

Account Services

Monthly Statement

PMI MSP 5100 Eden Avenue Suite 102B EDINA, MN 55436 Invoice Number: PMI2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1773OPENAXE GUARDLOW	Employee Only Employee Only	1 1	\$603.00 \$29.44	\$603.00 \$29.44
			GRAND TOTAL	\$632.44

^{**} Prices vary in PRISM. Individual prices shown in census.



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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
CULLEN, WILLIAM	2022-01-01	GUARDLOW	EE	\$29.44
CULLEN, WILLIAM	2022-01-01	1773OPENAXE	EE	\$603.00

MEDICAL PLAN COUNTS				
Employee Only	1			
Employee & Spouse	0			
Employee & Children	0			
Family	0			