



## Account Services

### Monthly Statement

AMADA LANIER  
3785 ROLLING CREEK DRIVE  
BUFORD, GA 30519

Invoice Number: AMA2022-04  
Invoice Month: APRIL  
Billing Date: 03/15/2022  
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
GUARDLOW	Family	1	\$100.74	\$100.74
VSP	Employee & Spouse Only	1	\$14.73	\$14.73
			GRAND TOTAL	\$115.47

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

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BUFORD, GA 30519

## CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
HARPOLE, BARBARA	2022-01-01	GUARDLOW	FAM	\$100.74
HARPOLE, BARBARA	2022-01-01	VSP	ES	\$14.73

## MEDICAL PLAN COUNTS

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