

## **Account Services**

## **Monthly Statement**

\*\*POOLWERX USA\*\*

Invoice Number:

\*\*P2022-04

Invoice Month:

**APRIL** 

Billing Date:

03/15/2022

Payment Due Date:

03/31/2022

**PLAN** 

**COVERAGE** 

QTY

**PRICE** 

**TOTAL** 

GRAND TOTAL

\$0.00

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



## **Account Services**

\*\*POOLWERX USA\*\*

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COVERLEY, DESILYN	2019-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS				
Employee Only	0			
Employee & Spouse	0			
Employee & Children	0			
Family	0			