

Mr. Joshua Schlachterman
Property Manager & Sales Executive
RE /MAX Services
794 Penllyn Blue Bell Pike
Blue Bell, PA 19422

19 December 2016

RE: Issues and History
@ 1219 S. Bethlehem Pike
Ambler, PA 19002

Joshua:

It is my hope that this communication finds you well, if I might let me state the History and now, multiple problems that have beset us at the subject Rental Property:

- When attempting to view the Property, I had to shovel out the Driveway and Steps
The owner was unresponsive to your calls to do so.
- Moving in in late January 2016 was a true nightmare, the unit was FILTHY, top to Bottom. And yet again the Steps were Ice laden, and a problem for my Movers
- The Exterior was littered with Trash, and dangerous embedded fence spikes in the yard. Again, your and my calls to the Owner went unanswered.
- I recovered by doing MANY things from adding Spring Flowers, pointing out to you And The Owner the Spikes and Filth. I painted the Flower posts and weeded the Beds. Furthermore, there is yet, a Gaping Hole in the Front Trim.....now a home to Vermin. Again, our calls to the Owner went unanswered. I pointed all out to Owner in person.

I asked to extend the lease, and The Owner promised to do so, and I never heard from him again. He should have instructed you to do so, again he did Nothing. I have been a great Tenant.

he just nods his head, and abuses my Kindness. We, discussed a Purchase by me, that story could take a month, the price they asked was \$140,000. above COMPS in the area. And my Inspector warned me of MANY ISSUES ! Again, the owner approved a Lease Extension and did NOT A THING to complete the Promise. His co-owner ignores all facts and reality in our Market.

Unable to reach them in October, I spent \$350 to fix the Plumbing and the Vermin.....as they Were running through the walls. Mr. Long has mailed the receipts to your Office. I paid the Balance of the \$1,400 rent with a check for \$1,050.

Since May 2016, I have been ill, and come to find the Floors are loaded with Chemicals; common Market Knowledge in the Market.....again the Owner shrugs and does ZERO ! When not in the residence, I am okay; notwithstanding the residual effects. I am awaiting approval and funding from my Insurance to move into a Temporary Home/Hotel.

Enclosed you will find Medical Bills and Tests that were done by Two Doctors and a Hospital that total \$ 1,790.26 which were incurred to examine my issues. Never have them when I

am out of the Property.....only after I am resident for multiple days. Mornings are charming.

The Total Medical Expenses will be deducted from the December 2016 rent obligation.
If I might, the Owner could bear Major liability should my health further fail. These bills DO NOT include my recent Tests and Hospital related Visit.

Furthermore, there have been at least two times when the Owner has entered my Residence when I was not present and he NEVER asked my approval. As I said to you and you agreed, this is wrong and will NOT be tolerated again. I remain,

Respectfully



David Downey

duffgear1@gmail.com

215-900-7996

1219 S. Bethlehem Pike Unit 200

Ambler, PA 19002

cc: DD File

Attachments - Medical Bills (8) , 29 November 2016 Note

Abington Health

Send Payments to:
Abington Hospital-Pt Pay
PO Box 826580
Philadelphia, PA 19182-6580

Patient Name: DOWNEY, DAVID Inv Dt: 12/08/2016
Account Number: A1616050075 Page 1

Amount Enclosed: \$ _____

DOWNEY, DAVID
1219 S BETHLEHEM PIKE
AMBLER, PA 190025820

Visa _____ Mastercard _____ Amex _____ Discover _____

Print Name _____

Physician CAMPBELL, JENNIE DO

Card no. _____ Exp Dt _____

Service Dates: 06/08/16 - 06/08/16

Signature _____

DATE	DESCRIPTION	UNITS	AMOUNT
06/08/2016	COMPREHENSIVE METABOLIC P	1	36.53
06/08/2016	HA1C	1	37.03
06/08/2016	LIPID PROFILE	1	47.54
06/08/2016	VENIPUNCTURE CHARGE - OUTPATIENT	1	5.00
06/08/2016	URINE ALB/CREAT RATIO 102	1	22.52
06/08/2016	URINE ALB/CREAT RATIO 202	1	20.27
Total Charges:			168.89

