



Account Services

Monthly Statement

CONGRESSIONAL INSURANCE
12505 PARK POTOMAC AVE
POTOMAC, MD 20854

Invoice Number: CON2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
VASQUEZ, CONSUELO	2019-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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