



Account Services

Monthly Statement

PATIENTS' RIGHTS ACTION FUND INC
1562 First Avenue, #296
New York, NY 10028

Invoice Number: PAT2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$42.42**	\$42.42
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$360.34

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FLEMINGS, SOPHIA	2022-01-01	GUARDHIGH	ES	\$89.81
FLEMINGS, SOPHIA	2022-01-01	VSP	ES	\$14.73
LYONS, BARBARA	2021-03-01	GUARDLOW	EE	\$29.44
VALLIERE, MATTHEW	2022-01-01	ADD		\$42.42
VALLIERE, MATTHEW	2022-01-01	GUARDHIGH	FAM	\$160.18
VALLIERE, MATTHEW	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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