If you have questions regarding this invoice or wish to discuss the Financial Assistance Program offered by the hospital, please contact our Patient Service Center at (215)481-5777 Monday-Friday 9:00 AM to 3:30 PM

Abington Health

Send Payments to:

Abington Hospital-Pt Pay
 PO Box 826580
 Philadelphia, PA 19182-6580

Patient Name: DOWNEY, DAVID
 Account Number: A1616950043

Inv Dt: 12/08/2016
 Page 1

DOWNEY, DAVID
 1219 S BETHLEHEM PIKE
 AMBLER, PA 190025820

Physician CAMPBELL, JENNIE DO

Service Dates: 06/17/16 - 06/17/16

Amount Enclosed: \$ _____

Visa ___ Mastercard ___ Amex ___ Discover

Print Name _____

Card no. _____ Exp Dt _____

Signature _____

DATE	DESCRIPTION	UNITS	AMOUNT
06/17/2016	ACUTE HEPATITIS PANEL	1	164.90
06/17/2016	CERULOPLASMIN	1	41.79
06/17/2016	FERRITIN	1	53.30
06/17/2016	GGTP	1	5.00
06/17/2016	HEP B SURF ANTIBODY	1	37.03
06/17/2016	MITOCHONDRIAL (M2) ANTIBODY	1	37.53
06/17/2016	ANTINUCLEAR ANTIBODIES, IFA	1	47.04
06/17/2016	ACTIN ABS	1	37.53
06/17/2016	VENIPUNCTURE CHARGE - OUTPATIENT	1	5.00
06/17/2016	HCV RNA BY PCR, QN RFX GENO	1	148.13

Total Charges: 577.25

If you have questions regarding this invoice or wish to discuss the Financial Assistance Program offered by the hospital, please contact our Patient Service Center at (215)481-5777 Monday-Friday 9:00 AM to 3:30 PM

Date Printed: 12/06/2016
Time Printed: 10:19:34

INTERNAL MEDICINE ASSOC OF ABINGTON
PO BOX 826594

Page 1

Group#: 420M

PHILADELPHIA PA 19182
Tax Id#: 231352152

Inv#	Servdate	Rp Dept	Dr	Fad	Ref	Proc	M1	M2	Desc	Diag 1	Ins/Comment	S	Amount	Resp Bal	Ins Bal
Patient#: 1622924 DOWNEY, DAVID															
4	06/22/16	1		8117	420C	99204			OV NEW COM	E11.9			228.00	.00	.00
4	09/13/16					BADR			BAD RESPON				-228.00		
5	08/12/16	1		8069	420C	99213			DETAILED	H69.80			104.00	.00	.00
5	09/13/16					BADR			BAD RESPON				-104.00		

3) Patient Name 1622924 DOWNEY, DAVID

--> Resp Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00
--> Ins Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00

2) Resp Name 1622924 DOWNEY, DAVID

--> Resp Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00
--> Ins Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00

1) Group# 420M INTERNAL MEDICINE ASSOC OF ABINGTON

--> Resp Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00
--> Ins Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00

Grand Totals :

--> Resp Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00
--> Ins Charges :	.00	Pays :	.00	Adjs :	.00	Bal Due :	.00
--> Charges :	332.00	Pays :	.00	Adjs :	-332.00	Bal Due :	.00

Parameters Used To Select This Report :

REPORT OPTION : Detail
FREELINE OPTION : No Freelines
ADDITIONAL DATA OPTION : No Additional Information
First Selection Parameters:
Inv# In Range 4,5

Golden Rule®

A UnitedHealthcare Company
 P.O. Box 31374
 Salt Lake City, UT 84131-0374
 (800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
 THIS IS NOT A BILL.**



25364746080120701

DAVID DOWNEY
1219 S BETHLEHEM PIKE
AMBLER PA 19002-5820

Date: 09/12/2016
 Insured: DAVID DOWNEY
 ID Number: 093893908
 Claimant: DAVID DOWNEY
 Control Number: 16183-46753-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
06/22-06/22/16	INTERNAL MEDIC	228.00	187.28	.00	01			
TOTALS		228.00	187.28	.00				

