



Account Services

Monthly Statement

MOMMY TUMMY
220 Easy 65 N St
NEW YORK, NY 10065

Invoice Number: MOM2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1505OPENAXE	Employee & Children	1	\$986.72	\$986.72
ADD	Employee Only	1	\$21.42**	\$21.42
			GRAND TOTAL	\$1,008.14

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
REITER, ROBIN	2021-11-01	1505OPENAXE	EC	\$986.72
REITER, ROBIN	2021-01-01	ADD		\$21.42

MEDICAL PLAN COUNTS

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