

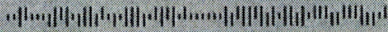
# EXHIBIT A

Return Mail Only:  
P.O. Box 3002  
Phoenixville, PA 19460  
CNXX TRE1

TSI Physical Address:  
Transworld Systems Inc.  
500 Virginia Dr. Suite 514  
Ft Washington, PA 19034  
877-418-5947  
Office Hours: 8AM - 5PM ET MON - FRI



Calls to or from this company may be monitored or recorded.



WALTER CARLOS EL  
4411 GATLING BLVD UNIT 5  
COUNTRY CLUB HILLS IL 60478-2073

Date: March 20, 2023  
Reference / Account #

05/20/23 01:00

**Transworld Systems Inc. is a debt collector.** We are trying to collect a debt that you owe to Homewood-Flossmoor Dental. We will use any information you give us to help collect the debt.

**Our information shows:**

You had a/an Homewood-Flossmoor Dental account with account number .

As of February 27, 2023, you owed:	\$164.00
Between February 27, 2023 and today:	
You were charged this amount in interest:	+ \$0.00
You were charged this amount in fees:	+ \$0.00
You paid or were credited this amount toward the debt:	- \$0.00
<b>Total amount of the debt now:</b>	<b>\$164.00</b>

**How can you dispute the debt?**

- Call or write to us by April 29, 2023, to dispute all or part of the debt. If you do not, we will assume that our information is correct.
- If you write to us by April 29, 2023, we must stop collection on any amount you dispute until we send you information that shows you owe the debt. You may use the form below or write to us without the form. You may also include supporting documents.

**What else can you do?**

- Write to ask for the name and address of the original creditor, if different from the current creditor. If you write by April 29, 2023, we must stop collection until we send you that information. You may use the form below or write to us without the form.
- Go to [www.cfpb.gov/debt-collection](http://www.cfpb.gov/debt-collection) to learn more about your rights under federal law. For instance, you have the right to stop or limit how we contact you.
- Contact the creditor at 312-957-6149 about your payment options.

**Notice:** See reverse side for important information.

Please return this portion with your payment (Make sure address shows through window)

**How do you want to respond?**

Check all that apply.

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

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 Transworld Systems Inc. 4411 GATLING BLVD UNIT 5  
 500 Virginia Dr. Suite 514 COUNTRY CLUB HILLS IL  
 Ft Washington, PA 19034 60478-2073  
 877-418-5947

- My address changed. (Please print new address in space provided on back).

Mail this form to:

Homewood-Flossmoor Dental  
Care  
PO Box 772747  
Detroit MI 48277



Make your check payable to Homewood-Flossmoor

Dental. Include the reference number / Account # and Client Reference #.

PA-2254-A-0