



Account Services

Monthly Statement

1801-SENIOR HELPERS - INDIANAPOLIS
6845 Parkdale Place
INDIANAPOLIS, IN 46254

Invoice Number: 1802022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	2	\$0.00**	\$8.40
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$46.59

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
STIBOLT, CHARITY	2021-01-01	ADD		\$
THOMPSON, DAPHANIE	2022-01-01	ADD		\$8.40
WOLFE, TINA	2021-01-01	GUARDLOW	EE	\$29.44
WOLFE, TINA	2021-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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