



Account Services

Monthly Statement

TALEM HOME CARE - FORT COLLINS
2601 S LEMAY AVE SUITE 33
FORT COLLINS, CO 80525

Invoice Number: TAL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Family	1	\$160.18	\$160.18
GUARDLOW	Employee Only	1	\$29.44	\$29.44
OPENAXESSBR	Family	1	\$1,332.08	\$1,332.08
OPENAXESSCO	Employee Only	2	\$399.75	\$799.50
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Family	1	\$23.76	\$23.76
			GRAND TOTAL	\$2,353.71

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

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2601 S LEMAY AVE SUITE 33
FORT COLLINS, CO 80525

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLANGELO, MARIAH	2020-06-01	OPENAXESSCO		\$
KOWALSKI, MARCY	2021-11-01	OPENAXESSBR	FAM	\$1332.08
KOWALSKI, MARCY	2021-11-01	GUARDHIGH	FAM	\$160.18
KOWALSKI, MARCY	2021-11-01	VSP	FAM	\$23.76
RUTH, SAMANTHA	2022-01-01	OPENAXESSCO	EE	\$399.75
RUTH, SAMANTHA	2022-01-01	GUARDLOW	EE	\$29.44
RUTH, SAMANTHA	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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