



Account Services

Monthly Statement

ALLIANCE ABA, LLC
17932 S FRALEY BLVD #300
DUMFRIES, VA 22026

Invoice Number: ALL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.42**	\$21.42
GUARDLOW	Employee Only	2	\$29.44	\$58.88
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$97.80

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

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DUMFRIES, VA 22026

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FERREIRA, AMANDA	2021-07-01	ADD		\$21.42
FERREIRA, AMANDA	2021-07-01	GUARDLOW	EE	\$29.44
FERREIRA, AMANDA	2021-07-01	VSP	EE	\$8.75
ODOOM, EVA	2021-08-01	GUARDLOW		\$
ODOOM, EVA	2021-08-01	VSP		\$

MEDICAL PLAN COUNTS

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