



Account Services

Monthly Statement

TALEM HOME CARE - BROOMFIELD
80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

Invoice Number: TAL2022-04
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
GUARDLOW	Employee Only	2	\$29.44	\$58.88
OPENAXESSCO	Employee Only	3	\$399.75	\$1,199.25
OPENAXESSGO	Employee Only	1	\$588.38	\$588.38
OPENAXESSSI	Employee Only	1	\$493.36	\$493.36
VSP	Employee Only	4	\$8.75	\$35.00
			GRAND TOTAL	\$2,422.48

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

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80 GARDEN CTR SUITE A6
BROOMFIELD, CO 80020

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
COLANGELO, MARIAH	2020-06-01	OPENAXESSCO		\$
COLANGELO, MARIAH	2020-07-01	GUARDLOW		\$
COLANGELO, MARIAH	2020-07-01	VSP		\$
PHILLIPS, SAMANTHA	2022-01-01	OPENAXESSGO	EE	\$588.38
PHILLIPS, SAMANTHA	2022-01-01	GUARDHIGH	EE	\$47.61
PHILLIPS, SAMANTHA	2022-01-01	VSP	EE	\$8.75
SHAW-PATTON, BECKIE	2020-05-01	OPENAXESSCO	EE	\$399.75
VALDEZ, ROBERT	2020-05-01	OPENAXESSSI	EE	\$493.36
VALDEZ, ROBERT	2020-04-01	VSP	EE	\$8.75
WILSON, RACHEL	2022-01-01	OPENAXESSCO	EE	\$399.75
WILSON, RACHEL	2022-01-01	GUARDLOW	EE	\$29.44
WILSON, RACHEL	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	4
Employee & Spouse	0
Employee & Children	0
Family	0