



Account Services

Monthly Statement

INFINITY HR CORP

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Invoice Number: INF2022-04
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.

INFINITY HR CORP

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CARRILLO, ANDERSON	2019-12-01	1130OPENAXE	EE	\$653.75

MEDICAL PLAN COUNTS

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