	LESS DEDUCTIBLE OR COPAYMENT AMOUNT
	BALANCE

----- **REMARK SECTION** -----

AA PLEASE REFER TO OUR LETTER DATED
 9/9/16

01 THIS CONDITION IS PREEXISTING UNDER THE
 TERMS OF THE CONTRACT.

FIND INFORMATION ABOUT YOUR PLAN AND
 ANSWERS TO YOUR QUESTIONS 24/7 AT
 MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT: .00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE: .00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME	DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
 P.O. Box 31374
 Salt Lake City, Utah 84131-0374
 Telephone (800) 657-8205
 7:00 am - 5:00 pm (CST)
 To Report Fraud (866) 283-7354

Abington Health

Send Payments to:
Abington Hospital-Pt Pay
PO Box 826580
Philadelphia, PA 19182-6580

Patient Name: DOWNEY, DAVID Inv Dt: 12/08/2016
Account Number: A1617550147 Page 1

DOWNEY, DAVID
1219 S BETHLEHEM PIKE
AMBLER, PA 190025820

Physician ZHOU, ZHIHONG JASON

Service Dates: 06/23/16 - 06/23/16

Amount Enclosed: \$ _____

Visa ___ Mastercard ___ Amex ___ Discover

Print Name _____

Card no. _____ Exp Dt _____

Signature _____

DATE	DESCRIPTION	UNITS	AMOUNT
06/23/2016	COMPREHENSIVE METABOLIC P	1	36.53
06/23/2016	GGTP	1	5.00
06/23/2016	PROSTATIC SPEC AG SCREEN	1	65.31
06/23/2016	VENIPUNCTURE CHARGE - OUTPATIENT	1	5.00
06/23/2016	TSH SENSITIVE	1	65.56

Total Charges: 177.40

If you have questions regarding this invoice or wish to discuss the Financial Assistance Program offered by the hospital, please contact our Patient Service Center at (215)481-5777 Monday-Friday 9:00 AM to 3:30 PM

Golden Rule®

A UnitedHealthcare Company
 P.O. Box 31374
 Salt Lake City, UT 84131-0374
 (800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
 THIS IS NOT A BILL.**



250647460C0173701

DAVID DOWNEY
1219 S BETHLEHEM PIKE
AMBLER PA 19002-5820

Date: 09/07/2016
 Insured: DAVID DOWNEY
 ID Number: 093893908
 Claimant: DAVID DOWNEY
 Control Number: 16181-42772-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
06/23-06/23/16	ABINGTON MEMOR	177.40	90.38	90.38	01		90.38	
TOTALS		177.40	90.38	90.38			90.38	

LESS DEDUCTIBLE OR COPAYMENT AMOUNT		90.38	
BALANCE			

----- **REMARK SECTION** -----

— \$529.16 OF YOUR PLAN DEDUCTIBLE HAS BEEN MET. \$4470.84 IS LEFT TO BE SATISFIED.

01 THE REPRICED AMOUNT REFLECTS A NEGOTIATED FEE FROM A NETWORK PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT: .00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE: .00

SUMMARY OF PAYMENT	
Drafts have been prepared for the following payees as indicated.	
PROVIDER NAME	DRAFT AMOUNT
TOTAL DRAFTS PAYABLE: 	

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
 P.O. Box 31374
 Salt Lake City, Utah 84131-0374
 Telephone (800) 657-8205
 7:00 am - 5:00 pm (CST)
 To Report Fraud (866) 283-7354

Golden Rule®

A UnitedHealthcare Company
 P.O. Box 31374
 Salt Lake City, UT 84131-0374
 (800) 657-8205

**THIS IS AN EXPLANATION OF BENEFITS.
 THIS IS NOT A BILL.**



242647460C0169101

DAVID DOWNEY
1219 S BETHLEHEM PIKE
AMBLER PA 19002-5820

Date: 08/30/2016
 Insured: DAVID DOWNEY
 ID Number: 093893908
 Claimant: DAVID DOWNEY
 Control Number: 16239-47040-00

SERVICE DATES	PROVIDER	TOTAL CHARGED	REPRICED AMOUNT	COVERED	REMARK CODE	COVERED BASE PLAN	COVERED MEDICAL	OTHER COVERED
08/12-08/12/16	INTERNAL MEDIC	104.00	82.82	82.82	01		82.82	
TOTALS		104.00	82.82	82.82			82.82	

	LESS DEDUCTIBLE OR COPAYMENT AMOUNT		82.82
B A L A N C E			

----- **REMARK SECTION** -----

— \$438.78 OF YOUR PLAN DEDUCTIBLE HAS BEEN MET. \$4561.22 IS LEFT TO BE SATISFIED.

