debit/Credit Summary Report

March 1, 2014

Client # 104

CLIENT INFORMATION REDACTED

\*\*\*\*

### CREDITS

Patient Payments: 10,800.58

**Total Credits: 10,800.58**

### DEBITS

CLIENT INFORMATION REDACTED

**Total Debits: 1**

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

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Debit Patient Payment System

P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299


Fax: (800) 633-7299

e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)

## Debit/Credit Summary Report

March 15, 2014

Client # 104

CLIENT INFORMATION REDACTED 

### CREDITS

Patient Payments: 10,148.65

**Total Credits: 10,148.65**

### DEBITS

CLIENT INFORMATION REDACTED

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# MEDPAY<sup>®</sup>

*Automatic*

Debit Patient Payment System

P.O. Box 1547  
New York, NY 10028

Tel: (800) 633-7299  
Fax: (800) 633-7299  
e-mail: [info@medpaydirect.com](mailto:info@medpaydirect.com)

## Debit/Credit Summary Report

April 1, 2014

Client # 104

CLIENT INFORMATION REDACTED



### CREDITS

Patient Payments: 9,714.40

**Total Credits: 9,714.40**

### DEBITS

CLIENT INFORMATION REDACTED

*Thank you for choosing MedPay to efficiently manage your patient payment plans!*

# EXHIBIT U

**Justin Hassell**

---

**From:** NYS DOS Corporations Ebiennial [ebiennial@dos.ny.gov]  
**Sent:** Thursday, May 02, 2013 8:48 PM  
**To:** JUSTINHASSELL@. . . .COM  
**Cc:** ebiennial@dos.ny.gov  
**Subject:** NYS DOS Corporations Ebiennial Filing Acknowledgment : 130502006281

**New York State Department of State  
Division of Corporations**

**PLEASE PRINT THIS E-MAIL FOR YOUR RECORDS**

**Thank you for submitting the biennial statement for your business entity through the e-Statement Filing System. The biennial statement has been filed with the Department of State.**

**Attached is a copy of the filed biennial statement for the following business entity:**

DOS ID: 1916589  
BUSINESS NAME: MEDPAY SYSTEMS, INC.  
Filing date: 05/02/2013  
Next Filing Period: 04/2015  
E-mail Address: JUSTINHASSELL@. . . .COM

**The Department of State recommends that you retain this filing acknowledgment and attachment for your records. The Department of State will send an email reminder notice when the next biennial statement for your business entity is due. The notice will be sent to the email address indicated above.**

**To update your email address, please go to the Department of State's Biennial Statement Email Address Notification website at [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov).**

**Biennial Statement**  
NYS Department of State  
Division of Corporations, State Records &  
Uniform Commercial Code  
[www.dos.ny.gov](http://www.dos.ny.gov)

**BUSINESS NAME:** MEDPAY SYSTEMS, I NC.

**FILING PERIOD:** 04/2013

**Part 1 - Chief Executive Officer's Name and Business Address**

Name JUSTIN A. HASSELL		
Address Line 1 403 E 87TH STREET		
Address Line 2 #1B		
City NEW YORK	State NY	Zip Code 10128

**Part 2 - Street Address of Principal Executive Office (A Post Office Box cannot be used)**

Corporation Name MEDPAY SYSTEMS, INC.		
Address Line 1 403 E 87TH STREET		
Address Line 2 #1B		
City NEW YORK	State NY	Zip Code 10128

**Part 3 - Service of Process Address (Address must be within the United States or its territories)**

Name MEDPAY SYSTEMS, INC.		
Address Line 1 403 E. 87TH STREET		
Address Line 2 #1B		
City NEW YORK	State NY	Zip Code 10128

**Signer Information**

I affirm that the statements contained herein are true to the best of my knowledge, that I am authorized to sign this Biennial Statement and that my signature typed below constitutes my electronic signature.

