



Account Services

Monthly Statement

BIN THERE USA, LLC
1209 N ORANGE STREET
WILMINGTON, DE 19801

Invoice Number: BIN2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee & Spouse Only	1	\$15.67	\$15.67
			GRAND TOTAL	\$15.67

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
YON, GREGORY	2013-08-01	VSP	ES	\$15.67

MEDICAL PLAN COUNTS

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