



Account Services

Monthly Statement

8070-AFC URGENT CARE STAMFORD
3000 Summer Street
STAMFORD, CT 06905

Invoice Number: 8072022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$4.20**	\$46.62
AFCCIGNAGOL	Employee Only	1	\$560.19	\$560.19
AFCCIGNAGOL	Family	1	\$1,878.42	\$1,878.42
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,666.09

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
BAILEY, ARIANNA	2022-01-01	AFCCIGNAGOL	EE	\$560.19
BAILEY, ARIANNA	2022-01-01	ADD		\$4.20
BAILEY, ARIANNA	2022-01-01	GUARDHIGH	EE	\$47.61
BAILEY, ARIANNA	2022-01-01	VSP	EE	\$8.75
LAUREN, DAVID	2022-01-01	AFCCIGNAGOL	FAM	\$1878.42
LAUREN, DAVID	2022-01-01	ADD		\$42.42
LAUREN, DAVID	2022-01-01	GUARDLOW	FAM	\$100.74
LAUREN, DAVID	2022-01-01	VSP	FAM	\$23.76

MEDICAL PLAN COUNTS

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