



Account Services

Monthly Statement

SURESTAY PLUS BY BEST WESTERN MORGANTOWN
15 Lawless Rd
MORGANTOWN, WV 26501

Invoice Number: SUR2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDHIGH	Employee Only	1	\$47.61	\$47.61
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$65.11

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

SURESTAY PLUS BY BEST WESTERN MORGANTOWN
15 Lawless Rd
MORGANTOWN, WV 26501

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
PRITCHETT, ANGEL	2022-03-01	VSP	EE	\$8.75
RUSSELL, MARK	2022-01-01	GUARDHIGH	EE	\$47.61
RUSSELL, MARK	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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