



## Account Services

### Monthly Statement

**\*\*ONE POINT HR SOLUTIONS\*\***

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Invoice Number: \*\*O2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

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

\*\*ONE POINT HR SOLUTIONS\*\*

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
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MEDICAL PLAN COUNTS

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