



Account Services

Monthly Statement

SUPER 8 HOTEL GRAPEVINE **
250 E State Highway 114

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Invoice Number: SUP2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GRAND TOTAL				\$0.00

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

SUPER 8 HOTEL GRAPEVINE **
250 E State Highway 114

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
MEYEROVICH, AUREN	05/01/2021	VBP3	FA	\$

MEDICAL PLAN COUNTS

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