



## Account Services

### Monthly Statement

CARING HANDS DUNDALK MD  
49-61 SHIPPING PLACE  
DUNDALK, MD 21222

Invoice Number: CAR2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0448OPENAXE	Employee Only	1	\$0.00	\$0.00
0448OPENAXE	Family	1	\$2,589.09	\$2,589.09
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	2	\$29.44	\$58.88
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	2	\$8.75	\$17.50
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	2	\$23.76	\$47.52
			GRAND TOTAL	\$3,036.25

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

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**CURRENT MONTH ENROLLMENT**

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FINNEY, LAKESHA	2019-02-01	GUARDLOW	EE	\$29.44
KARGMAN, DIMITRY	2022-04-01	0448OPENAXE	FAM	\$2589.09
KARGMAN, DIMITRY	2022-04-01	GUARDHIGH	FAM	\$160.18
KARGMAN, DIMITRY	2022-04-01	VSP	FAM	\$23.76
KARGMAN, LARISA	2018-03-01	GUARDHIGH	EE	\$47.61
KARGMAN, LARISA	2019-01-01	GUARDLOW		\$
KARGMAN, LARISA	2018-12-01	VSP	EE	\$8.75
KLEIN, MILANA	2022-04-01	0448OPENAXE		\$
KLEIN, MILANA	2018-01-01	GUARDLOW	FAM	\$100.74
KLEIN, MILANA	2019-01-01	VSP	FAM	\$23.76
MOYD, RICKY	2019-02-01	VSP	ES	\$14.73
THOMPSON, MARY	2019-02-01	VSP	EE	\$8.75

**MEDICAL PLAN COUNTS**

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