



Account Services

Monthly Statement

ELITE HOTEL GROUP
5928 TWIN COVES
DALLAS, TX 75248

Invoice Number: ELI2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1667OPENAXE	Employee Only	1	\$531.73	\$531.73
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$561.17

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KRAMER, ALEX	2021-12-01	GUARDLOW	EE	\$29.44
KRAMER, ALEX	2021-05-01	1667OPENAXE	EE	\$531.73

MEDICAL PLAN COUNTS

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