



Account Services

Monthly Statement

HAMPTON INN LAUREL
7900 BRAYGREEN ROAD
LAUREL, MD 20707

Invoice Number: HAM2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
NEEMAOPENAX	Employee Only	1	\$489.70	\$489.70
			GRAND TOTAL	\$489.70

** Prices vary in PRISM.
Individual prices shown in census.

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LAUREL, MD 20707

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
LUEJE ORTEGA, BELEN	2021-02-01	NEEMAOPENAX	EE	\$489.70

MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0