

Account Services

Monthly Statement

SENIOR HELPERS GREATER MARIN 777 Grand Ave Suite 101 SAN RAFAEL, CA 94901 Invoice Number: SEN2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022

Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$21.00**	\$21.00
GUARDLOW	Employee & Children	1	\$74.61	\$74.61
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$110.63

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



Account Services

SENIOR HELPERS GREATER MARIN 777 Grand Ave Suite 101 SAN RAFAEL, CA 94901

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, AMY	2022-01-01	ADD		\$21.00
GARCIA, AMY	2022-01-01	GUARDLOW	EC	\$74.61
GARCIA, AMY	2022-01-01	VSP	EC	\$15.02

MEDICAL PLAN COU	NTS
Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	0