



Account Services

Monthly Statement

PROOF COMPANY LLC
13412 VENTURA BLVD
SHERMAN OAKS, CA 91423

Invoice Number: PRO2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$5.46**	\$5.46
			GRAND TOTAL	\$5.46

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

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
SANA, CHRISTINE	2022-03-01	ADD		\$5.46

MEDICAL PLAN COUNTS

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