

Customer Statement of Disputed Transaction

Please complete *either* section 1 or section 2 below. Use a separate form or additional pages to document each dispute.

Mail to: _____

Your Name: _____ Account #: _____ Amount: \$200.00 Transaction Date: _____ Post Date: _____

Reference Number: _____

Transaction Description: *(as appears on your statement)*: SQ *CARECUBE 512A 77th Street Brooklyn NY USA

☐ 1. I certify that the charge(s) listed above was (were) not made by me nor a person authorized by me to use my card. I did not receive any goods or services from this transaction nor did any person authorized by me.

My card was (please select one)

☐ IN MY POSSESSION

☐ LOST

☐ STOLEN

Do you know who made these transactions? ☐ YES ☐ NO

If YES, who do you think made or authorized these transactions? _____

What is your relationship to this person? _____

Please list other items that were lost or stolen (if any): _____

When was the last time you used your card?

Date: _____

Time: _____

Merchant Name or ATM Location: _____

Amount: \$ _____

Where do you normally store your card? _____

Where do you normally store your pin number? _____

Have you given permission to anyone to use your card? (Select one)

☐ NO

☐ YES (If Yes, complete the following)

Name: _____

Relationship: _____

☒ 2. Although I did engage in the above transaction (complete **ONE** of the following statements and provide as much detail as possible to support your statement):

a. I requested \$ _____ from the ATM however I received \$ _____. I am disputing the amount of \$ _____ as this amount was not received.

b. The dollar amount of the sale was increased from \$ _____ to \$ _____.
I am enclosing a copy of my debit card sales receipt, which reflects the correct dollar amount.

c. I dispute the entire charge or a portion of it in the amount of \$ _____. I have contacted the merchant and a credit has been applied to my account. (Please provide details of the circumstances surrounding this transaction and your calculations used to derive the correct amount, if amount is less than the total billed to your account.)

d. I have never received the merchandise. I expected to receive it during the week of _____ (date.) I have since contacted the merchant and asked that a credit be applied to my account.

e. All or part of the shipped or delivered merchandise was defective or damaged when received. I returned the merchandise on _____ (date), but have not received a credit for the amount of \$ _____. I am

enclosing a detailed statement describing the defects of the merchandise and am enclosing a copy of my proof of return list of the merchandise received, the items returned, and the cost of each item.

f. The above transaction is a duplication of an authorized transaction that took place on _____ (posting date.) The reference number of the authorized transaction as shown on my card statement is: _____.

g. I am enclosing a detailed explanation of the reason(s) the merchant was not able or willing to provide the requested merchandise/services. I am also providing details of my attempts to resolve this matter with the merchant, including date(s) and the merchant's response(s).

- ☐ 3. I received a credit slip, but it was applied to my account as a charge. I am enclosing a copy of this credit slip.
- ☐ 4. I received a credit slip, but it has not yet been applied to my account. I am enclosing a copy of this credit slip.
- ☐ 5. I guaranteed a hotel reservation for late arrival and subsequently cancelled it on _____ (date) at _____ (AM/PM.) I was given the following cancellation number: _____
- ☐ 6. Other reason: _____

Cardholder Signature: _____ Date: 19 Feb 2021

Contact number: _____ *during the hours of 8am-5pm CST)*

[REDACTED]

[REDACTED]

19 February 2020

Cardholder Services

[REDACTED]

[REDACTED]

RE: **Account #:** [REDACTED] **Amount: \$200.00** **Transaction Date:** [REDACTED] **Post Date:**
[REDACTED] **Reference Number:** [REDACTED]

To whom it may concern,

On [REDACTED], I visited a CareCube facility at 7404 5th Ave, Brooklyn, NY 11209 for a COVID-19 test. The cost for the test should have been billed to my insurance provider. My insurance provider covers all COVID 19 tests at no cost to its members. However, the front desk staff instead charged my [REDACTED] card ending in [REDACTED] for \$200.00 without my authorization.

On 2/8/2021, I called CareCube at 7404 5th Ave, Brooklyn NY 11209 in order to resolve this matter. I was referred to their website to contact support. The emails with CareCube support are attached. My issue was not resolved, and I have not heard back from CareCube support in over 7 days.

On 2/16/2021, I contacted [REDACTED] to initial a chargeback as I have been unsuccessful with resolving the matter with CareCube.

Sincerely,

[REDACTED]



Fwd: Overcharge

To: [REDACTED]

Fri, Feb 19, 2021 at 2:24 PM

----- Forwarded message -----

From: [REDACTED]
Date: Sat, Feb 13, 2021 at 9:58 AM
Subject: Re: Overcharge
To: CareCube <support@carecubeclinic.freshdesk.com>

Hello,

Unfortunately, the front desk attendant did not have the correct information. I have been in contact with my insurance company ([REDACTED]) about this and they cover all COVID-19 testing for members at no cost.

The testing costs should have been sent to [REDACTED] as they have a contracted rate with [REDACTED] - just like the medical visit was. Hopefully, this was just an oversight and not intentional.

Regardless, I want my \$200.00 testing charge refunded immediately.

I look forward to your reply and a resolution to my problem. I will wait for 7-days before seeking third-party assistance. Please contact me at the above email address or by phone at [REDACTED].

Sincerely,

[REDACTED]

On Sat, Feb 13, 2021 at 5:38 AM CareCube <support@carecubeclinic.freshdesk.com> wrote:

Hi [REDACTED],

Thank you for your email.

Your insurance information was provided when you initially signed up at the office. You were informed correctly prior testing by the front desk attendant that Rapid Swab and Antibody was not covered by your insurance but, your medical visit was covered by your [REDACTED] insurance.

Please let me know if you need anything else.

The Carecube team

On Mon, 8 Feb at 2:58 PM , CareCube <support@carecubeclinic.freshdesk.com> wrote:

Hi [REDACTED],

Thanks for your email. We have sent your request to our billing department. They will respond within 3-5 days.

Thanks

Carecube team

On Mon, 8 Feb at 2:47 PM , [REDACTED]
wrote:
Hi,

I have been mischarged for my COVID-19 test. My date of service was [REDACTED] and my test cost was \$200.00 from [REDACTED]. The service location was [7404 5th AVE](#) Brooklyn, NY 11209

I was told by the front desk attendant the [REDACTED] would not pay for testing and I had to pay out of pocket.

This is not accurate. [REDACTED] covers testing and is at NO cost to the member.

I want to speak to someone and have my \$200.00 refunded immediately.

Thank you,

[REDACTED]



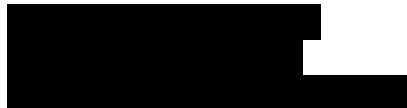
April 03, 2021

Lorelei Salas
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dca



Re: Your Complaint against CareCube

Dear Consumer:

Thank you for contacting the Department of Consumer Affairs (DCA). We carefully reviewed your complaint against the above-named business. The organization or government agency listed below may be able to assist you. Please forward your complaint to:

NYS Department of Education: Office of Professional Discipline
1411 Broadway, 10th Fl
New York, NY 10018

Phone: +1 800-442-8106

Fax: +1 212-951-6420

Sincerely,

Brandi James
Consumer Services Division

Do you want to take control of your finances? We can help.

NYC Financial Empowerment Centers offer free one-on-one financial counseling and coaching to help you manage your budget and plan for the future. Whether you want to save for a home, plan for an emergency, or reduce debt, our financial counselors can help. Book an appointment today: Call 311, visit nyc.gov/dca, or text* TalkMoney to 42033. *Message and data rates may apply. Check with your service provider.



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