

Account Services

Monthly Statement

BLUEFROG PLUMBING & DRAIN - WEST HOUSTON 22003 Chesterwick Dr KATY, TX 77450

Invoice Number: BLU2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0834OPENAXE	Family	1	\$1,161.76	\$1,161.76
GUARDHIGH	Family	1	\$160.18	\$160.18
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$1,345.70

^{**} Prices vary in PRISM. Individual prices shown in census.



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FRISCO, CHRISTOPHER	2021-04-01	0834OPENAXE	FAM	\$1161.76
FRISCO, CHRISTOPHER	2021-04-01	GUARDHIGH	FAM	\$160.18
FRISCO, CHRISTOPHER	2021-04-01	VSP	FAM	\$23.76

MEDICAL PLAN COU	NTS
Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1