



Account Services

Monthly Statement

NICOLE HOOPER PH.D.
1 Stonebriar Ct
DALLAS, TX 75206

Invoice Number: NIC2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1535OPENAXE	Employee Only	1	\$450.75	\$450.75
			GRAND TOTAL	\$450.75

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

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DALLAS, TX 75206

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HOOPER, NICOLE	2022-01-01	1535OPENAXE	EE	\$450.75

MEDICAL PLAN COUNTS

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