Electronic Signature JUSTIN A HASSELL
Capacity of Signer OFFICER

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 05/02/2013**  
**FILING NUMBER: 130502006281 -1 916589**

# EXHIBIT V



# Pennsylvania

①

ALtoona Regional HEALTH System

~~2500 Seventh Avenue~~ 620 Howard Ave.

Altoona, PA ~~16602~~ 16601

→ Jerry Murray, CEO

(814) 889-2011 5/16/11 L/M

← Charles Zorger, CFO

← Michael Letcher, Patient

5/16/11  
L/M

\* CLOYD BEARS

← Director of Patient Financial Services

②

Catholic Health East

3805 W. Chester Pike

Suite 100

Newtown Square, PA 19073

(610) 355-2000

x3055

→ Judy Persichilli, CEO

← Jenny Barnett, CFO

← 5/16/11 L/M

2<sup>nd</sup> Letter

Mailed

5/4/11

Follow up 5/17

③ ✓ Holy Redeemer Health System  
667 Welsh Road  
Huntingdon Valley, PA 19006

→ Michael Laign, CEO  
(215) 938-4650 5/16/11 4M → Russ Wagner, CFO

→ Patient Accounts  
→ Guy Hoffmann, Patient Accounts

X Holy Redeemer Hospital  
1648 Huntingdon Pike  
Meadowbrook, PA 19046

12265 Townsend Rd.  
Philadelphia, PA 19154

↓  
5/16/11 → L/M

(215) 938-2000

④ ✓ Holy Spirit Hospital  
503 N. 21st Street  
Camp Hill, PA 17011

- call back

→ Sister Romaine Neighmir, CEO

(717) 763-~~2183~~ 2100

5

MAXIS Health System  
100 Lincoln Avenue  
Carbondale, PA 18407  
→ Mary Theresa Vautrinot, CEO  
→ Noreen Morgan, CFO  
→ Nancy Davis, Pt. Accounts

5/19/11  
S/W Noreen Morgan  
will check website &  
cb if interested

(570) 281-1000

6

Mercy Health System  
1 West Elm Street  
Conshohocken, PA 19428  
Conshohocken  
→ Ray Welsh, CEO  
→ Joseph Bradley, CFO  
→ Doug Smith, Patient Accounts

5/19/11 4/12

5/19/11 4/12

(570) 320-7900

(610) 567-6000

7

Susquehanna Health  
777 Rural Avenue  
Williamsport, PA 17701  
→ Steve Johnson, CEO  
→ Charles Santangelo, CFO  
→ Kimberley Vancampen, Patient Account

5/19/11 -

Steve Martin  
Chuck Martin

(570) 321-1000

Susquehanna Health  
802 Campbell Street  
Williamsport, PA 17701

SMartin@susquehannahealth.org  
C Martin " " "

5/19/11 4/11 For both Steve Martin & Chuck Martin.

8

Saint Vincent Health System

232 W. 25th Street

ERIE, PA 16544

(814) 452-5000

\* AL Mansfield  
NEW CO  
5/19/11  
LM

→ Scott Whalen, CEO

→ Steve Gary, CFO

→ Linda Douglas, Pt. Accounts

9

St. Joseph Medical Center

Route 183

Reading, PA 19605

5/19/11  
LM on  
V. MAIL

10

St. Joseph Regional Health Network

2500 Bernville Road

Reading, PA 19605

(610) 378-2300

→ ~~Don~~

→ John Morahan, CEO

→ David Lim, CFO

→ Maria Franklin, Pt. Accounts

5/19/11  
LM on V. MAIL

11

St. Mary Medical Center

1201 Langhorne Newtown Rd.

Langhorne, PA 19047

(215) 710-2000

→ Greg Wozniak, CEO

→ Mark Nessel, CFO

→ Mary Pat Wrensker, PE Accounts  
Wrensker

5/19/11 LM

12

UPMC Mercy

1400 Locust Street

Pittsburgh, PA 15219

(412) 232-8111

→ Will Cook, CEO

→ Nick Barcellona, CFO

5/19/11  
LM

# MASSACHUSETTS

① ✓ CARITAS Christi HEALTH CARE  
77 Warren street  
Brighton, MA 02135

(617) 789-2500  
419-4700

② ✓ COVENANT Health Systems → DAVID LINCOLN, CEO  
100 Ames Pond Road Suite 102 → John Ahle, CFO  
Tewksbury, MA 01876 ↓  
5/16/11

