



## Account Services

### Monthly Statement

ELEV8 LODGING  
5100 Eden Ave Ste 102B  
EDINA, MN 55436

Invoice Number: ELE2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRUETT, TROY	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

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