



Account Services

Monthly Statement

DAVID S. WEISS, MD

Invoice Number: DAV2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1903OPENAXE	Employee Only	1	\$862.95	\$862.95
ADD	Employee Only	1	\$4.20**	\$4.20
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$923.51

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

DAVID S. WEISS, MD

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KORTRIGHT, RUTH	2022-02-01	ADD		\$4.20
KORTRIGHT, RUTH	2022-02-01	GUARDHIGH	EE	\$47.61
KORTRIGHT, RUTH	2022-02-01	1903OPENAXE	EE	\$862.95
KORTRIGHT, RUTH	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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