(978) 654-6363

③ ✓ Mercy Medical center → DANIEL MOEN, CEO  
271 Carew street → Tom Robert, CFO  
Springfield, MA 01104 → ↓  
5/16/11 4/4

(413) 748-9000

④ ✓ St. Elizabeth's Medical center → Phil Cormier, COO  
736 Cambridge street  
Boston, MA 02135 Phil Cormier, COO  
↓

(617) 789-3000

5/16/11 4/4

5 ✓

Steward HEALTH CARE → James Renna, CFO  
500 Boylston Street → RALPH DeLatorre, CEO  
Boston, MA 02116 →

(617) 419-4700

5/16/11 4M

# New Hampshire

④

Catholic Medical Center

✓ 100 McGregor Street  
Manchester, NH  
03102

(603) 668-3545

5/16/11  
4M

→ Allison Pitman Giles, CEO  
→ Edward Dudley, CFO  
→ Gail Wendell, Pt. Accounts

5/16/11  
4M

②

St. Joseph's Hospital

✓ 172 Kinsley Street  
Nashua, NH 03060

(603) 882-3000

5/16/11  
4M w/ secy.

→ David Ross, CEO

→ Dick Plamondon, CFO

→ Larry Bradley, Pt. Accounts

5/16/11  
4M or v.MA/11



# DELEWARE

① ✓

St. FRANCIS HEALTHCARE Services  
701 N. CLAYTON Street  
Wilmington, DE 19805

(302) 421-4100

→ Julie Hester, CEO

→ Taylor McCormick, CFO

→ Bob Ruzzo, Pt. ACCOUNTS

5/20/11  
4/11 ON V.MAIL

5/20/11 - 4/11 ON V.MAIL

# Maryland

①

St. Agnes Hospital

Ascension Health - MD/DC

900 CATON AVENUE

BALTIMORE, MD 21229

(410) 368-6000

→ Bonnie Phipps, CEO

→ Scott Furniss, CFO

→ William Foster, Pt. Accounts

(410) 368-3131

5/20/11 - 4M on V.M.A.I.]

②

Bon Secours Baltimore Health System

2000 W. BALTIMORE STREET

BALTIMORE, MD 21223

(410) 362-3000

③

Bon Secours Health System

1505 MARRIOTTSVILLE RD.

MARRIOTTSVILLE, MD 21104

(410) 442-5511

5/20/11 4M

→ Rich Statuto, CEO

→ Katherine Arbuckle, CFO

→ Director of Patient Accounts

④

Holy Cross Hospital  
1500 Forest Glen Rd  
Silver Spring, MD 20910

(301) 754-7000

→ 5/20/11 - L/M on V. Mail  
→ Kevin Sexton, CEO  
→ Gary Bagan, CFO  
→ William Shaffner Pt. Accounts  
→ 5/20/11 L/M on V. Mail

⑤

Mercy Health Services  
(301) 301 St. Paul Place  
Baltimore, MD 21202

(410) 332-9521  
-9050

→ Thomas Mullen, CEO  
→ John Topper, CFO  
→ Edna JACURAK, Pt. Accounts  
→ 5/20/11 L/M on V. Mail

⑥

St. Joseph Medical Center  
7601 OSLER Drive  
Towson, MD 21204

(410) 337-1000

→ Jeffrey Norman, CEO  
→ Terry Conrad, CFO  
→ Richard Imbimbo  
→ (410) 337-1602 5/20/11 L/M  
→ PAM Woods  
→ Patient Accounts 5/20/11 L/M.