



## Account Services

### Monthly Statement

BUDGET BLINDS OF CAPE CORAL  
12431 MCGREGOR BLVD  
FORT MYERS, FL 33919

Invoice Number: BUD2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1897OPENAXE	Employee Only	1	\$536.10	\$536.10
VSP	Employee Only	2	\$8.75	\$17.50
			GRAND TOTAL	\$553.60

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

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## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
GARCIA, KENNETH	2022-01-01	VSP	EE	\$8.75
LAWRENCE, MICHELLE	2022-01-01	1897OPENAXE	EE	\$536.10
LAWRENCE, MICHELLE	2022-01-01	VSP	EE	\$8.75

## MEDICAL PLAN COUNTS

Employee Only	1
Employee & Spouse	0
Employee & Children	0
Family	0