



Account Services

Monthly Statement

BUDGET BLINDS OF PUYALLUP & TACOMA
9417 160th St E, Suite B
PUYALLUP, WA 98375

Invoice Number: BUD2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$361.48

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BROST, EMMETT	2019-01-01	GUARDHIGH	EC2	\$117.99
BROST, EMMETT	2019-01-01	VSP	EC2	\$15.02
BROST, JANA	2019-01-01	GUARDHIGH	EE	\$47.61
BROST, JANA	2019-01-01	VSP	EE	\$8.75
DUPEA, MATTHEW	2022-01-01	GUARDHIGH	EE	\$47.61
SMITH, CORY	2021-03-01	GUARDLOW	FAM	\$100.74
SMITH, CORY	2021-03-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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