



Account Services

Monthly Statement

FAIRFIELD INN & SUITES SLIPPERY ROCK
1000 UNIVERSITY PARKWAY
SLIPPERY ROCK, PA 16057

Invoice Number: FAI2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
ADD	Employee Only	1	\$1.26**	\$1.26
GUARDHIGH	Employee & Children	1	\$117.99	\$117.99
GUARDLOW	Employee Only	2	\$29.44	\$58.88
NEEMAOPENAX	Employee Only	1	\$489.70	\$489.70
NEEMAOPENAX	Employee & Children	1	\$1,255.22	\$1,255.22
VSP	Employee Only	1	\$8.75	\$8.75
VSP	Employee & Children	1	\$15.02	\$15.02
			GRAND TOTAL	\$1,946.82

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

FAIRFIELD INN & SUITES SLIPPERY ROCK
1000 UNIVERSITY PARKWAY
SLIPPERY ROCK, PA 16057

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
FOSTER, THOMAS	2022-01-01	GUARDLOW	EE	\$29.44
MCQUEENEY, JARAD	2020-10-01	NEEMAOPENAX	EE	\$489.70
MCQUEENEY, JARAD	2021-01-01	ADD		\$1.26
MCQUEENEY, JARAD	2021-01-01	GUARDLOW	EE	\$29.44
MCQUEENEY, JARAD	2021-01-01	VSP	EE	\$8.75
TORVIK, CAROL	2022-01-01	NEEMAOPENAX	EC2	\$1255.22
TORVIK, CAROL	2022-01-01	GUARDHIGH	EC2	\$117.99
TORVIK, CAROL	2022-01-01	VSP	EC2	\$15.02

MEDICAL PLAN COUNTS

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