



Account Services

Monthly Statement

EMEDICAL FUSION, LLC
4502 HIGHLAND GREN CT
ALEXANDRIA, VA 22312

Invoice Number: EME2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
0159CHOICE	Employee & Spouse Only	1	\$0.00	\$1,629.03
0159DENTAL	Employee & Spouse Only	1	\$0.00	\$66.00
0159VIS	Employee & Spouse Only	1	\$0.00	\$14.00
LIFE	Employee Only	1	\$0.00**	\$85.80
			GRAND TOTAL	\$1,794.83

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
ETHERLY, ANDRE	2021-06-01	0159CHOICE	ES	\$1629.03
ETHERLY, ANDRE	2017-07-01	0159DENTAL	ES	\$66.00
ETHERLY, ANDRE	2015-06-01	0159VIS	ES	\$14.00
ETHERLY, ANDRE	2019-01-01	LIFE		\$85.80

MEDICAL PLAN COUNTS

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