



Account Services

Monthly Statement

SOUTHERN MARYLAND ENDOSCOPY CENTER, LLC
7700 OLD BRANCH AVENUE
CLINTON, MD 20735

Invoice Number: SOU2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
GUARDLOW	Employee Only	1	\$29.44	\$29.44
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee Only	3	\$8.75	\$26.25
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$249.28

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CHESLEY, JACQUELINE	2021-01-01	GUARDLOW	EE	\$29.44
CHESLEY, JACQUELINE	2021-01-01	VSP	EE	\$8.75
GUTRICK, DEMETRIA	2018-12-01	VSP	EE	\$8.75
SMITH, DENISE	2017-12-01	GUARDHIGH	EE	\$47.61
SMITH, DENISE	2018-12-01	VSP	EE	\$8.75
WHITEHEAD, TONYA	2022-01-01	GUARDHIGH	EE	\$47.61
WOODHOUSE, SONNA	2017-12-01	GUARDLOW	EC	\$74.61
WOODHOUSE, SONNA	2018-12-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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