



Account Services

Monthly Statement

SUBURBAN EXTENDED STAY TRIADELPHIA
40 ROBINSON DRIVE
TRIADELPHIA, WV 26059

Invoice Number: SUB2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$2.10**	\$2.10
			GRAND TOTAL	\$2.10

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
NAILL, JOSEPH	2022-01-01	ADD		\$2.10

MEDICAL PLAN COUNTS

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