



Account Services

Monthly Statement

RLS FLORIDA
1943 NW 104TH WAY
GAINESVILLE, FL 32606

Invoice Number: RLS2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1739OPENAXE	Family	1	\$1,644.54	\$1,644.54
ADD	Employee Only	1	\$1.26**	\$1.26
			GRAND TOTAL	\$1,645.80

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SCOTT, RANDOLPH	2022-01-01	ADD		\$1.26
SCOTT, RANDOLPH	2022-01-01	1739OPENAXE	FAM	\$1644.54

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	1