



Account Services

Monthly Statement

HOLIDAY INN EXPRESS & SUITES SELINGSGROVE
651 N SUSQUEHANNA TRAIL
SELINGSGROVE, PA 17870

Invoice Number: HOL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$0.42**	\$0.42
GUARDHIGH	Employee Only	3	\$47.61	\$142.83
GUARDLOW	Employee Only	1	\$29.44	\$29.44
NEEMAOPENAX	Employee Only	1	\$589.20	\$589.20
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$796.89

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

HOLIDAY INN EXPRESS & SUITES SELINGROVE
651 N SUSQUEHANNA TRAIL
SELINGROVE, PA 17870

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
AIKEY, ARLENE	2019-02-01	VSP	EE	\$8.75
DRUM, ROBERT	2022-03-01	GUARDHIGH	EE	\$47.61
DRUM, ROBERT	2022-03-01	VSP	EE	\$8.75
POOLE, HANEEFAH	2022-01-01	GUARDHIGH	EE	\$47.61
STROWBRIDGE, JODY	2022-01-01	ADD		\$0.42
STROWBRIDGE, JODY	2022-01-01	GUARDLOW	EE	\$29.44
STROWBRIDGE, JODY	2022-01-01	VSP	EE	\$8.75
WALTER, CAROLYN	2020-02-01	NEEMAOPENAX	EE	\$589.20
WALTER, CAROLYN	2020-01-01	GUARDHIGH	EE	\$47.61
WALTER, CAROLYN	2019-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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