



Account Services

Monthly Statement

KOCH LAW
521 5th Avenue 17th Floor
NEW YORK, NY 10175

Invoice Number: KOC2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1702OPENAXE	Employee Only	1	\$487.36	\$487.36
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$543.72

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MARSHALL, PATRICK	2021-07-01	GUARDHIGH	EE	\$47.61
MARSHALL, PATRICK	2021-07-01	1702OPENAXE	EE	\$487.36
MARSHALL, PATRICK	2021-07-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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