



Account Services

Monthly Statement

ATSUMI & SAKAI NEW YORK

Invoice Number: ATTS2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
1907OPENAXE	Employee Only	1	\$536.10	\$536.10
GUARDLOW	Employee Only	1	\$29.44	\$29.44
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$574.29

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

ATSUMI & SAKAI NEW YORK

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CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
KATSUMI, MASANARI	2022-02-01	GUARDLOW	EE	\$29.44
KATSUMI, MASANARI	2022-03-01	1907OPENAXE	EE	\$536.10
KATSUMI, MASANARI	2022-02-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

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