



Account Services

Monthly Statement

PAV BHAJI HUT
37100 Fremont Blvd, Suit A
Fremont, CA 94536

Invoice Number:	PAV2022-04
Invoice Month:	APRIL
Billing Date:	03/15/2022
Payment Due Date:	03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$29.44	\$29.44
			GRAND TOTAL	\$29.44

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
RATHOD, SANJAY	2022-01-01	GUARDLOW	EE	\$29.44

MEDICAL PLAN COUNTS

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