



Account Services

Monthly Statement

HOLIDAY INN EXPRESS CANONSBURG
4000 HORIZON VUE DRIVE
CANONSBURG, PA 15317

Invoice Number: HOL2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	2	\$47.61	\$95.22
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$112.72

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATKO, KELLEY	2022-03-01	GUARDHIGH	EE	\$47.61
KATKO, KELLEY	2022-03-01	VSP	EE	\$8.75
ROWLEY JR, TOMMY	2021-01-01	GUARDHIGH	EE	\$47.61
ROWLEY JR, TOMMY	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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