



Account Services

Monthly Statement

DERSONLEY3, INC.
1512 W REMINGTON LN
ROUND LAKE, IL 60073

Invoice Number: DER2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1565OPENAXE	Family	1	\$1,429.42	\$1,429.42
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,553.92

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

DERSONLEY3, INC.
1512 W REMINGTON LN
ROUND LAKE, IL 60073

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KONGKAEOW, CHARLERMSINGH	2021-01-01	1565OPENAXE	FAM	\$1429.42
KONGKAEOW, CHARLERMSINGH	2021-01-01	GUARDLOW	FAM	\$100.74
KONGKAEOW, CHARLERMSINGH	2021-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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