01 THE REPRICED AMOUNT REFLECTS A NEGOTIATED FEE FROM A NETWORK PROVIDER.

FIND INFORMATION ABOUT YOUR PLAN AND ANSWERS TO YOUR QUESTIONS 24/7 AT MYUHONE.COM

PAYABLE AT:

TOTAL AVAILABLE BENEFIT: .00

ADJUSTMENTS:

TOTAL BENEFIT PAYABLE: .00

SUMMARY OF PAYMENT

Drafts have been prepared for the following payees as indicated.

PROVIDER NAME	DRAFT AMOUNT

TOTAL DRAFTS PAYABLE:

If you have any questions about this claim or additional information you wish us to review, please contact:

Golden Rule Insurance Company
 P.O. Box 31374
 Salt Lake City, Utah 84131-0374
 Telephone (800) 657-8205
 7:00 am - 5:00 pm (CST)
 To Report Fraud (866) 283-7354

Ophthalmic Assoc. FW
 1244 Fort Washington Ave.
 Suite E1
 Fort Washington, PA 19034

Statement of Account

Date Printed: 12/05/2016
 Period Ending: 12/05/2016
 Provider Name: Thomas D Coats
 Phone Number: (215) 643-2730

David Downey
 1219 South Bethlehem Plk
 Ambler, PA 19002

Date of Service	Qty Description	Fee Amount	Responsible Party	
			Insurance	Patient
Patient: David Downey				
	Previous Balance thru 11/05/2016		195.00	
	Total Due		195.00	0.00
Fee Slip #82865 Dated 08/23/2016 in Ophthalmic Assoc. FW				
	Transfer from Ins. [GRIC] to Pat. (12/05/2016)		(153.88)	153.88
	Transfer Reason - applied to your deductible			
	Insurance Write-Off [GRIC] (12/05/2016)		(6.12)	
	Transfer from Ins. [GRIC] to Pat. (12/05/2016)		(20.36)	20.36
	Transfer Reason - applied to your deductible			
	Insurance Write-Off [GRIC] (12/05/2016)		(14.64)	
	Fee Slip #82865 Balance Due		(195.00)	174.24

Insurance Balance: 0.00
Total Patient Balance Due: 174.24

We accept cash, personal check, Visa, mastercard and Discover.

Patient Aging:	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
	174.24				
Total Due	<u>174.24</u>	Check #	Credit Card #	SEC #	
Amount Enclosed	Type	Exp Date	Signature		
Patient/Guarantor Name	David Downey	Payment Due	11/30/2016	Patient #	22442

Ophthalmic Assoc. FW
 1244 Fort Washington Ave.
 Suite E1
 Fort Washington, PA 19034

David Downey
 1219 South Bethlehem Plk
 Ambler, PA 19002

From the desk of:

IN - GEARS, LLC

DAVID F. DOWNEY
Managing Partner, Director

(215) 900-7996
duffgear1@gmail.com

NEW YORK, NY
ATLANTA, GA
WASHINGTON, DC



29 Nov 16

November 2016

Rent - \$1,400.00

Plumber (Oct 16) 150

Exterminator
(Oct 14) 200
350

Net due \$1,050

Check # 1022

DAVID DOWNEY
1219 S BETHLEM PIKE
AMBLER, PA 19002

1022
50-7044/223
457
FRANZ
Date

Nov 2016

Pay to the Order of Be - Max Management \$1,050.00

Photo
Deposit

Dollars

One Thousand Five Hundred and No/100

FIRST
NIAGARA

Net
Nov 2016 Rent Expense
David Downey

⑆222370440⑆590000559104⑆1022

Richard Clarke