



Account Services

Monthly Statement

TALEM HOME CARE - AVON
5 EAST MAIN ST
AVON, CT 06001

Invoice Number: TAL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee & Spouse Only	1	\$89.81	\$89.81
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$104.54

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

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AVON, CT 06001

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
EDWARDS, INDY	2020-06-01	GUARDHIGH	ES	\$89.81
EDWARDS, INDY	2020-06-01	VSP	ES	\$14.73

MEDICAL PLAN COUNTS

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