



Account Services

Monthly Statement

0652-SENIOR HELPERS - SANTA BARBARA
1900 State Street Suite B
SANTA BARBARA, CA 93101

Invoice Number: 0652022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Employee Only	1	\$30.35	\$30.35
			GRAND TOTAL	\$30.35

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

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SANTA BARBARA, CA 93101

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CASTELO, CECILIA	2015-12-01	GUARDLOW	EE	\$30.35

MEDICAL PLAN COUNTS

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